Salinas Valley Memorial Healthcare System
A Public Healthcare District

August 18, 2022

TO: Members of the Board of Directors

Victor Rey, Jr. – President
Regina M. Gage – Vice President
Juan Cabrera – Secretary
Richard Turner – Treasurer
Joel Hernandez Laguna – Assistant Treasurer

Legal Counsel

Ottone Leach & Ray LLP

News Media

Salinas Californian
El Sol
Monterey County Herald
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The Regular Meeting of the **BOARD OF DIRECTORS OF THE SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM** will be held **THURSDAY, AUGUST 25, 2022, AT 4:00 P.M., IN THE DOWNING RESOURCE CENTER, ROOMS A, B & C AT SALINAS VALLEY MEMORIAL HOSPITAL, 450 E. ROMIE LANE, SALINAS, CALIFORNIA, OR BY PHONE OR VIDEO (Visit svmh.com/virtualboardmeeting for Access Information)**.

Pursuant to SVMHS Board Resolution No. 2022-11, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Pete Delgado
President/Chief Executive Officer

REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

THURSDAY, AUGUST 25, 2022
4:00 P.M. – DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA
OR VIA TELECONFERENCE
(Visit svmh.com/virtualboardmeeting for Access Information)

Pursuant to SVMHS Board Resolution No. 2022-11, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

AGENDA

		Presented By
I.	**Call to Order/Roll Call**	Victor Rey, Jr.
II.	**Closed Session** *(See Attached Closed Session Sheet Information)*	Victor Rey, Jr.
III.	**Reconvene Open Session/Closed Session Report** *(Estimated time 5:00 pm)*	Victor Rey, Jr.
IV.	**Education Program** Opioid/Pain Reduction Presentation	Aniko Kukla Dr. Erica Locke
V.	**Report from the President/Chief Executive Officer**	Pete Delgado
VI.	**Public Input** This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.	Victor Rey, Jr.
VII.	**Board Member Comments**	Board Members
VIII.	**Consent Agenda—General Business** *(Board Member may pull an item from the Consent Agenda for discussion.)*	Victor Rey, Jr.

A. Minutes of the Regular Meeting of the Board of Directors, July 28, 2022
B. Financial Report
C. Statistical Report
D. Policies
   1. Electrocardiogram Nursing Standardized Procedure
   2. Fair Market Value
   3. Bioterrorism Readiness Plan
   4. Bloodborne Pathogen Exposure Control Plan
   5. Medical Device Incident Reporting Program
   6. Salinas Valley Memorial Healthcare System Parking and Traffic Regulations
   7. Employees Exposure & Prevention Plans: Specific Disease Exposures and Work Restrictions
   8. Appropriate Use Criteria
   9. Scope of Service : Medical Library
   10. Legal Health Record
   11. Designated Record Set
   12. Healthcare Worker Immunizations & Immunity Requirements

13. Tuberculosis (TB) Prevention and Control
    a. Board President Report
    b. Board Questions to Board President/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

IX. Reports on Standing and Special Committees

A. **Quality and Efficient Practices Committee** Juan Cabrera

Minutes from the August 22, 2022 Quality and Efficient Practices Committee Meeting have been provided to the Board. Additional Report from Committee Chair, if any.

B. **Finance Committee** Richard Turner

Minutes from the August 22, 2022 Finance Committee Meeting have been provided to the Board. The following recommendations have been made to the Board.

1. Consider Recommendation for Board of Directors Approval of (i) Project Budget for the SVMH CT Equipment Replacement Project, (ii) Award of Contract to Canon Medical Systems for the CT Equipment System and Service Agreement, and (iii) Award of Contract to The Imaging Connection for the CT Mobile Lease.
    a. Committee Chair Report
    b. Board Questions to Committee Chair/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

2. Consider Recommendation for Board of Directors Approval of (i) Project Budget for the SVMH Nuclear Medicine Equipment Replacement, (ii) Award of Contract to GE Healthcare for the Nuclear Medicine Equipment System and Service Agreement, and (iii) Award of Contract to The Imaging Connection for the Nuclear Medicine Mobile Lease.
    a. Committee Chair Report
    b. Board Questions to Committee Chair/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

1. Consider Recommendation for Board of Directors Approval of Partial Project Budget for the SVMH Bulk Oxygen Project.
    a. Committee Chair Report
    b. Board Questions to Committee Chair/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

C. **Personnel, Pension and Investment Committee** — Regina M. Gage

Minutes from the August 23, 2022 Finance Committee Meeting have been provided to the Board. The following recommendation has been made to the Board.

1. Consider Recommendation for Board Approval of (i) Contract Terms and Conditions for a Hospitalist Professional Services Agreement for Nathaniel Uchtmann, MD and (ii) Terms and Conditions for Dr. Uchtmann's COVID-19 Physician Loan Agreement.

    a. Committee Chair Report
    b. Board Questions to Committee Chair/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

2. Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of John Bonano, MD, (ii) the Contract Terms for Dr. Bonano's Recruitment Agreement, and (iii) the Contract Terms for Dr. Bonano's Orthopedic Surgery Professional Services Agreement.

    a. Committee Chair Report
    b. Board Questions to Committee Chair/Staff
    c. Motion/Second
    d. Public Comment
    e. Board Discussion/Deliberation
    f. Action by Board/Roll Call Vote

D. **Community Advocacy Committee Meeting** — Regina M. Gage

Minutes from the August 23, 2022 Community Advocacy Committee Meeting have been provided to the Board. Additional Report from Committee Chair, if any.

X. <u>Report on Behalf of the Medical Executive Committee (MEC) Meeting of August 13, 2022, and Recommendations for Board Approval of the following</u>: — Theodore Kaczmar, MD

A. Reports
    1. Credentials Committee Report
    2. Interdisciplinary Practice Committee Report

B. Bylaws, Rules and Regulations, Policies
    1. Adult Sepsis Policy *(updated with Maternal Sepsis addendum)*
    2. Bylaws Revision: Article 5.12 Telemedicine Privileges – allows for proxy credentialing
    3. General Rules & Regulations Revision: Telemedicine Credentialing Policy – allows for proxy credentialing process

        a. Board Questions to Chief of Staff
        b. Motion/Second
        c. Public Comment
        d. Board Discussion/Deliberation
        e. Action by Board/Roll Call Vote

XI. **Consider Board Resolution No. 2022-12 Proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor's State of Emergency Declaration March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period August 31, 2022 to September 30, 2022** — District Legal Counsel

a. Report by District Legal Counsel
a. Board Questions to District Legal Counsel/Staff
b. Motion/Second
c. Public Comment
d. Board Discussion/Deliberation
e. Action by Board/Roll Call Vote

XII. **Extended Closed Session** *(if necessary)* — Victor Rey, Jr.

(See Attached Closed Session Sheet Information)

XIII. **Adjournment**

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, September 22, 2022, at 4:00 p.m.**

The complete Board packet including subsequently distributed materials and presentations is available at the Board Meeting and in the Human Resources Department of the District. All items appearing on the agenda are subject to action by the Board. Staff and Committee recommendations are subject to change by the Board.

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-755-0741. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM BOARD OF DIRECTORS

AGENDA FOR CLOSED SESSION

Pursuant to California Government Code Section 54954.2 and 54954.5, the board agenda may describe closed session agenda items as provided below. No legislative body or elected official shall be in violation of Section 54954.2 or 54956 if the closed session items are described in substantial compliance with Section 54954.5 of the Government Code.

CLOSED SESSION AGENDA ITEMS

REPORT INVOLVING TRADE SECRET
(Government Code §37606 & Health and Safety Code § 32106)

Discussion will concern: (Specify whether discussion will concern proposed new service, program, or facility):
Trade Secret, Strategic Planning, Proposed New Programs and Services

Estimated date of public disclosure: (Specify month and year): Unknown

HEARINGS/REPORTS
(Government Code §37624.3 & Health and Safety Code §§1461, 32155)

Subject matter: (Specify whether testimony/deliberation will concern staff privileges, report of medical audit committee, hospital internal audit report, or report of quality assurance committee): _____

1. Report of the Medical Staff Quality and Safety Committee

ADJOURN TO OPEN SESSION

CALL TO ORDER/ROLL CALL

(VICTOR REY, JR.)

CLOSED SESSION

(Report on Items to be Discussed in Closed Session)

(VICTOR REY, JR.)

RECONVENE OPEN SESSION/
CLOSED SESSION REPORT
(ESTIMATED TIME: 5:00 P.M.)

(VICTOR REY, JR.)

OPIOID/PAIN REDUCTION PRESENTATION

(VERBAL)

(KUKLA/LOCKE)

REPORT FROM THE PRESIDENT/ CHIEF EXECUTIVE OFFICER

(VERBAL)

(PETE DELGADO)

PUBLIC INPUT

BOARD MEMBER COMMENTS

(VERBAL)

MINUTES OF THE JULY 2022
REGULAR MEETING OF THE BOARD OF DIRECTORS
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

THURSDAY, JULY 28, 2022 – 4:00 P.M.
DOWNING RESOURCE CENTER, ROOMS A, B & C
SALINAS VALLEY MEMORIAL HOSPITAL
450 E. ROMIE LANE, SALINAS, CALIFORNIA AND BY TELECONFERENCE

Approved Pursuant to SVMHS Board Resolution No. 2022-10, Assembly Bill 361, and guidance from the Monterey County Health Department in response to concerns regarding COVID-19, Board Members of Salinas Valley Memorial Healthcare System, a local health care district, are permitted to participate in this duly noticed public meeting via teleconference and certain requirements of The Brown Act are suspended.

Present: In person: Directors: Regina Gage, Richard Turner and President Victor Rey, Jr.
Via Teleconference: Juan Cabrera

Absent: Director Joel Hernandez Laguna

Also Present: In person: Pete Delgado, President/Chief Executive Officer, Theodore Kaczmar, Jr., MD, Chief of Staff, and Matthew Ottone, Esq., District Legal Counsel

CALL TO ORDER/ROLL CALL

A quorum was present and the meeting was called to order by President Victor Rey, Jr., at 4:07 p.m.

CLOSED SESSION

President Victor Rey, Jr., announced that the closed session items to be discussed in Closed Session as listed on the posted Agenda are:

1. Report Involving Trade Secret: Trade secrets, strategic planning, proposed new programs and services.

2. Hearings/Reports: Reports from the Medical Staff Quality and Safety Committee, Report of the Medical Staff Credentials Committee and Interdisciplinary Practice Committee.

The meeting was recessed into Closed Session under the Closed Session Protocol at 4:08 p.m. The Board completed its business of the Closed Session at 5:00 p.m.

RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board reconvened Open Session at 5:10 p.m.

In Closed Session, the Board received and accepted the Medical Staff Quality and Safety Committee Report, the Report of the Medical Staff Credentials Committee and the Report of the Medical Staff Interdisciplinary Practice Committee. No other action was taken by the Board.

EDUCATION PROGRAM – REHAB SERVICES

Corina Clark, Respiratory Care & Rehab Services Manager; Dure Swiger, Rehab Supervisor; Nader Yasin; Physical Therapist; Decornte Kpou, Occupational Therapist; Ashley Pugh, Speech Pathologist; and Kaitlen Roe, Speech Pathologist, provided the following update:

- **2021 Updates:**
  - Staffing
    - 12 new hires
  - Mentorship
    - Developed mentorship program with new hires to improve communication and collaboration.
  - Implemented Specialty Programs
  - Improved Missed Treatments
    - Currently 13% compared to 25% in 2021
  - Mastectomy Program
    - Education
    - Assessment
    - OT Intervention
  - Bedside Mobility Assessment Tool (BMAT) Program
    - Nursing tool to establish safe mobility measures
  - FEES (Fiberoptic endoscopic evaluation of swallowing) Approved for Speech Language Pathologist (SLP's)
    - Hired 3 SLP's partnered with CSUMB to have students rotate with SLP's; updated competencies to be specific to Speech Therapy; provide clinical fellowships to new grads in order to retain new staff.
  - GOOD Meetings
    - 1:1 team member goal focused meetings.

- **What's Next:**
  - Mobility
    - Expand BMAT
    - Initiate ambulation of mechanically ventilated patients via a multi-disciplinary approach
    - Initiate and implement early mobilization of critical COVID patients via a multi-disciplinary approach
  - Speech
    - Implement FEES
    - Finalize nursing swallow screen and post extubation dysphagia protocol
    - Initiate pediatric Modified Barium Swallow Study (MBSS)
  - Cancer Program
    - Implement post-op OT program for mastectomy patients

- Update handouts and education to include treatment for men and women

- Patient Care
  - Improve discharge planning by collaborating with case management/social work
  - Update current triage guidelines for care to improve patient D/C planning and reduce missed treatments
  - Train nursing staff at orientation and competency camp

REPORT FROM THE PRESIDENT/CHIEF EXECUTIVE OFFICER

Mr. Delgado announced "*The mission of Salinas Valley Memorial Healthcare System is to provide quality healthcare for our patients and to improve the health and well-being of our community."*

A summary of key highlights centered on the pillars that are the foundation of the Hospital's vision for the organization, is as follows:

People:

Murat Philippe from Press Ganey Workforce Solutions provided an overview on the 2022 Employee Engagement Survey. The Engagement Survey reviews three components: Engagement, Safety Culture, and Resilience. The survey is sent out in May and runs through June. Focus areas include: Safety and Quality Care and Resilience-Activation/Connection to Work.

There was an 82% (1,579) responses compared to 81% in 2021. Salinas Valley Memorial Healthcare System (SVMHS) is at 4.32 (86th) for 2022 compared to the National Healthcare (HC) average of 4.03.

Mr. Philippe mentioned that staffing was a concern which saw a drop from 2021. Mr. Philippe thanked SVMHS for their participation and stated that SVMHS continues to be above the National Healthcare average.

Director Gage stated she was impressed with the results of the engagement survey.

Lisa Paulo, MSN/MPA, RN, CENP Chief Nursing Officer announced that she presented the "Physician Excellence in Service and Professionalism" award to Dr. Harlan R. Grogin, MD.

STAR Summit was July 11-15, 2022 with 7 sessions and 305 participants.

The SVMHS Employee Picnic took place at Rancho Cielo on Saturday, July 9. Mr. Delgado thanked the "Fun Committee" and Kara Torres for their participation in putting together a great event.

Service:

- **Patient Experience:** Lisa Paulo, MSN/MPA, RN, CENP Chief Nursing Officer presented the following: HCAHPS Year-Over-Year (YOY) Ranking:

- Inpatient Rating: 86 (rank)/79.5 (Top Box score)
- Inpatient Ranking by Domains with 5 of which are at their highest score since FY16
- Emergency Department Rating: 44/65.09
- Emergency Department by Domains with 4 of which are at their highest score since FY16
- Ambulatory Rating: 52/87.6
- Ambulatory by Domains with Facility rating of 52

The Patient Experience FY22 Balanced Scorecard was presented:

- Inpatient: 74.8 (Target 75.1)
- Emergency Department: 58.7 (Target 68.3)
- Ambulatory: 92.0 (Target 91.6)

Perinatal Unit Council Chair Adrienne Leyva, BSN, RNC-OB, IBCLC, LCBE (Labor & Delivery), presented the following update on the Perinatal Unit Practice Council:

- What We've Done:
  - Perinatal Diaper Drive in Recognition of Maternal Mental Health Week
  - Pre-Eclampsia Screening in the ER
  - Quiet at Night initiative
- Where We Are:
  - Nulliparous, Term, Singleton, Vertex NTSV (C-section rate among low-risk, first-time mothers): Focus on empowering Nursing to take action!
- What Is Coming:
  - SWELLS in July 2022
  - Spinning Babies Class September 2022
  - Improve patient experience with congratulatory gift baskets for every patient
  - Maternal Substance Screening

Quality:

Salinas Valley Memorial Healthcare System (SVMHS) was ranked number 5 in country for being socially responsibility. Lown Institute ranks on equity, value, and outcome. There were 3,606 hospitals ranked, with less than two percent of those earning top marks across all categories. Only 66 of hospitals received straight "A's" including SVMHS.

SVMHS received recognition as one of the "Best Hospital Ranking in Adult Specialties" for 2022-2023. The high performing specialties were: Heart attack, Heart failure, Hip fracture, Kidney failure, Pneumonia, and Stroke.

Growth:

The SVMHS Mobile Health Clinic has been traveling to Ag housing facilities to offer COVID vaccine booster shots to agricultural workers

Finance:

Benefit Pension Plan

- Salinas Valley Memorial Healthcare District Employee Pension Plan
  - Government Accounting Standard Board (GASB) 67 is fully funded
  - 100.4% Fully funded status
  - 5% Discount rate

Industry News:

- Amazon to acquire One Medical at a value of $3.9 billion in an effort offer more convenient and affordable healthcare in-person and virtually.
- 8 hospitals and healthcare systems are laying off workers due to financial and operational challenges.
- OhioHealth in Columbus informed workers that as of July 7th, it would be eliminating 637 jobs
- 441 rural hospitals at risk of losing services or closing
- 4 health systems cutting IT jobs

State Update:

- Rejects Community Benefits Proposal
- No Action on Seismic Preparedness
- Medi-Cal for All
- Behavioral Health Investments
- Restores State Premium Subsidies

Federal Update:

- 2023 Medicare payment rates – Centers for Medicaid Services proposed rule would increase outpatient prospective payment system rates by just 2.7% in calendar year 2023 compared to 2022.
- Build Back Better (BBB) Act – Central proposal calls for prescription drug price reform via regulated prices for Medicare expanding prescription drug benefits for seniors. Sent to Senate for approval.

Additional Legislative Items:

- August 31st is the last day for move bills for Governor to approve/veto.
- AB 1882 (Rivas) requires hospitals to report to their local governments the seismic rating of their hospital building and progress toward meeting the 2030 seismic requirements. Reporting requirements concerns were raised by California Hospital Association (CHA) but Amendments were secured to address these concerns.
- Two healthcare bills, that would have created a more inhospitable and less-stable environment, were defeated.
  - Presumption Worker's Compensation System
  - Expanded Authority to Prohibit care deliver arrangement

Community:

- Salinas Valley Memorial Healthcare System (SVMHS) received the American Hospital Association's Dick Davidson NOVA Award at the AHA's Leadership Summit in San Diego.
- SVMHS will be receiving the 2022 Distinguished Business Innovation Award on September 8, 2022.

- Ask the Experts (ATE): Prevention and Disease Management. Topic: Taylor Farms Family Health & Wellness Center: Focusing on Prevention and Disease Management, scheduled to air on July 14, 2022 (English) and Thursday, July 30, 2022 (Spanish).

- Media Highlights: Summer Health Institute/KSBW (07/14/2022); Vaccine Rates/Monterey Weekly (07/14/2022); Hospital/Nurse Weeks July in the Loop Pages 34-35; Socially Responsible Hospitals (06/30/2022); Salinas Valley Medical Clinic (SVMC) Vaccine Rollout Monterey County Weekly (06/29/2022), Monterey Herald (06/30/2022), KSBW (06/29/2022), KION, Univision; County website for Ciclovia Sponsorship – supporting Greenfield/South County (06/30/2022); Dr. Radner on 6 month + COVID-19 Vaccine (CNBD (06/24/2022).

Events:

Salinas Valley Memorial Hospital Foundation will be raffling a new 2023 Lincoln Corsair Grand Touring, generously donated by Lincoln, at the Pebble Beach Concours d'Elegance. All proceeds benefit the Comprehensive Cancer Fund.

Coming Up:

- Friday, July 29
  - Asthma Camp Graduation
  - Medical Adventure Thank You Luncheon
- Saturday, July 30
  - SVMHS Volunteer Day
- Wednesday, August 10-11
  - Veggie Box Distribution to Staff
- Sunday, August 21
  - Blue Zones Project (BZP) Expansion, Downtown, King City
- Sunday, August 28
  - BZP Expansion, Central Park, Gonzales

PUBLIC INPUT

No public comment received.

BOARD MEMBER COMMENTS

Director Gage commended the hospital on all the good work they are doing.

Director Turner stated that he attended the American Hospital Association (AHA) Conference and is proud to be part of the SVMHS organization.

Director Cabrera commended SVMHS on receiving the award from AHA. Director Cabrera further added took his son to a medical clinic and was very impressed with the staff and the medical clinic on a job well done.

Director Rey stated that this year's employee picnic was very well attended and commended "fun committee" on putting it together. He joined Mr. Delgado on a tour of Hartnell College's new Nursing Health Science building. President Rey further added that he would be attending Jacob's Heart First Annual 5k/10k run on Sunday, August 7 at Toro Park and invited everyone to attend.

CONSENT AGENDA – GENERAL BUSINESS

A. Minutes of the Regular Meeting of the Board of Directors, June 22, 2022
B. Financial Report
C. Statistical Report
D. Ratification of Service Agreement Extension with Siemens Medical Solutions USA for SVMC's MRI (sole source)
E. Policies
    1. Auditing and Monitoring of the EMR System
    2. Device and Media Control
    3. Scope of Service: Medical Staff Services

No public comment received.

MOTION: Upon motion by Director Turner, second by Director Gage, the Board of Directors approved Consent Agenda – General Business, *Items (A) through (E),* as presented.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

REPORTS ON STANDING AND SPECIAL COMMITTEES

Quality and Efficient Practices Committee

Committee Chair Juan Cabrera thanked staff for great work in all of their achievements and reported the minutes from the Quality and Efficient Practices Committee Meeting of July 25, 2022, were provided to the Board.

Finance Committee

Committee Chair Turner reported the minutes from the Finance Committee Meeting of July 25, 2022, was provided to the Board. The Committee received a Balanced Scorecard May 2022 update

and a June Financial Statistical Review update. The hospital ending on a high note and is doing very well. Background information supporting the proposed recommendations made by the Committee was included in the Board packet. Director Turner thanked everyone for their work in these challenging times. The Committee made the following recommendations:

1. **Recommend the Board Approve the Purchase of (i) the Medtronic O-Arm 02 Surgical Imaging System and the Stealth Station S8 Neurosurgery Navigation Surgery System and (ii) the Medtronic Service Agreement**

No public comment received.

MOTION: Upon motion by Director Gage, second by Director Turner, the Board of Directors approved the purchase of (i) the Medtronic O-Arm 02 Surgical Imaging System and the Stealth Station S8 Neurosurgical Navigation Surgery System at the cost of $1,210,195.36 and (ii) the Medtronic Service Agreement at the cost of $459,900 for a total cost of $1,670,095.36, subject to final negotiation and legal review.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

2. **Recommend the Board Approve (i) the lease of an Intuitive Da Vinci Xi Surgical Robotics System over a 60 month term and, (ii) to approve the Capital Purchase of the Hillrom Trumpf Surgical Table.**

No public comment received.

MOTION: Upon motion by Director Gage, second by Director Turner, the Board of Directors approved the lease of the Intuitive Da Vinci Xi Surgical Robotics System at the total cost of $2,634,236.20 over a 60 month term and, (ii) to approve the Capital Purchase of the Hillrom Trumpf Surgical Table at the total cost of $107,462.00, bringing the total requested dollar amount to $2,741,698.20 subject to final negotiation and legal review.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

Personnel, Pension and Investment Committee

The minutes from the Personnel, Pension and Investment Committee Meeting of July 26, 2022, were provided to the Board. Background information supporting the proposed recommendation made by the Committee was included in the Board packet. The following recommendation was made by the Committee:

1. **Consider Recommendation for Board Approval to Fund the Required Minimum Contribution to the Salinas Valley Memorial Healthcare District Employees' Pension Plan for Calendar Year 2022**

No public comment received.

MOTION: Upon motion by Director Turner, second by Director Cabrera, the Board of Directors approved funding the required minimum contribution in the amount of $10,076,466, for calendar Year 2022.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

Transformation, Strategic Planning and Governance Committee

Committee Chair Richard Turner reported the minutes from the Transformation, Strategic Planning and Governance Committee Meeting of July 27, 2022, were provided to the Board.

REPORT ON BEHALF OF THE MEDICAL EXECUTIVE COMMITTEE (MEC) MEETING OF JULY 14, 2022, AND RECOMMENDATIONS FOR BOARD APPROVAL OF THE FOLLOWING:

The following recommendations from the Medical Executive Committee (MEC) Meeting of July 14, 2022, were reviewed by Theodore Kaczmar, Jr., MD, Chief of Staff and recommended Board approval.

Recommend Board Approval of the Following:

A. From the Medical Staff Executive Committee:
   1. Credentials Committee Report
   2. Interdisciplinary Practice Committee Report

B. Policies/Procedures/Plans:
   1. Nursing Standardized Procedure: Sepsis Management

Dr. Kaczmar, announced six (6) new physicians were approved for initial appointment; thirteen (13) physicians were reappointed; one (1) physician was approved for modification/addition of privileges; three (3) physicians resigned; one (1) physician returned from leave of absence; three (3) physicians advanced to active status; two (2) physician requested a leave of absence; one (1) physician received Emeritus status; one (1) physician resigned from Remote Radiology, and one (1) physician resigned from Cardiology.

No public comment received.

MOTION: Upon motion by Director Gage, second by Director Cabrera, the Board of Directors approves Recommendation (A) through (B) of the July 14, 2022, Medical Executive Committee Meeting, as presented.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

CONSIDER BOARD RESOLUTION NO. 2022-11 PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD JULY 31, 2022 THROUGH AUGUST 30, 2022.

Matthew Ottone, Esq., District Legal Counsel, reported the resolution was included in the Board Packet, for the Board's consideration. The resolution is necessary to continue remote attendance by the District Board at Committee meetings and regular Board Meetings with waiver of certain requirements under The Brown Act. The law has changed allowing remote teleconferencing through 2024. A 30-day resolution is required each month.

No public input received.

MOTION: Upon motion by Director Cabrera, second by Director Gage, the Board of Directors adopted Resolution No. 2022-11 proclaiming a Local Emergency, Ratifying the Proclamation of a State of Emergency by Governor's State of Emergency Declaration on March 4, 2020, and Authorizing Remote Teleconference Meetings for the Period of July 31, 2022 through August 30, 2022, as presented.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

CONSIDER APPROVAL OF INVESTMENT IN MUCH BETTER, INC. DBA MOOD HEALTH FOR AN OWNERSHIP INTEREST NOT TO EXCEED 6% OF THE COMPANY'S VALUATION

Dr. Allen Radner, MD, Chief Executive Officer, Salinas Valley Medical Clinic (SVMC) and Gary Ray, Chief Administrative Officer, SVMC, provided an overview. SVMC wishes to provide mental health services to their patients. Much Better, Inc. dba Mood Health is a virtual mental health clinic that provides therapy services via a remote portal. Mood Health clinicians are available via video visit via a cell phone, computer, or tablet. SVMC has made over 1000 referrals of which over 500 patients have obtained services through Mood.

Company Valuation:	$25 million after 5.6 million funding round earlier this year
Percent of Company	Offered: 4-6% at the current company valuation of $25 million
Investment Amount:	$1-1.5 million (250k per 1% interest)
Documentation:	Simple Agreement for Future Equity (SAFE) Note
Company Focus:	Current focus is growth and expansion
Anticipated Profitability:	Current plan anticipates profitability in 3-7 years

No public input received.

MOTION: Upon motion by Director Cabrera, second by Director Gage, the Board of Directors approved an Investment in Much Better, Inc. dba Mood Health for an Ownership Interest not to exceed 6% at the Company's Current Valuation of $25 million.

Ayes: Directors: Cabrera, Gage, Turner, and President Rey; Noes: None; Abstentions: None; Absent: Director Hernandez Laguna; Motion Carried.

Board Discussion: The Board of Directors discussed the opportunity to review, at a later time, the opportunity to acquire a higher interest (percentage) in Much Better, Inc. dba Mood Health.

EXTENDED CLOSED SESSION

President Rey announced that there will be an Extended Closed Session.

The Board of Directors recessed to closed session at 6:35 p.m. pursuant to:

a. Conference with Labor Negotiation - California Government Code Section §54957.6

The Board completed its business of the Closed Session at 6:46 p.m.

RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Board of Directors reconvened in the Downing Resources Center, Rooms A, B, and C at 6:46 p.m.

PUBLIC DISCLOSURE

Pursuant to California Government Code section 54954.2 and 54954.5, there were no reportable actions on closed session matters.

ADJOURNMENT

The next Regular Meeting of the Board of Directors is scheduled for **Thursday, August 25, 2022 at 4:00 p.m.** There being no further business, the meeting was adjourned at 6:47 p.m.

ATTEST:

_____

Juan Cabrera
Secretary, Board of Directors

/es

SALINAS VALLEY MEMORIAL HOSPITAL
SUMMARY INCOME STATEMENT
July 31, 2022

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 44,168,855	$ 47,519,822	$ 44,168,855	$ 47,519,822
Other operating revenue	696,153	1,245,084	696,153	1,245,084
Total operating revenue	44,865,008	48,764,906	44,865,008	48,764,906
Total operating expenses	42,835,248	40,826,045	42,835,248	40,826,045
Total non-operating income	1,394,589	(2,578,712)	1,394,589	(2,578,712)
Operating and non-operating income	$ 3,424,348	$ 5,360,149	$ 3,424,348	$ 5,360,149

SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
July 31, 2022

	Current year	Prior year
ASSETS:		
Current assets	$ 399,452,426	$ 422,859,066
Assets whose use is limited or restricted by board	150,567,841	144,688,118
Capital assets	238,053,956	243,431,852
Other assets	177,370,372	187,481,770
Deferred pension outflows	95,401,205	50,119,236
	$ 1,060,845,800	$ 1,048,580,042
LIABILITIES AND EQUITY:		
Current liabilities	107,390,583	134,723,701
Long term liabilities	14,058,922	14,556,513
	76,126,944	83,585,120
Net assets	863,269,351	815,714,708
	$ 1,060,845,800	$ 1,048,580,042

SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF NET PATIENT REVENUE
July 31, 2022

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Patient days:				
By payer:				
Medicare	1,866	1,567	1,866	1,567
Medi-Cal	1,089	958	1,089	958
Commercial insurance	778	704	778	704
Other patient	110	147	110	147
Total patient days	3,843	3,376	3,843	3,376
Gross revenue:				
Medicare	$ 93,763,439	$ 89,809,744	$ 93,763,439	$ 89,809,744
Medi-Cal	58,830,312	56,235,627	58,830,312	56,235,627
Commercial insurance	49,093,605	52,117,669	49,093,605	52,117,669
Other patient	8,343,764	9,707,313	8,343,764	9,707,313
Gross revenue	210,031,120	207,870,353	210,031,120	207,870,353
Deductions from revenue:				
Administrative adjustment	57,364	197,088	57,364	197,088
Charity care	795,550	879,629	795,550	879,629
Contractual adjustments:				
Medicare outpatient	29,511,945	28,185,083	29,511,945	28,185,083
Medicare inpatient	43,300,678	37,164,021	43,300,678	37,164,021
Medi-Cal traditional outpatient	3,197,831	2,295,188	3,197,831	2,295,188
Medi-Cal traditional inpatient	5,096,919	4,807,415	5,096,919	4,807,415
Medi-Cal managed care outpatient	23,132,061	23,374,131	23,132,061	23,374,131
Medi-Cal managed care inpatient	21,656,267	21,984,385	21,656,267	21,984,385
Commercial insurance outpatient	16,341,866	17,673,298	16,341,866	17,673,298
Commercial insurance inpatient	17,691,144	17,899,876	17,691,144	17,899,876
Uncollectible accounts expense	3,725,199	4,098,800	3,725,199	4,098,800
Other payors	1,355,441	1,791,617	1,355,441	1,791,617
Deductions from revenue	165,862,265	160,350,531	165,862,265	160,350,531
Net patient revenue	$ 44,168,855	$ 47,519,822	$ 44,168,855	$ 47,519,822
Gross billed charges by patient type:				
Inpatient	$ 111,244,255	$ 109,067,432	$ 111,244,255	$ 109,067,432
Outpatient	71,595,344	71,111,719	71,595,344	71,111,719
Emergency room	27,191,523	27,691,201	27,191,523	27,691,201
Total	$ 210,031,122	$ 207,870,353	$ 210,031,122	$ 207,870,353

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
July 31, 2022

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Operating revenue:				
Net patient revenue	$ 44,168,855	$ 47,519,822	$ 44,168,855	$ 47,519,822
Other operating revenue	696,153	1,245,084	696,153	1,245,084
Total operating revenue	44,865,008	48,764,906	44,865,008	48,764,906
Operating expenses:				
Salaries and wages	16,059,151	15,460,007	16,059,151	15,460,007
Compensated absences	2,613,115	2,536,575	2,613,115	2,536,575
Employee benefits	7,218,138	7,644,428	7,218,138	7,644,428
Supplies, food, and linen	6,109,456	5,569,596	6,109,456	5,569,596
Purchased department functions	3,574,378	3,362,230	3,574,378	3,362,230
Medical fees	1,369,093	1,859,620	1,369,093	1,859,620
Other fees	2,355,069	1,211,933	2,355,069	1,211,933
Depreciation	1,891,869	1,808,916	1,891,869	1,808,916
All other expense	1,644,979	1,372,740	1,644,979	1,372,740
Total operating expenses	42,835,248	40,826,045	42,835,248	40,826,045
Income from operations	2,029,760	7,938,861	2,029,760	7,938,861
Non-operating income:				
Donations	1,961,499	166,667	1,961,499	166,667
Property taxes	333,333	333,333	333,333	333,333
Investment income	2,078,830	539,322	2,078,830	539,322
Taxes and licenses	0	0	0	0
Income from subsidiaries	(2,979,073)	(3,618,034)	(2,979,073)	(3,618,034)
Total non-operating income	1,394,589	(2,578,712)	1,394,589	(2,578,712)
Operating and non-operating income	3,424,348	5,360,149	3,424,348	5,360,149
Net assets to begin	859,845,002	810,354,559	859,845,003	810,354,559
Net assets to end	$ 863,269,351	$ 815,714,708	$ 863,269,351	$ 815,714,708
Net income excluding non-recurring items	$ 3,424,348	$ 5,360,149	$ 3,424,348	$ 5,360,149
Non-recurring income (expense) from cost report settlements and re-openings and other non-recurring items	0	0	0	0
Operating and non-operating income	$ 3,424,348	$ 5,360,149	$ 3,424,348	$ 5,360,149

SALINAS VALLEY MEMORIAL HOSPITAL
SCHEDULES OF INVESTMENT INCOME
July 31, 2022

	Month of July,		One months ended July 31,	
	current year	prior year	current year	prior year
Detail of other operating income:				
Dietary revenue	$ 144,759	$ 136,318	$ 144,759	$ 136,318
Discounts and scrap sale	5,867	(40)	5,867	(40)
Sale of products and services	11,562	52,946	11,562	52,946
Clinical trial fees	0	6,976	0	6,976
Stimulus Funds	0	0	0	0
Rental income	175,116	159,321	175,116	159,321
Other	358,849	889,563	358,849	889,563
Total	$ 696,153	$ 1,245,084	$ 696,153	$ 1,245,084
Detail of investment income:				
Bank and payor interest	$ 374,090	$ 64,189	$ 374,090	$ 64,189
Income from investments	1,704,739	463,579	1,704,739	463,579
Gain or loss on property and equipment	0	11,554	0	11,554
Total	$ 2,078,830	$ 539,322	$ 2,078,830	$ 539,322
Detail of income from subsidiaries:				
Salinas Valley Medical Center:				
Pulmonary Medicine Center	$ (206,606)	$ (158,662)	$ (206,606)	$ (158,662)
Neurological Clinic	(47,117)	(17,644)	(47,117)	(17,644)
Palliative Care Clinic	(76,574)	(111,034)	(76,574)	(111,034)
Surgery Clinic	(92,779)	(118,811)	(92,779)	(118,811)
Infectious Disease Clinic	(26,052)	(33,709)	(26,052)	(33,709)
Endocrinology Clinic	(131,287)	(111,206)	(131,287)	(111,206)
Early Discharge Clinic	0	0	0	0
Cardiology Clinic	(476,829)	(225,771)	(476,829)	(225,771)
OB/GYN Clinic	(276,414)	(330,021)	(276,414)	(330,021)
PrimeCare Medical Group	(534,596)	(2,083,664)	(534,596)	(2,083,664)
Oncology Clinic	(175,694)	(243,559)	(175,694)	(243,559)
Cardiac Surgery	(234,032)	(151,357)	(234,032)	(151,357)
Sleep Center	(38,835)	(42,090)	(38,835)	(42,090)
Rheumatology	(52,980)	(55,451)	(52,980)	(55,451)
Precision Ortho MDs	(226,182)	(98,799)	(226,182)	(98,799)
Precision Ortho-MRI	0	0	0	0
Precision Ortho-PT	(32,994)	(44,237)	(32,994)	(44,237)
Vaccine Clinic	(348)	0	(348)	0
Dermatology	(4,082)	(20,910)	(4,082)	(20,910)
Hospitalists	0	0	0	0
Behavioral Health	(46,097)	(75,508)	(46,097)	(75,508)
Pediatric Diabetes	(45,855)	(42,463)	(45,855)	(42,463)
Neurosurgery	(30,900)	(27,016)	(30,900)	(27,016)
Multi-Specialty-RR	5,799	10,714	5,799	10,714
Radiology	(112,777)	(275,460)	(112,777)	(275,460)
Salinas Family Practice	(110,911)	(38,962)	(110,911)	(38,962)
Urology	(31,021)	0	(31,021)	0
Total SVMC	(3,005,163)	(4,295,620)	(3,005,163)	(4,295,620)
Doctors on Duty	(85,363)	407,147	(85,363)	407,147
Assisted Living	0	0	0	0
Salinas Valley Imaging	0	0	0	0
Vantage Surgery Center	0	23,219	0	23,219
LPCH NICU JV	0	0	0	0
Central Coast Health Connect	0	0	0	0
Monterey Peninsula Surgery Center	104,624	170,827	104,624	170,827
Aspire/CHI/Coastal	(63,635)	(22,570)	(63,635)	(22,570)
Apex	0	17,889	0	17,889
21st Century Oncology	23,876	34,677	23,876	34,677
Monterey Bay Endoscopy Center	46,588	46,396	46,588	46,396
Total	$ (2,979,073)	$ (3,618,034)	$ (2,979,073)	$ (3,618,034)

SALINAS VALLEY MEMORIAL HOSPITAL
BALANCE SHEETS
July 31, 2022

	Current year	Prior year
A S S E T S		
Current assets:		
Cash and cash equivalents	$ 289,283,079	$ 334,817,668
Patient accounts receivable, net of estimated uncollectibles of $31,241,152	84,785,930	72,428,336
Supplies inventory at cost	7,518,119	8,346,798
Other current assets	17,865,297	7,266,265
Total current assets	399,452,426	422,859,066
Assets whose use is limited or restricted by board	150,567,841	144,688,118
Capital assets:		
Land and construction in process	37,299,750	33,745,314
Other capital assets, net of depreciation	200,754,206	209,686,538
Total capital assets	238,053,956	243,431,852
Other assets:		
Investment in Securities	141,950,991	147,418,440
Investment in SVMC	10,305,070	14,022,869
Investment in Aspire/CHI/Coastal	1,580,065	3,680,168
Investment in other affiliates	21,561,281	21,185,802
Net pension asset	1,972,965	1,174,491
Total other assets	177,370,372	187,481,770
Deferred pension outflows	95,401,205	50,119,236
	$ 1,060,845,800	$ 1,048,580,042
L I A B I L I T I E S A N D N E T A S S E T S		
Current liabilities:		
Accounts payable and accrued expenses	$ 60,408,628	$ 55,865,922
Due to third party payers	29,764,970	61,725,924
Current portion of self-insurance liability	17,216,985	17,131,854
Total current liabilities	107,390,583	134,723,701
Long term portion of workers comp liability	14,058,922	14,556,513
Total liabilities	121,449,505	149,280,214
Pension liability	76,126,944	83,585,120
Net assets:		
Invested in capital assets, net of related debt	238,053,956	243,431,852
Unrestricted	625,215,395	572,282,856
Total net assets	863,269,351	815,714,708
	$ 1,060,845,800	$ 1,048,580,042

SALINAS VALLEY MEMORIAL HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES - BUDGET VS. ACTUAL
July 31, 2022

	Month of July,				One months ended July 31,			
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
Operating revenue:								
Gross billed charges	$ 210,031,120	$ 209,636,473	394,647	0.19%	$ 210,031,120	$ 209,636,473	394,647	0.19%
Dedutions from revenue	165,862,265	161,214,879	4,647,386	2.88%	165,862,265	161,214,879	4,647,386	2.88%
Net patient revenue	44,168,855	48,421,594	(4,252,739)	-8.78%	44,168,855	48,421,594	(4,252,739)	-8.78%
Other operating revenue	696,153	1,374,687	(678,534)	-49.36%	696,153	1,374,687	(678,534)	-49.36%
Total operating revenue	**44,865,008**	**49,796,280**	**(4,931,272)**	**-9.90%**	**44,865,008**	**49,796,280**	**(4,931,272)**	**-9.90%**
Operating expenses:								
Salaries and wages	16,059,151	16,019,097	40,054	0.25%	16,059,151	16,019,097	40,054	0.25%
Compensated absences	2,613,115	3,261,549	(648,434)	-19.88%	2,613,115	3,261,549	(648,434)	-19.88%
Employee benefits	7,218,138	7,547,039	(328,901)	-4.36%	7,218,138	7,547,039	(328,901)	-4.36%
Supplies, food, and linen	6,109,456	6,417,896	(308,440)	-4.81%	6,109,456	6,417,896	(308,440)	-4.81%
Purchased department functions	3,574,378	3,491,015	83,363	2.39%	3,574,378	3,491,015	83,363	2.39%
Medical fees	1,369,093	2,026,754	(657,661)	-32.45%	1,369,093	2,026,754	(657,661)	-32.45%
Other fees	2,355,069	2,356,508	(1,439)	-0.06%	2,355,069	2,356,508	(1,439)	-0.06%
Depreciation	1,891,869	1,906,282	(14,413)	-0.76%	1,891,869	1,906,282	(14,413)	-0.76%
All other expense	1,644,979	1,767,161	(122,182)	-6.91%	1,644,979	1,767,161	(122,182)	-6.91%
Total operating expenses	**42,835,248**	**44,793,301**	**(1,958,053)**	**-4.37%**	**42,835,248**	**44,793,301**	**(1,958,053)**	**-4.37%**
Income from operations	**2,029,760**	**5,002,980**	**(2,973,220)**	**-59.43%**	**2,029,760**	**5,002,980**	**(2,973,220)**	**-59.43%**
Non-operating income:								
Donations	1,961,499	166,667	1,794,832	1076.90%	1,961,499	166,667	1,794,832	1076.90%
Property taxes	333,333	333,333	(0)	0.00%	333,333	333,333	(0)	0.00%
Investment income	2,078,830	129,915	1,948,914	1500.14%	2,078,830	129,915	1,948,914	1500.14%
Income from subsidiaries	(2,979,073)	(3,325,541)	346,468	-10.42%	(2,979,073)	(3,325,541)	346,468	-10.42%
Total non-operating income	**1,394,589**	**(2,695,625)**	**4,090,214**	**-151.74%**	**1,394,589**	**(2,695,625)**	**4,090,214**	**-151.74%**
Operating and non-operating income	**$ 3,424,349**	**$ 2,307,354**	**1,116,994**	**48.41%**	**$ 3,424,349**	**$ 2,307,354**	**1,116,994**	**48.41%**

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
NEWBORN STATISTICS					
Medi-Cal Admissions	48	35	48	35	(13)
Other Admissions	93	92	93	92	(1)
Total Admissions	141	127	141	127	(14)
Medi-Cal Patient Days	74	58	74	58	(16)
Other Patient Days	176	141	176	141	(35)
Total Patient Days of Care	250	199	250	199	(51)
Average Daily Census	8.1	6.4	8.1	6.4	(1.6)
Medi-Cal Average Days	1.6	1.6	1.6	1.6	0.0
Other Average Days	1.9	1.6	1.9	1.6	(0.4)
Total Average Days Stay	1.8	1.6	1.8	1.6	(0.2)
ADULTS & PEDIATRICS					
Medicare Admissions	301	394	301	394	93
Medi-Cal Admissions	303	242	255	242	(13)
Other Admissions	392	303	299	303	4
Total Admissions	996	939	855	939	84
Medicare Patient Days	1,327	1,614	1,327	1,614	287
Medi-Cal Patient Days	1,005	1,121	1,005	1,121	116
Other Patient Days	964	1,582	964	1,582	618
Total Patient Days of Care	3,296	4,317	3,296	4,317	1,021
Average Daily Census	106.3	139.3	106.3	139.3	32.9
Medicare Average Length of Stay	3.9	4.1	3.9	4.1	0.2
Medi-Cal AverageLength of Stay	2.8	3.7	2.8	3.7	1.0
Other Average Length of Stay	2.7	4.2	2.7	4.2	1.5
Total Average Length of Stay	3.1	4.0	3.1	4.0	0.9
Deaths	20	21	20	21	1
Total Patient Days	3,546	4,516	3,546	4,516	970
Medi-Cal Administrative Days	2	14	2	14	12
Medicare SNF Days	0	0	0	0	0
Over-Utilization Days	0	0	0	0	0
Total Non-Acute Days	2	14	2	14	12
Percent Non-Acute	0.06%	0.31%	0.06%	0.31%	0.25%

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
PATIENT DAYS BY LOCATION					
Level I	224	463	224	463	239
Heart Center	333	431	333	431	98
Monitored Beds	819	642	819	642	(177)
Single Room Maternity/Obstetrics	365	347	365	347	(18)
Med/Surg - Cardiovascular	711	990	711	990	279
Med/Surg - Oncology	280	226	280	226	(54)
Med/Surg - Rehab	405	633	405	633	228
Pediatrics	97	153	97	153	56
Nursery	250	199	250	199	(51)
Neonatal Intensive Care	82	0	82	0	(82)
PERCENTAGE OF OCCUPANCY					
Level I	55.58%	114.89%	55.58%	114.89%	
Heart Center	71.61%	92.69%	71.61%	92.69%	
Monitored Beds	97.85%	76.70%	97.85%	76.70%	
Single Room Maternity/Obstetrics	31.82%	30.25%	31.82%	30.25%	
Med/Surg - Cardiovascular	50.97%	70.97%	50.97%	70.97%	
Med/Surg - Oncology	69.48%	56.08%	69.48%	56.08%	
Med/Surg - Rehab	50.25%	78.54%	50.25%	78.54%	
Med/Surg - Observation Care Unit	0.00%	81.97%	0.00%	81.97%	
Pediatrics	17.38%	27.42%	17.38%	27.42%	
Nursery	48.88%	38.91%	24.44%	19.45%	
Neonatal Intensive Care	24.05%	0.00%	24.05%	0.00%	

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
DELIVERY ROOM					
Total deliveries	133	119	133	119	(14)
C-Section deliveries	38	37	38	37	(1)
Percent of C-section deliveries	28.57%	31.09%	28.57%	31.09%	2.52%
OPERATING ROOM					
In-Patient Operating Minutes	23,418	17,401	23,418	17,401	(6,017)
Out-Patient Operating Minutes	25,717	21,839	25,717	21,839	(3,878)
Total	49,135	39,240	49,135	39,240	(9,895)
Open Heart Surgeries	14	7	14	7	(7)
In-Patient Cases	150	138	150	138	(12)
Out-Patient Cases	253	237	253	237	(16)
EMERGENCY ROOM					
Immediate Life Saving	39	37	39	37	(2)
High Risk	465	497	465	497	32
More Than One Resource	2,623	2,870	2,623	2,870	247
One Resource	1,480	1,901	1,480	1,901	421
No Resources	82	70	82	70	(12)
Total	4,689	5,375	4,689	5,375	686

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
CENTRAL SUPPLY					
In-patient requisitions	16,315	15,295	102,118	105,727	3,609
Out-patient requisitions	6,250	6,730	67,967	63,426	-4,541
Emergency room requisitions	1,375	698	11,273	8,349	-2,924
Interdepartmental requisitions	7,849	7,115	49,644	44,398	-5,246
Total requisitions	31,789	29,838	231,002	221,900	-9,102
LABORATORY					
In-patient procedures	42,107	38,721	253,735	241,589	-12,146
Out-patient procedures	9,286	11,597	76,062	80,263	4,201
Emergency room procedures	9,433	11,145	60,934	76,430	15,496
Total patient procedures	60,826	61,463	390,731	398,282	7,551
BLOOD BANK					
Units processed	318	297	1,996	1,965	-31
ELECTROCARDIOLOGY					
In-patient procedures	1,041	1,068	6,566	6,885	319
Out-patient procedures	349	302	2,706	2,668	-38
Emergency room procedures	1,045	1,148	6,142	7,127	985
Total procedures	2,435	2,518	15,414	16,680	1,266
CATH LAB					
In-patient procedures	64	77	512	607	95
Out-patient procedures	51	71	571	625	54
Emergency room procedures	0	0	1	0	-1
Total procedures	115	148	1,084	1,232	148
ECHO-CARDIOLOGY					
In-patient studies	298	371	2,033	2,406	373
Out-patient studies	138	156	1,262	1,520	258
Emergency room studies	2	1	16	5	-11
Total studies	438	528	3,311	3,931	620
NEURODIAGNOSTIC					
In-patient procedures	140	165	1,109	1,090	-19
Out-patient procedures	24	27	169	164	-5
Emergency room procedures	0	0	0	0	0
Total procedures	164	192	1,278	1,254	-24

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
SLEEP CENTER					
In-patient procedures	0	0	1	0	-1
Out-patient procedures	183	167	1,315	1,153	-162
Emergency room procedures	0	0	0	0	0
Total procedures	183	167	1,316	1,153	-163
RADIOLOGY					
In-patient procedures	1,654	1,429	9,708	8,710	-998
Out-patient procedures	416	356	4,323	2,915	-1,408
Emergency room procedures	1,217	1,382	7,939	8,809	870
Total patient procedures	3,287	3,167	21,970	20,434	-1,536
MAGNETIC RESONANCE IMAGING					
In-patient procedures	105	141	860	890	30
Out-patient procedures	127	77	953	768	-185
Emergency room procedures	14	6	80	49	-31
Total procedures	246	224	1,893	1,707	-186
MAMMOGRAPHY CENTER					
In-patient procedures	2,718	3,550	20,910	24,711	3,801
Out-patient procedures	2,696	3,518	20,790	24,527	3,737
Emergency room procedures	3	0	3	8	5
Total procedures	5,417	7,068	41,703	49,246	7,543
NUCLEAR MEDICINE					
In-patient procedures	12	14	86	94	8
Out-patient procedures	61	78	506	541	35
Emergency room procedures	1	0	4	4	0
Total procedures	74	92	596	639	43
PHARMACY					
In-patient prescriptions	111,491	94,299	636,356	605,331	-31,025
Out-patient prescriptions	10,439	11,319	99,978	104,283	4,305
Emergency room prescriptions	5,342	7,197	36,983	48,996	12,013
Total prescriptions	127,272	112,815	773,317	758,610	-14,707
RESPIRATORY THERAPY					
In-patient treatments	29,606	21,738	156,457	131,478	-24,979
Out-patient treatments	143	981	3,391	7,896	4,505
Emergency room treatments	373	194	1,179	1,583	404
Total patient treatments	30,122	22,913	161,027	140,957	-20,070
PHYSICAL THERAPY					
In-patient treatments	2,256	2,396	16,109	16,284	175
Out-patient treatments	99	170	1,751	2,108	357
Emergency room treatments	0	0	0	0	0
Total treatments	2,355	2,566	17,860	18,392	532

SALINAS VALLEY MEMORIAL HOSPITAL
PATIENT STATISTICAL REPORT
For the month of July and one months to date

	Month of July		One months to date		
	2021	2022	2020-21	2021-22	Variance
OCCUPATIONAL THERAPY					
In-patient procedures	1,445	1,660	9,403	10,682	1,279
Out-patient procedures	74	99	797	1,086	289
Emergency room procedures	0	0	0	0	0
Total procedures	1,519	1,759	10,200	11,768	1,568
SPEECH THERAPY					
In-patient treatments	348	525	2,682	3,077	395
Out-patient treatments	23	28	171	200	29
Emergency room treatments	0	0	0	0	0
Total treatments	371	553	2,853	3,277	424
CARDIAC REHABILITATION					
In-patient treatments	0	0	0	0	0
Out-patient treatments	498	401	2,637	4,268	1,631
Emergency room treatments	0	0	1	0	-1
Total treatments	498	401	2,638	4,268	1,630
CRITICAL DECISION UNIT					
Observation hours	378	344	1,866	2,252	386
ENDOSCOPY					
In-patient procedures	85	78	626	636	10
Out-patient procedures	12	29	159	223	64
Emergency room procedures	0	0	0	0	0
Total procedures	97	107	785	859	74
C.T. SCAN					
In-patient procedures	537	596	3,803	4,027	224
Out-patient procedures	445	281	3,598	2,517	-1,081
Emergency room procedures	433	552	3,208	4,164	956
Total procedures	1,415	1,429	10,609	10,708	99
DIETARY					
Routine patient diets	17,554	21,351	113,154	130,102	16,948
Meals to personnel	19,345	21,421	144,216	152,161	7,945
Total diets and meals	36,899	42,772	257,370	282,263	24,893
LAUNDRY AND LINEN					
Total pounds laundered	99,573	100,531	710,088	689,921	-20,167

Salinas Valley Memorial Healthcare System

Memorandum

To: Board of Directors

From: Clement Miller

Date: August 12, 2022

Re: Policies Requiring Approval

As required under Title 22, CMS, and The Joint Commission (TJC), please find below a list of regulatory required policies with summary of changes that require your approval.

	Policy Title	Summary of Changes	Responsible VP
1.	Electrocardiogram Nursing Standardized Procedure	New document. This SP is intended to allow RNs to order and perform ECGs in the Emergency Department for patients with certain conditions when a delay in physician medical screening is likely to occur.	Lisa Paulo, CNO
2.	Fair Market Value	New Version.	Augustine Lopez, CFO
3.	Bioterrorism Readiness Plan	Annual plan review. Tables removed.	Dr. Radner
4.	Bloodborne Pathogen Exposure Control Plan	Minor language updates; added attachments for job roles & exposure risk table by dept.	Clement Miller, COO
5.	Medical Device Incident Reporting Program	This policy has been significantly revised to be in compliance with The Food and Drug Administration (FDA), under the Safe Medical Devices Act (SMDA) 21 C.F.R. 8 803 Medical Device Reporting 21 C.F.R. 8 1271 HCT/P Regulated as a Device	Dr. Radner
6.	Salinas Valley Memorial Healthcare System Parking and Traffic Regulations	Template updated. Definitions added. Policy updated to align with current process.	Clement Miller, COO
7.	Employees Exposure & Prevention Plans: Specific Disease Exposures	Annual plan review. Minor typos corrected.	Clement

	and Work Restrictions	Addition of SARS-COV-2.	Miller, COO
8.	Appropriate Use Criteria	New policy.	Clement Miller, COO
9.	Scope of Service: Medical Library	New Document, Scope of Service for Medical Library. Removed from Medical Staff Scope of Service.	Dr. Radner
10.	Legal Health Record	Updated to current practice. Replacing 2686.	Augustine Lopez, CFO
11.	Designated Record Set	New policy.	Augustine Lopez, CFO
12.	Healthcare Worker Immunizations & Immunity Requirements	Template updated. Covid vaccinations added. Process updated to match current practice. Education statement corrected. References updated.	Michelle Childs, CHRO
13.	Tuberculosis (TB) Prevention and Control	Added a decision tree to assist with patient isolation/identification.	Dr. Radner

Salinas Valley Memorial Healthcare System

ELECTROCARDIOGRAM NURSING STANDARDIZED PROCEDURE

Reference Number	6922
Effective Date	Not Set
Applies To	EMERGENCY DEPT
Attachments/Forms	

I. POLICY

A. Function

1. This Standardized Procedure is intended to expedite care for patients presenting to the Emergency Department with medical conditions that warrant an electrocardiogram.

B. Circumstances

- Setting

1. Registered Nurses (RN) assigned to the ED may order and initiate an electrocardiogram for patients 14 and older, presenting with the following conditions:
   a. Chest pain or discomfort
   b. Shortness of breath
   c. Syncope
   d. Seizure
   e. Dizziness
   f. Abdominal pain
   g. Nausea and vomiting of unknown etiology
   h. Fatigue or general body weakness of unknown etiology
   i. Atypical back, arm(s), shoulder(s), or neck pain in absence of trauma or suspected orthopedic or soft tissue injury
   j. Unusual nervousness or feeling of impending doom

C. Protocol

a. Registered Nurses assigned to the ED who have competency may order an electrocardiogram for patients who meet criteria, as outlined in item "B". An order for an electrocardiogram is to be placed in the electronic health record, with notification to the physician once completed.

I. REQUIREMENTS FOR THE REGISTERED NURSE

ELECTROCARDIOGRAM NURSING STANDARDIZED PROCEDURE

A. Education
   a. A registered nurse who has completed orientation and has demonstrated clinical competency may perform the procedures listed in this protocol. Education will be given upon hire with a RN preceptor or designee.
B. Training
   a. Clinical competency must be demonstrated and approved by supervising personnel or preceptor.
C. Experience
   a. Current California RN license and designated to work in the Emergency Department
D. Initial and Ongoing Evaluation
   a. Demonstrates knowledge of procedure through clinical performance.

II. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

A. Method and Review schedule
   a. Review and approval every three (3) years
   b. Policy goes through the Emergency Department every three (3) years.
   c. Policy goes through the Interdisciplinary Practice Committee (IDPC) upon creation of policy and when changes are made.
   d. Chief Nursing Office upon creation of policy and with significant changes.

B. Signatures of authorized personnel approving the standardized procedure and dates:
   a. Director of Emergency Services every three (3) years.
   b. Chair, Department of Emergency Medicine every three (3) years.
   c. Chair, Interdisciplinary Practice Committee every three (3) years.
   d. Chief Nursing Officer every three (3) years.

III. REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES

A. The list of qualified individuals who may perform this standardized procedure is available in the department / cluster Nursing Director's office and available upon request.

IV. REFERENCES

A. ENA (1997) *Triage: Meeting the Challenge*. Park Ridge, IL: Author.

B. Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel DR. *Emergency Severity Index, Version 4. Implementation Handbook.* AHRQ Publication No. 05-0046-2, 2020 Edition. Agency for Healthcare Research and Quality, Rockville, MD.

Salinas Valley Memorial Healthcare System

FAIR MARKET VALUE POLICY

Reference Number	5693
Effective Date	07/01/2022
Applies To	All Departments
Attachments/Forms	

I. POLICY STATEMENT:

A. SVMHS' compensation to any physician (or physician's immediately family member who is a potential referral source) is consistent with fair market value and is commercially reasonable.

II. PURPOSE:

A. To ensure that compensation provided to physicians who may be the source of referrals does not exceed fair market value and is commercially reasonable, as required by the Federal Stark and anti-kickback statutes. As such, it is part of the broader SVMHS Physician Services Contract Policy and Procedure setting forth the process for entering into agreements with physicians.

III. DEFINITIONS:

A. "Fair Market Value" or "FMV" means the value in an arm's-length transaction as the result of bona fide bargaining between well-informed parties who are not otherwise in a position to generate business for one another.

B. "Commercially reasonable" means that the particular arrangement furthers a legitimate business purpose of the parties to the arrangement and is sensible, considering the characteristics of the parties, including their size, type, scope, and specialty. An arrangement may be commercially reasonable even if it does not result in profit for one or more of the parties.

C. "Immediate Family Member" means a physician's spouse, birth or adoptive parent, child, sibling, stepparent, stepchild, stepsibling, father/mother in law, sibling-in law, son/daughter in law, grandparent, or grandchild.

D. "Potential referral source" means the physician or physician's immediate family member has the ability to request or order designated health services, as defined under the Stark Law, at a facility at which the physician or physician's immediate family member has a financial relationship.

FAIR MARKET VALUE POLICY

IV. **PROCEDURE:**

A. Prior to entering into any transaction with a physician (or a physician's immediately family member who may be a potential referral source), SVMHS will determine that the contract compensation and total compensation (including cash compensation and benefits of any kind) are at fair market value and entering into the contract is commercially reasonable. Documentation of this determination will be prepared and maintained with the contract.

B. **Fair Market Value Analysis**

1. **Determining FMV**

a) The Physician & Business Development Department is responsible for obtaining the benchmark data from nationally recognized surveys (e.g., MGMA, AMGA, MD Ranger, or Sullivan and Cotter) to determine the range of rates for the specialty or service in the appropriate geographical area.

b) The Contract Management Department is responsible for reviewing the benchmark data and proposed contract. If the proposed compensation is at or lower than the 75th percentile, Physician & Business Development shall prepare an internal FMV report (which will include information from the applicable benchmark source) setting forth the relevant data and summarizing its analysis.

c) If the proposed compensation is above the 75th percentile or involves a complex mix of services (e.g., administrative, professional, and on-call) for which no reliable data is available, an external FMV opinion will be obtained.

d) In calculating FMV, annual compensation rates will be translated into an hourly rate and multiplied by a number of annual hours for an FTE for use in part-time or other hourly arrangements.

2. **Guidance on Specific Arrangements**

Below are additional guidance and considerations on reviewing FMV and commercial reasonableness for specific types of common physician arrangements:

a) Administrative services –most agreements for medical director and other administrative services can be assessed on the basis of the approach set forth in Sections above. However, in some cases

special factors may need to be considered, such as the degree to which the services require the physician to forego opportunities in private practice, or when a physician devotes a substantial part of his or her practice to administrative duties.

b) Professional services – These agreements will require a case-by-case review, using an internal FMV report or an external FMV opinion in accordance with Section B1 above. The Medicare compensation rates can be used as benchmarks for certain professional services, as appropriate.

c) On-call coverage – Agreements for on-call coverage may require a more in-depth evaluation of the data if compensation above the 75th percentile is being considered, since a number of factors will play a role, such as the number of specialists available, the reimbursement mix, whether the physician is required to be on-site during the on-call period, and, if the physician is off-site, the frequency of being called and the physician's obligations when called (*i.e.*, the likelihood of having to come into the hospital after being called and the time within which the physician must arrive). External opinion may be helpful in such situations.

d) Hospital-based physician agreements – These agreements involve a mix of administrative and professional services, and perhaps on-call services as well. Given their complexity, an outside FMV opinion may be most appropriate.

e) Recruitment – Physician recruitment arrangements (other than income guarantees) must be Stark compliant but are not specifically subject to an FMV analysis under Stark or the anti-kickback statute. Nonetheless, available data will be used in determining reasonable and appropriate recruitment terms. Amounts paid under a recruitment arrangement shall not be determined in a manner that considers the volume or value of actual or anticipated referrals or other business generated between the parties.

f) Other agreements –FMV issues surrounding other agreements (*e.g.*, agreements providing reimbursement for uncompensated care) will be dealt with on a case-by-case basis, using benchmark data as available to provide an internal FMV memorandum or referring the matter for an outside FMV opinion.

3. **Documentation**

Documentation substantiating the FMV analysis will be maintained. Where SVMHS has done the analysis on its own on the basis of general data available, an internal FMV report setting forth the relevant data and summarizing its analysis will be prepared. The report will specify the data sources used to determine the valuation and will explain the choice of the compensation rate in terms of the permissible compensation range and the factors applicable to the particular transaction, as applicable. Where SVMHS has obtained an FMV opinion from an outside consultant, that opinion will be provided as substantiation of FMV. The documentation will be maintained in the physician contract tracking database during the term of the agreement and for at least five (5) years following its expiration.

4. **Timing**

FMV analysis will be completed prior to entering into the agreement with the physician, and prior to any change in compensation.

5. **Term**

Internal FMV calculation will be performed prior to entering into a new contract with a physician and when a change in compensation is contemplated, but in any event at least once every three (3) years. Obtaining an external report will be performed in accordance with Section B.2. An FMV report by an external consultant will be considered to be valid for the time period specified in the report, or if no time period is specified, for a period of no longer than three (3) years.

C. **Commercial Reasonableness Review**

In addition to the FMV assessment, each internal FMV determination or external FMV opinion will address the commercial reasonableness of the proposed arrangement.

1. **Necessary Services.** To be commercially reasonable, the services covered by a physician agreement must be necessary for the operations of SVMHS and must be for the benefit of an SVMHS program. A written statement of commercial reasonableness shall be included in each agreement. Regulatory and/or accreditation support, industry standards, and benchmark data are generally available and shall be maintained with the contract file. In the absence of such information, an internal statement of commercial reasonableness shall be completed by Physician & Business Development.

2. At the time of agreement renewal, SVMHS shall reassess its need for the services and the appropriateness of the physician's duties, time commitments, reporting, and compensation.

D. **Overlapping/Multiple Service Contracts.** Confirmation will be made that no other party is being compensated for providing the same services. Any multiple medical directorships or other administrative service contracts for the same department or service line must be supported with written justification, including clear detail about the duties and responsibilities required for each position.

V. **EDUCATION/TRAINING:**

A. Education and/or training is provided as needed.

VI. **REFERENCES:**

A. 42 U.S.C. § 1395nn and 42 C.F.R. §§ 411.350-389 (Federal Stark)

B. 42 U.S.C. §§ 1302a-7b and 42 C.F.R. § 1001.952 (Federal Anti-Kickback)

BIOTERRORISM READINESS PLAN

Effective Date: ~~09/20/2017~~Not Set

TABLE OF CONTENTS

I. PURPOSE

A. To guide the staff in the event– SVMH provides care / treatment to individuals with illness related to suspected or known exposure to bioterrorism agents.

B. This plan will be utilized by staff as a support document during a bioterrorism event ~~thru~~through the facility's HICS System and Incident Command Structure, outlined in the ~~EMERGENCY OPERATIONS PLAN~~EMERGENCY OPERATIONS PLAN.

II. SCOPE

A. There are four ~~prominent~~major agents / diseases ~~which can occur as a result~~potentially encountered in the event of bioterrorism ~~(~~- anthrax, botulism, plague, and smallpox~~)~~. Additional agents / diseases may include tularemia, brucellosis, Q fever, viral hemorrhagic fevers, viral encephalitis, and staphylococcal enterotoxin B. With the exception of ~~Smallpox~~smallpox, these agents are generally not transmitted from person-to-person and re-aerosolization of the agents is unlikely.

B. For Pathology department procedures related to the Laboratory Response Network and recognizing possible bioterrorism agents, see BIOTERRORISM PREPAREDNESS – PATHOLOGY #2461.

C. Support Policies/Plans:

1. AEROSOL TRANSMITTED DISEASES EXPOSURE CONTROL PLAN
2. AEROSOL TRANSMISSIBLE PATHOGENS POLICY – PATHOLOGY
3. ISOLATION - STANDARD AND TRANSMISSION BASED PRECAUTIONS
4. LABORATORY INFECTIOUS DISEASE REPORTING POLICY

III. AUTHORITY

A. N/A

IV. DEFINITIONS

A. Association of Professionals in Infection Control and Epidemiology (APIC)

B. Centers for Disease Control and Prevention (CDC)

C. Hospital Infection Control Practices Advisory Committee (HICPAC)

D. California Department of Public Health (CDPH)

V. STRATEGIES

A. Reporting Requirements and Contact Information (see Table 1 in Attachments)

1. Internal Contacts - Immediately notify the following persons:
    a. Infection Prevention: (831) 759-1858 SVMHS Operator has after-hours contact information.
    b. After hours contact Administrative Supervisor/ Hospital Operator
2. External Contacts
    a. Monterey County Health Department:(831) 755-4521, after hours: (831) 755-5100
    b. State Health Department, defers to local County Public Health, see contact information above
3. FBI Field Office (San Francisco): (415) 553-7400
4. Bioterrorism Emergency Number, CDC Emergency Response Office: (770) 488-7100 ~~(checked 04/21/17, still operational)~~
5. CDC ~~hospital Infections Program - (404) 639-6413,~~ Hotline ~~(404) 639-0385~~800-232-4636
6. ~~Regional~~California Poison Control Centers: (800) 222-1222
7. *Note: Phone numbers listed above were last verified 02/24/2022*

Commented [LZ1]: Called at 14:35 PST 2/24/22,, no answer

Commented [LZ2]: Called at 14:35 PST 2/24/22, no answer

B. Detection of Outbreaks Caused by Agents of Bioterrorism: Bioterrorism is generally committed as a covert act and persons are unknowingly exposed. An outbreak may only be recognized if unusual disease clusters or symptoms are recognized. Rapid response is required if bioterrorism related illness is suspected to prevent progression to illness and potential dissemination of these agents through secondary spread of infection.

1. Recognition of Illness: ~~Table 2:~~ "Diseases Associated with Bioterrorism" lists the four most common diseases caused by these agents and their characteristic features. These are not easily identified in the absence of an outbreak.
2. Epidemiologic Criteria for Recognition of Outbreaks: Features that may represent early symptoms of exposure to a bioterrorism agent include:
    a. A rapidly progressing incidence of disease in a normally healthy population.
    b. An epidemic curve that rises and falls during a short period of time.
    c. An unusual increase in the number of people seeking care, especially with fever, respiratory, or gastrointestinal complaints.
    d. An endemic disease rapidly emerging at an uncharacteristic time or in an unusual pattern.

e. Lower attack rates among people who had been indoors, especially in areas with filtered air or closed ventilation systems, compared with people who had been outdoors.

f. Clusters of patients arriving from a single locale.

g. Large numbers of rapidly fatal cases.

h. Any patient presenting with a disease that is relatively uncommon and has bioterrorism potential (e.g., pulmonary anthrax, tularemia, or plague).

C. Surveillance

1. Reporting & Analysis of Disease – the following may be considered for detection of Bioterrorism-related diseases.

~~2.~~a. Laboratory – Laboratories must immediately report cases to the local Health Department. Including SVMHS Infection Prevention and / Chief Medical Officer/Infectious Disease Medical Director.

~~3.~~b. Radiology Departments – Most cases will not initially be recognized by radiological findings; however, in the presence of an outbreak Radiologists should be alerted to report suspect findings immediately.

~~4.~~c. Analysis of trends

~~a.~~i. Clusters

~~b.~~ii. Epidemic curves

~~5.~~d. Sources of information

~~a.~~i. Medical record access

~~b.~~ii. Coding

~~c.~~iii. Hospital Information Systems

~~d.~~iv. Pharmacy records (e.g. high use of amantidine may indicate influenza or other pulmonary illness)

D. Community-wide Surveillance - Infection Preventionists~~–~~ in Monterey County will be alerted by the Health Department, CDC and local chapter of the Association of Professionals in Infection Control and Epidemiology (APIC).

E. **Infection Prevention Practices for Patient Management** (~~Table 3: "Preventive Measures")~~See CDC Links in References

1. Isolation Precautions:

a. Standard Precautions – Agents of bioterrorism are generally not transmitted from person to person. Standard Precautions are recommended for all patients regardless of their diagnosis or presumed infection status.

b. Transmission-Based Precautions

c.i. Suspected or confirmed smallpox - Airborne & Contact Precautions - using a negative pressure room with an anteroom.

d.ii. Suspected or confirmed pneumonic plague – Droplet Precautions

iii. ISOLATION - STANDARD AND TRANSMISSION BASED PRECAUTIONS

2. Patient Placement:

a. Routine patient placement for Standard Precautions or Transmission-based Precautions is generally adequate for small-scale events.

b. If a large-scale event occurs, and existing in-patient facilities are not sufficient for the number of patients admitted, the Infection Control Committee will work with the Incident Commander.

2.c. Patients with similar syndromes may be directly triaged to alternate sites such as a designated clinic, emergency department area or a designated ward, floor or separate building and cohorted and negative air ventilation may be required. Non-emergency services and procedures may need to be cancelled.

3. Patient Transport: Movement of patients should be limited. Patients in Airborne Precautions must have procedures done in negative pressure rooms. Transportation outside the facility must be coordinated with the Monterey County Emergency Operations Center.

4. Cleaning, disinfection, laboratory testing, and sterilization of equipment and environment: Notify Pathology / laboratory and the Medical Examiner of potentially infectious cases during an outbreak situation before submitting specimens for examination, testing, or disposal.

F. Post-exposure Management:

1. The need for decontamination is not necessary and should only be considered in instances of gross-contamination.

2. Employee Health and Pharmacy will identify sources of vaccines, immune globulin, antibiotics, and botulinum anti-toxin (with assistance from the local health departments). Current antibiotic prophylaxis for Plague (~~Y pestis~~*Yersinia pestis*) and Anthrax (*Bacillus anthracis*) should be referenced by CDC standards and Infectious Disease Medical Director consulted.

3. All in-patients will be evaluated for discharge potential and discharged as early as possible.

4. Patients treated for a biological event-induced illness and their family will receive discharge instructions applicable to their illness.

5. The hospital will attempt to reduce the psychological impact ~~to~~of bioterrorism through the use of on-site clergy, counselors, social workers, and volunteers. Public inquiries will be referred to the Public Information Officer.

VI. EDUCATION/TRAINING

A. Education is provided during general or departmental-specific orientation and periodically as practice or policy changes.

VII. DOCUMENTATION

A. N/A

VIII. REFERENCES ~~(WEB-BASED)~~

A. Preparation and Planning for Bioterrorism Emergencies. ~~https://emergency.cdc.gov/bioterrorism/prep.asp~~https://emergency.cdc.gov/bioterrorism/prep.asp

B. Public Health Emergency Response Guide for state, local, and tribal public health directors. Version 2.0, April 2011. https://emergency.cdc.gov/planning/pdf/cdcresponseguide.pdf

1. See also in Attachments

C. Laboratory Information for Bioterrorism Emergencies. https://emergency.cdc.gov/bioterrorism/lab.asp

D. CDC Emergency Preparedness and Response, Bioterrorism Agents/Diseases. https://emergency.cdc.gov/agent/agentlist.asp

E. ~~CDPH (Santa Clara County) Public Health Reference for Northern California: 2011 ZEBRA PACKET, Clinicians Guide to Biological, Chemical & Radiological Exposure. Santa Clara County Public Health Department.~~**DISEASES ASSOCIATED WITH BIOTERRORISM & Preventable measures:**

1. Anthrax: Anthrax | CDC
2. Botulism: Botulism | Botulism | CDC
3. Ebola: Ebola (Ebola Virus Disease) | CDC
4. Plague: CDC Plague Information | Emergency Preparedness & Response

~~E.~~5. Smallpox: ~~https://www.scegov.org/sites/scephd/en-us/HealthProviders/zebrapacket/Pages/default.aspx~~Smallpox | CDC

~~IX.~~6. ~~REFERENCES~~ Tularemia: CDC Tularemia | Emergency Preparedness & Response

~~A.~~F. Infectious Disease Disasters: Bioterrorism, Emerging Infections and Pandemics. Chapter 120, pgs.1-22. APIC Text of Infection Control and Epidemiology, 4th Edition. 2014.

TABLE 1: BIOTERRORISM EVENT CONTACTS

Issue	Department	Person	Alternate	Comments
Reporting/Notification	Infection Prevention	Infection Prevention: (831) 759-1858 Call Operator of after-hours contact information	Infectious Disease Staff: Dr. Allen Radner: Internal ext. 3292 or cell: 831-383-8712 Dr. Mahendra Poudel: Cell: 203-648-8930	Infection Prevention Department investigate contacts, report to appropriate health authorities & others per regulations
Decontamination of Persons	E.D. / HazMat Infection Prevention	Safety: (831) 772-2347	Infection Prevention: 831-759-1858	
Patient Placement	Infection Prevention	Infection Prevention: (831) 759-1858 Call Operator of after-hours contact information	Infectious Disease Staff: Dr. Allen Radner: Internal ext. 3292 or cell: 831-383-8712 Dr. Mahendra Poudel: Cell: 203-648-8930	
Patient Transport	Infection Control	Infection Prevention: (831) 759-1858 Call Operator of after-hours contact information	Infectious Disease Staff: Dr. Allen Radner: Internal ext. 3292 or cell: 831-383-8712 Dr. Mahendra Poudel: Cell: 203-648-8930	Do not transport patients with Smallpox or Pneumonic Plague until Infection Prevention or Infectious Disease Staff notified
Laboratory support & confirmation	Pathology	Dr. Johnny Hu 415-412-4313 cell	Dr. Hugh Wilson Cell: (831) 917-4597 Dr. Andrew J. Wilson Cell: 831-595-7932 Dr. David Litman Pager 831-771-8209	
Lab Specimen Handling, Storage, & Transport	Pathology	Don Harris, CLS ext 1369 or 831-424-1456	Dr. Hugh Wilson Cell: (831) 917-4597 Dr. Andrew J. Wilson Cell: 831-595-7932	

			Dr. David Litman Pager 831-771-8209	
Post-mortem Care	Pathology	Dr. Johnny Hu 415-412-4313 cell	Dr. Hugh Wilson Cell: (831) 917-4597 Dr. Andrew J. Wilson Cell: 831-595-7932 Dr. David Litman Pager 831-771-8209	
Post-exposure Prophylaxis	Infectious Disease	Infectious Disease Staff: Dr. Allen Radner (CMO): Internal ext. 3292 or cell: 831-383-8712 Dr. Mahendra Poudel: Cell: 203-648-8930	Infectious Disease Medical Staff: Dr. Allen Radner (CMO): Internal ext. 3292 or cell: 831-383-8712 Dr. Mahendra Poudel Cell: (203) 648-8930	Pharmacy identifies sources of prophylactic regimes, if available
Cleaning/Disinfection of Equipment	Infection Prevention	Infection Prevention: 831-759-1858	Christa McDowell: Ext. 1913	
Trash & Linen	Infection Prevention	Infection Prevention (831) 759-1858	Christa McDowell: Ext. 1913	

TABLE 2: DISEASES ASSOCIATED WITH BIOTERRORISM

	Anthrax	Botulism	Plague	Smallpox
Etiology	**Bacillus anthracis** Gram-positive bacillus (spore forming)	**Clostridium botulinum** Anaerobic gram-positive bacillus produces a potent neurotoxin, botulinum toxin	**Yersinia pestis** Gram-negative bacillus	**Variola virus**
Clinical Features	The symptoms of anthrax depend on the type of infection and can take anywhere from 1 day to more than 2 months to appear. All types of anthrax have the potential, if untreated, to spread throughout the body and cause severe illness and even death. **Cutaneous anthrax symptoms can include:** • A group of small blisters or bumps that may itch • Swelling can occur around the sore • A painless skin sore (ulcer) with a black center that appears after the small blisters or bumps • Most often the sore will be on the	• Responsive patient with absence of fever • Symmetric cranial neuropathies (drooping eyelids, weakened jaw clench, difficulty swallowing or speaking) • Blurred vision • Symmetric descending weakness in a proximal to distal pattern • Respiratory dysfunction from respiratory muscle paralysis or upper airway obstruction due to	**Pneumonic Plague:** • Fever, cough, chest pain • Hemoptysis • Muco-purulent or watery sputum • Radiographic evidence of bronchopneumonia	• 2-4 days, non-specific prodromal fever, myalgia • rash most prominent on face and extremities (including palms and soles) in contrast to varicella with truncal distribution • rash scabs over in 1-2 weeks • rash has a synchronous onset in contrast to varicella rash, wheal

	face, neck, arms, or hands **Inhalation anthrax symptoms can include:** Fever and chills, Chest Discomfort Shortness of breath, Confusion or Dizziness, Cough, Nausea, vomiting, or stomach pains, Headache, Sweats (often drenching), Extreme tiredness, Body aches **Gastrointestinal anthrax symptoms can include:** Fever and chills, Swelling of neck or Neck glands, Sore throat, Painful swallowing, Hoarseness, Nausea and vomiting, especially bloody vomiting; Diarrhea or bloody diarrhea, Headache, Flushing (red face) and red eyes, Stomach pain, Fainting, Swelling of abdomen (stomach) **Injection anthrax symptoms can include:** • Fever and chills, A group of small blisters or bumps that may itch, appearing where the drug was injected. A painless skin sore with a black center that appears after the blisters or bumps, Swelling around the sore, Abscesses deep under the skin or in the muscle where the drug was injected ***To Keep in Mind:*** *Injection anthrax symptoms are similar to those of cutaneous anthrax, but injection anthrax can spread throughout the body faster and be harder to recognize and treat than cutaneous anthrax. Skin and injection site infections associated with injection drug use are common and do not necessarily mean the person has anthrax*	weakened glottis • No sensory deficits		arises in crops
Modes of Transmission	Spore form delivered as an aerosol: • Inhalation of spores • Cutaneous contact with spores • Ingestion of contaminated food	Generally by ingestion of toxin contaminated food. Aerosolization of toxin may be mechanism for bioterrorism exposure.	• Normally transmission from an infected rodent to man by infected fleas • Bioterrorism-related outbreaks likely through dispersion of an aerosol • Person-to-person transmission of pneumonic plague is possible via large aerosol droplets	Transmission via both large and small respiratory droplets. Patient-to-patient transmission is likely from airborne and droplet exposure by contact with skin lesions or secretions. Patients are considered more infectious if coughing or if they have a hemorrhagic form of smallpox.
Incubation	Pulmonary: 2-60 days Cutaneous: 1-7 days	Foodborne: 12-36 hours Inhalation: 24-72 hours	Flea borne: 2-8 days Pulmonary: 1-3 days	

Period	Ingestion: 1-7 days			
Period of Communicability	Transmission of anthrax from person-to-person unlikely. Airborne transmission does not occur. Direct contact with skin lesions may result in cutaneous infection.	Botulism is not transmitted from person-to-person.		

TABLE 3: PREVENTIVE MEASURES

	Anthrax	Botulism	Plague	Smallpox
Special Planning Information	• How additional ventilators can be obtained • How limited numbers of ventilators will be distributed • Contact Incident Command	Any individuals suspected to have been exposed to botulinum toxin should be carefully monitored for evidence of respiratory compromise. Ventilator support is required, on average 2-3 months	• Sources of bulk prophylactic antibiotics and planning for acquisition on short notice. • Locations, personnel needs and protocols for administering Prophylactic post-exposure care to large numbers of potentially exposed individuals. • Pharmacy disaster formulary • Employee Health Plan for employee prophylaxis	• Triage and management of large scale exposure/potential exposures. • Sites within or outside the facility that can provide necessary parameters for cohorting large numbers of patients with Airborne Precautions. • Source of Smallpox vaccine. • Availability of large supply of N95 particulate respirators and purified air powered respirators Par Level increased • Personnel needs for large numbers of patients on Airborne Precautions. (Surge Capacity tents)
Decontamination of Exposed Patients	Only necessary immediately after exposure. Post-exposure decontamination to be done at the ED dock as follows: • Instruct patient to remove clothing and store in biohazard bag. • Handle clothing minimally to avoid agitation • Instruct patient to shower thoroughly with soap and water (provide assistance if necessary).		Only necessary immediately after exposure. Post-exposure decontamination to be done at the ED dock as follows: • Instruct patient to remove clothing and store in biohazard bag. • Handle clothing minimally to avoid agitation • Instruct patient to shower thoroughly with soap and water (provide assistance if necessary).	Not indicated
Decontamination of Environment	In possibly contaminated areas, decontaminate environmental surfaces with a quaternary	No special precautions	See general instructions	Terminal cleaning of patient room and disinfection with a quaternary ammonium (10 minute contact time).

	Anthrax	Botulism	Plague	
	ammonium disinfectant; allow 10 minute contact time.			
Cleaning, Disinfection, Sterilization of Equipment	After decontamination, standard cleaning procedures.	Standard cleaning procedures	Standard cleaning procedures	• Use dedicated patient care equipment (e.g. stethoscope, B/P cuff, thermometer, etc.). • All reusable equipment must be cleaned and disinfected with a hospital approved (10 minute contact time) prior to use by other patients.
Isolation Precautions for Exposed Patients			Droplet Precautions for 2-7 days after exposure; observe for flu-like symptoms or pneumonia.	Airborne & Contact Precautions on days 7-17 after exposure; monitor for disease onset (see below).
Isolation Precautions for Patients with Disease	Standard precautions	Standard precautions	Droplet Precautions until patient has completed 72 hours of antimicrobial therapy.	Airborne & Contact Precautions for at least 3 weeks and only discontinue with approval from Infectious Diseases/Infection Control. • Use N95 mask or particulate respirator • Place in negative pressure room • For large numbers of patients cohort in a separate facility.
Patient Transport	Standard precautions	Standard precautions	Limit movement – only for essential medical purposes. Patient wears surgical mask.	Limit movement – only for essential medical purposes. DO NOT transport patient until Infection Control staff is notified. Patient wears surgical mask.
Patient Placement	Private room not necessary	Private room not necessary	Private room or cohort patients	Private room (negative air pressure); door must remain closed. Patients with same disease may be cohorted, but must be in a negative air pressure room.
Laboratory Confirmation	Testing can only be performed in a BSL-2 laboratory. Contact Monterey County Lab for special instructions and to obtain an appropriate specimen kit. Depending on symptoms, the following specimens may be obtained:	Routine laboratory tests are of limited value in the diagnosis of botulism. Detection of toxin is possible from serum, stool samples, or gastric secretions. Contact {insert laboratory name and number} for special instructions.	Contact Pathology Department for special instructions for • Serum for capsular antigen testing • Blood cultures • Sputum or tracheal aspirate for Gram's, Wayson's, and fluorescent antibody staining • Sputum or tracheal aspirates for culture	Testing can only be performed in a BSL-4 laboratory. Contact Monterey County Lab for special instructions and to obtain an appropriate specimen kit.

	Anthrax	Botulism	Plague	
	• Blood cultures • Acute serum for frozen storage • Stool culture, if gastrointestinal disease			
Lab Specimen Handling/Transport	Use special laboratory provided specimen kit to package and transport specimens to Pathology. Handling of clinical specimens will be coordinated with Local Health Department/ FBI for transportation to Department of Defense laboratory. The chain of custody form, provided with the transportation kit, must be used to document all information.			Use special laboratory provided specimen kit to package and transport specimens to Pathology. Handling of clinical specimens will be coordinated with the local Health Department/ FBI for transportation to Department of Defense laboratory. The chain of custody form, provided with the transportation kit, must be used to document all information.
Post Mortem Care	Standard precautions	Standard precautions	Standard & Droplet Precautions	Airborne & Contact Precautions
Post Exposure Management		Single cases of botulinum should immediately raise concerns of an outbreak potentially associated with shared contaminated food.	Risk for re-aerosolization of *Y. pestis* from contaminated clothing of exposed persons is low.	Contact Infectious Diseases: Depending on availability: • Give Smallpox vaccine (vaccinia virus) within 3 days of exposure. • If greater than 3 days, give vaccination and vaccinia immune globulin (VIG) 0.6 ml/kg IM.
Prophylaxis and Post-Exposure Immunization	Prophylaxis should be initiated upon confirmation of an anthrax exposure. See Table 1 for specific information.	Trivalent botulinum antitoxin is available by contracting state health departments or CDC. Skin testing should be performed prior to administration due to <9% rate of hypersensitivity reactions.	Post-exposure prophylaxis should be initiated following confirmed or suspected bioterrorism *Y. pestis* exposure, and for post-exposure management of healthcare workers and others who had unprotected face-to-face contact with symptomatic patients.	Post-exposure immunization with smallpox vaccine (vaccinia virus) available and effective. Vaccine alone is recommended if given within 3 days of exposure. Passive immunization is also available in forms of vaccinia immune globulin (VIG). If given greater than 3 days has elapsed since exposure, both vaccination and VIG are recommended. See information for pregnant women and persons with immuno-suppression and eczema.
Vaccine Availability	Inactivated, cell-free anthrax vaccine – limited availability	Pentavalent toxoid vaccine available as an investigational new drug.	Formalin-killed vaccine exists for bubonic plague, but has not proven effective for pneumonic plague. Not currently available	A live-virus intradermal vaccine is available Immunization

	Anthrax	Botulism	Plague	
			in the United States.	
Immunization Recommendations	Routinely administered to military personnel. Routine vaccination of civilian population not recommended	Routine immunization of the public including healthcare workers is not recommended.	Not recommended for the general population; post-exposure immunization has no utility.	Routine public vaccination is not recommended, since the last naturally acquired case in the world occurred more than 20 years ago. Vaccination against smallpox does not reliably confer lifelong immunity. Even previously vaccinated persons should be considered susceptible to smallpox.
Discharge Management	No special discharge instructions are indicated; teach home care providers Standard Precautions.	No special discharge instructions are indicated.	Generally, patients with pneumonic plague would not be discharged from a healthcare facility until no longer infectious and would require no special discharge instructions. In the event of a large bioterrorism exposure with patient receiving care in homes, home care providers should be taught to use Standard Precautions and Droplet Precautions for all patient care.	In general, patients with smallpox should not be discharged from a healthcare facility until determined they are no longer infectious. Therefore, no special discharge instructions are required.
Patient, Visitor, and Public Information	Fact sheets - available on https://www.cdc.gov/anthrax/	Fact sheets - available on https://www.cdc.gov/botulism/	Fact sheets - available on https://emergency.cdc.gov/agent/plague/index.asp	Fact sheets - available on https://www.cdc.gov/smallpox/index.html

~~29 CFR 1910.1030~~

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

~~Note: see--BLOOD BORNE PATHOGEN EXPOSURE GUIDELINES: EMPLOYEES, FIRST RESPONDERS, PATIENTS & VISITORS~~

~~Effective Date: 06/27/2017~~

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~~I.~~B. Objective

The objective of the Salinas Valley Memorial Hospital (SVMH) Bloodborne Pathogen Exposure Control Plan is to comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, and to eliminate or minimize employee occupational exposure to blood, certain ~~other body~~ bodily fluids, or other potentially infectious materials as defined below:

~~A.~~I. Blood means human blood, human blood components, and products made from human blood.

~~B.~~II. Bodily fluids means semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

~~C.~~III. Other potentially infectious materials ~~means~~mean any unfixed tissue or organ (other than intact skin) from a human (living or dead), and human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Note: see--BLOOD BORNE PATHOGEN EXPOSURE GUIDELINES: EMPLOYEES, FIRST RESPONDERS, PATIENTS & VISITORS

~~II.~~C. Background

OSHA requires employers to identify situations and job classifications in which employees may be exposed to blood or other potentially infectious materials, and to provide protection to these employees in the form of engineering controls, personal protective equipment, training, and risk reduction.

~~III.~~D. Assignment ~~of~~Of Responsibility

A. Program Administrator

~~Employee Health Services~~Infection Prevention in collaboration with ~~Infection Prevention~~Employee Health Services shall manage the Bloodborne Pathogen Exposure Control Plan for SVMH and maintain all records pertaining to the plan.

B. Management

SVMH will provide adequate controls and equipment that, when used properly, will minimize or eliminate risk of occupational exposure to blood or other potentially infectious materials. These shall be provided at no cost to the employees. SVMH management will ensure proper adherence to this plan through periodic audits.

C. **Supervisors**

Supervisors shall themselves follow and ensure that their employees are trained in ~~and~~ use of proper work practices, standard precautions, the use of personal protective equipment, and proper cleanup and disposal techniques.

D. **Employees**

Employees are responsible for employing proper work practices, standard precautions, and personal protective equipment and cleanup/disposal techniques as described in this plan. Employees are also responsible for reporting all exposure ~~incidents~~outlined in this plan to their direct supervisor and EHS immediately. If this is off hours and /or the direct supervisor / EHS is unavailable, then reporting is to the Administrative Supervisor.

E. **Contractors**

Contract employees ~~(MD, other LIP, etc)~~ such as, but not limited to medical staff members, travelers, security personnel, etc., are responsible for complying with this plan, and shall be provided the training described herein during orientation.

~~IV.~~E. Exposure Determination

All job classifications and locations in which employees may be expected to incur occupational exposure to blood or other potentially infections materials, based on the nature of the job or collateral duties, regardless of frequency, shall be identified and evaluated by Infection Prevention & Control / EHS. This list shall be updated as job classifications or work situations change. Exposure determination shall be made without regard to the use of personal protective equipment.

A. Category I

Job classifications in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category I. ~~EHS shall maintain~~Outlined in this plan is a list of ~~these~~the types of jobs and the locations in which the work will be performed (see ~~Appendix~~Attachment A).

B. Category II

Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to the normal job duties, fall into Category ~~EHS shall maintain~~II. Outlined in this plan is a list of ~~these~~the types of jobs and the locations in which the work may be performed (see ~~Appendix~~Attachment B).

~~V.~~F. Implementation Schedule And Methodology

A. Compliance Methods

~~1.~~A. Standard precautions

Standard precautions (formally "universal precautions") shall be used at SVMH to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials shall be considered infectious, regardless of the perceived status of the source individual.

~~2.~~B. Engineering Controls

The engineering and work practice controls listed below shall be used to minimize or eliminate exposure to employees at SVMH.

~~a.~~1. Sharps containers, bio-safety cabinets, safety needles, needleless systems, gowns, gloves, eye protection, etc. are to be used in accordance with training and policy as a first line of protection.

The following schedule shall be followed to review the effectiveness of the engineering controls:

a. Engineering controls that assist in the prevention of exposure will be reviewed during policy review and /or earlier as needed or required by regulatory guideline changes.

~~b. New equipment and/or technologies, PPE are to be reviewed and approved by Infection Control Committee / Environment of Care Committee and other multi-disciplinary groups as appropriate prior to implementation.~~

Where occupational exposure remains after SVMH institution of these controls, personal protective equipment shall also be used.

~~3.~~C. Needles

Except as noted below, contaminated needles and other sharps shall not be bent, recapped, removed, sheared, or purposely broken. Contaminated sharps shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All disposable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

4.D. Containers for Reusable Sharps

Contaminated sharps that are reusable shall be placed immediately, or as soon as possible, after use into appropriate sharps containers. All reusable sharps containers shall be puncture resistant, labeled with a biohazard label, and leak-proof.

a. Sharps containers are readily available in all clinical areas at SVMH. Environmental Service (EVS) is responsible for the removal and replacement of sharps containers. Sharps containers are to be replaced when ¾ full.

5.E. Sharps Injury Log ~~(Dashboard)~~

A needle stick or sharps injury log ~~(Dashboard) (see Appendix C)~~ shall be maintained by EHS~~,~~ and will reflect the standards of 29 CFR 1910.1030~~,~~(h)(5) and will include the following information for each incident:

~~a. period of time the log covers~~
~~b.~~a. date of incident
~~c.~~b. type and brand of device involved
~~d.~~c. department or area of incident occurred
~~e.~~d. ~~description of~~explanation of how of the incident~~.~~ occurred

The log shall be retained ~~per SVMH record retention guidelines / policy~~for the period required by 29 CFR 1904.33, which at the time of this review is (5) years following the end of the calendar year that these records cover.

6.F. Hand Washing Facilities

Hand washing facilities are made available and are readily accessible to all HCW who may incur exposure to blood or other potentially infectious materials. Where hand washing facilities are not feasible, SVMH will provide an antiseptic alcohol based cleanser in conjunction with clean cloth/paper towels. Such areas include:

a. Engineering office / areas, waste management disposal areas, non-clinical areas, buildings and unit are provided with SVMH approved alcohol based hand sanitizer.

When these alternatives are used, employees shall wash their hands with soap and running water as soon as feasible.

7.G. Work Area Restrictions

In work areas where there is a reasonable risk of exposure to blood or other potentially infectious materials, employees shall NOT have food, water containers without leak proof/sealed lids (examples not to be used: no disposable paper coffee cups with open lids or drink containers with straws), apply cosmetics or lip balm, or handle contact lenses. All drink containers MUST be spill proof, and each department MUST determine a location for hydration stations. Drinks are NOT allowed on equipment, including WOWs. NO Food and beverages shall ~~not~~ be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials may be present.

Mouth pipetting or suctioning of blood or other potentially infectious materials is *strictly prohibited.*

All processes and procedures shall be conducted in a matter that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

a. Covers will be used on centrifuges'; eye protection will be utilized when exposure to splashes ~~may~~is expected/anticipated to occur.

~~8.~~H. Specimens

Each specimen of blood or other potentially infectious material shall be placed in a container that will prevent leakage during the collection, handling, processing, storage, and transport of the specimen.

Specimen containers shall be labeled or color-coded in accordance with the requirements of the OSHA standard and per ~~SVMHS~~SVMH applicable policies.

Any specimens that could puncture a primary container shall be placed within a secondary puncture-resistant container. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that will prevent leakage during handling, processing, storage, transport, or shipping of the specimen.

~~9.~~I. Contaminated Equipment

Bio-medical services ~~and Engineering~~, Engineering, Materials Management and Sterile Processing shall ensure that equipment that has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Contaminated equipment shall be decontaminated, unless decontamination is not feasible. Contaminated equipment shall be tagged and labeled as such.

~~10.~~J. Personal Protective Equipment (PPE)

a. PPE Provision

~~Infection Prevention & Control Committee shall ensure that the provisions regarding personal protective equipment described in this plan are met and maintained.~~

Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach an employees' clothing, skin, eyes, mouth, or other mucous membranes under normal and proper conditions of use and for the duration of time that the equipment will be used. Follow AAMI levels as noted: https://wwwn.cdc.gov/PPEInfo/Standards/Info/ANSI/AAMIPB70Class3

A list of personal protective equipment and associated tasks for SVMH can be found in ~~Appendix D~~Attachment B of this plan.

~~a.~~b. PPE Use

Infection Prevention, EHS, Directors, Managers and supervisors shall ensure that employees use appropriate PPE. In cases where an employee temporarily and briefly declines to use PPE because, in the employee's professional judgment, its use may prevent delivery of healthcare or pose an increased hazard to the safety of the worker or co-worker, then the Director shall investigate and document the situation and work with EHS and~~–~~ IP to determine whether changes can be instituted to prevent such occurrences in the future.

~~b.~~c. PPE Accessibility

SVMH~~, Materials Management, EHS, and IP~~ shall ensure that appropriate PPE in the necessary sizes is readily accessible at the work site or is issued at no cost to employees. Hypoallergenic gloves, glove liners, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

~~c.~~d. PPE Cleaning, Laundering and Disposal

All ~~PPE will be cleaned, laundered, and disposed of by SVMH / Contracted laundry vendor, at no cost to the employees.~~

~~All~~ garments non-disposable PPE, penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible. All PPE will be removed before leaving the work area. When PPE is removed, it will be placed in appropriately designated areas or containers for storage, washing, decontamination, or disposal.

All PPE will be cleaned, laundered, and disposed of by SVMH / contracted laundry vendor, at no cost to the employees.

~~d.~~e. Types of PPE

~~i.~~a. Gloves

Disposable gloves are not to be washed or decontaminated for re-sue, and are to be replaced as soon as possible when they become contaminated, or directly after use. Gloves that become torn or punctured (or their ability to function as a barrier is otherwise compromised) shall be replaced immediately or as soon as feasible.

Utility gloves may be decontaminated for re-use if the integrity of the glove is uncompromised. Utility gloves shall be disposed of properly if they are cracked; peeling, torn, punctured, or they exhibit other signs of deterioration or inability to function as a barrier without compromise.

~~ii.~~b. Eye and Face Protection

Masks worn in combination with eye protection devices (such as goggles or glasses with solid side shield, or chin-length face shields) are required when the occurrence of splashes, splatters, or droplets of blood or other potentially infectious materials can reasonably be anticipated to contaminate an employee's eye, nose, or mouth. Situations at SVMH where eye and face protection is required include:

~~a)~~i. Any area during procedures that may expose the HCW to ~~Bloodborne~~Blood borne pathogen to include ancillary depts. such as laboratory, diagnostic Imaging, etc.

~~iii.~~c. Other PPE

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be expected. The following situations require additional protective clothing:

~~a)~~a. Central sterile, Laboratory, Pathology / Histology, Endoscopy, Surgery

B. Housekeeping

This facility shall be cleaned and decontaminated regularly, as needed in the event of a gross contamination and per Environmental Services dept. process / policy. All contaminated work surfaces; bins, pails, cans, and similar receptacles shall be inspected and decontaminated regularly as described in Appendix ~~E~~A.

Any potentially contaminated glassware shall not be picked up directly with the hands. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where sharps are placed.

C. Regulated / Biological Waste Disposal

Disposal of all regulated /biological waste shall be in accordance with applicable federal, state, and local regulations.

1. Sharps

Contaminated sharps shall ~~be~~have safety device engaged by user and discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall remain upright throughout use, shall be easily accessible to employees, and shall be located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (including laundry areas).

When moving sharps containers from the area of use, the containers shall be closed /locked immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. Sharps containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents, and shall prevent leakage during handling, storage, transport, or shipping. The secondary container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.

2. Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents, and will prevent leakage of fluids during handling, storage, transportation, or shipping.

All waste containers shall be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. Laundry

Laundry contaminated with blood or other potentially infectious materials shall be handled as little as possible. Contaminated laundry shall not be sorted or rinsed in the area of contamination and is to be placed into dirty linen. All laundry is to be considered potentially contaminated and standard precautions are to be utilized. Example: wear gloves if visibly soiled, hold laundry away from body, and place into soiled linen container.

The ~~laundry at SVMH shall be cleaned by a~~ designated ~~off site~~laundry facility~~. The designated facility~~ utilizes standard precautions for blood / body fluid contamination. The facility is visited by EVS and /or Infection Prevention every year or more as indicated to assure all applicable regulatory standards are met.

~~VI.~~G. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow Up

A. General

SVMH will make the Hepatitis B vaccine ~~and vaccination series~~ available to all employees who have the ~~potential for~~ occupational exposure, as well as post-exposure follow up to employees who have experienced an exposure incident.

~~SVMHS~~SVMH shall ensure that all medical evaluations and procedures involved in the Hepatitis B vaccine and ~~vaccination series and~~ post-exposure follow up, including prophylaxis are:

~~1.~~a) made available at no cost to the employee;
~~2.~~b) made available to the employee at a reasonable time and place;
~~3.~~c) performed by or under the supervision of a licensed physician or other licensed healthcare professional; and
~~4.~~d) Provided in accordance with the recommendations of the United States Public Health Service, and in accordance with California Public Health guidelines.

~~An accredited~~Ensure laboratory ~~shall conduct all laboratory tests at no cost~~tests are conducted by an accredited laboratory at no charge to the employee.

B. Hepatitis B Vaccination

EHS, in collaboration with Infection Prevention, shall manage the Hepatitis B vaccination program. ~~SVMHS laboratory will provide lab services.~~

~~1.~~• Category I Employees

The Hepatitis B vaccination shall be made available to an affected Category I employee after he or she has received training in occupational exposure and within 10 working days of initial assignment to job duties that involve exposure. Exceptions to the administration of the Hepatitis B vaccination include situations where an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons~~.~~ or the employee documents declination.

Participation in a pre-screening program shall not be a prerequisite for an affected employee to receive the Hepatitis B vaccination. If an employee initially declines the Hepatitis B vaccination, but later decides to accept the vaccination and is still covered under the OSHA standard, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal as required by OSHA. SVMH will follow guidelines for Hepatitis B vaccination imposed by the United States Public Health Service and /or the California Department of Public Health.

1. Category II Employees

The Hepatitis B vaccination series shall be made available and administered to Category II employees as per CDC and OSHA guidelines. All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal.

C. Post-Exposure Evaluation and Follow Up

Employees must report all exposure incidents to their immediate supervisor and EHS immediately or as soon as possible but within 1 hour of incident. If the exposure occurs off hours/ holiday/weekend, then the employee is to notify Administrative Supervisor immediately if EHS is unavailable. The Administrative Supervisor will investigate and document each exposure incident for follow up by EHS. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential post-exposure evaluation and follow up, to be provided by EHS and /or SVMH Emergency Department. The post-exposure evaluation and follow up shall include the following elements, at a minimum:

~~1.~~3. Documentation of the route of exposure, and the circumstances under which the exposure occurred.

~~2.~~4. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.

~~3.~~5. The source individual's blood shall be tested and documented as soon as feasible in order to determine Hepatitis B, Hepatitis C and HIV status.

~~4.~~6. When the source individual is already known to be infected with the Hepatitis B virus (HBV), Hepatitis C virus, (HCV) or human immunodeficiency virus (HIV), testing for the source individual's known HBV or HIV status need not be repeated. Hepatitis C virus testing may be indicated to determine viral load of patient at time of exposure.

~~5.~~7. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

~~6.~~8. The exposed employee's blood and source patient blood shall be collected as soon as feasible and rapid tested for HIV prior to administration of prophylaxis exposure medications.

Employees that contract HIV or Hepatitis shall be de-identified as a "confidentiality case" on the OSHA 300 log this information will be maintained in the employee's file as confidential. Conversion rates will be reported in IC Committee and Environment of Care.

D. Information Provided to the Healthcare Professional

After an exposure incident ~~the Administrative Supervisor / Emergency department~~involving an employee, EHS, shall ensure that ~~the healthcare professional responsible for the exposed~~ the employee's post-exposure evaluation ~~[EHS initially~~is completed, and referral initiated to an MD if patient and /or source has positive results~~]~~ ~~are~~. The following is to be provided ~~with~~to the ~~following~~treating provider:

~~1.~~E. a copy of ~~-~~ 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard, with emphasis on the confidentially requirements contained therein;
~~2.~~F. a written description of the exposed employee's duties as they relate to the exposure incident;
~~3.~~G. written documentation of the route of exposure and circumstances under which the exposure occurred;
~~4.~~H. results of the source individual's blood testing, if available
~~5.~~I. All medical records relevant to the appropriate treatment of the employee, including vaccination status.

Commented [JPC1]: I do not find where this (1) is a requirement. If not, let's take it off.

Commented [MRD2R2]: https://www.nationaloshafoundation.com/blood-borne-pathogen/?gclid=EAIaIQobChMI5rbVy-Pj9AIVPg2tBh1scwJQEAAYASAAEgL_mPD_BwE

Staff training; we should look at this more

J. ~~Labels And~~Healthcare Professional's Written Opinion

EHS shall obtain and provide the exposed employee a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employees, and if the employee has received said vaccination.

The healthcare professional's written opinion for post-exposure follow up shall be limited to ONLY the following information:

1. Documentation that the employee has been informed of the results of the evaluation; and
2. Documentation that the employee has been informed of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

Other findings or diagnosis resulting from the post-exposure follow up shall remain confidential and shall not be included in the written report.

~~VII.~~H. Labels and Signs

Environmental Services shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials. Labels shall also be affixed to any other containers used to store, transport, or ship blood or other potentially infectious materials.

Commented [JPC3]: Melissa is this statement correct.

Commented [MRD4R4]: yes

The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol. Red bags or containers with the universal biohazard symbol may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the entity with jurisdiction. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

Commented [JPC5]: Melissa please review

Commented [MRD6R6]: This is correct

~~VIII.~~I. Training

SVMH shall ensure that training is provided to all new healthcare workers at new employee orientation. Training is provided by Infection Prevention. Training is repeated annually, or when there are any changes to tasks or procedures affecting an employee's occupational exposure. Training is interactive and shall include:

~~1.~~• available copy of 29 CFR 1910.1030, OSHA's Bloodborne Pathogen Standard;

Commented [JPC7]: Is this statement true?

Commented [MRD8R8]: See answer above; same

~~2.~~• a discussion of the epidemiology and symptoms of Bloodborne diseases;

~~3.~~ an explanation of the modes of transmission of Bloodborne pathogens;

~~4.~~• an explanation of SVMH Bloodborne Pathogen Exposure Control Plan, and how employees can obtain a copy of the plan;

~~5.~~• a description and recognition of tasks that may involve exposure;

~~6.~~• an explanation of the use and limitations of the methods employed by SVMH healthcare workers to reduce exposure (such as engineering controls, work practices, and personal protective equipment);

~~7.~~• information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;

~~8.~~• an explanation of the basis of selection of personal protective equipment;

~~9.~~• information about the Hepatitis B vaccination (including efficacy, safety, method of administration, and benefits), as well as an explanation that the vaccination will be provided at no charge to the employee;

~~10.~~• instruction on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

~~11.~~• an explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up;

~~12.~~K. information on the post-incident evaluation and follow up required for all exposure incidents; and

~~13.~~L. An explanation of signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

~~IX.~~J. Recordkeeping

~~A.~~2. Medical Records

EHS shall maintain medical records as required by 29 CFR 1910.1020 ~~in EHS department~~. All records shall be kept confidential and shall be retained for at least the duration of employment plus 30 years.

Medical records shall include:

~~1.~~3. name ~~and social security number~~ of the employee;

~~2.~~4. a copy of the employee's HBV vaccination status, including the dates of vaccination; and any other pertinent information related to ability to receive the HBV.

~~3.~~5. a copy of all results of examinations, medical testing, and follow-up procedures; and

~~4.~~6. a copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to an exposure incident, and documentation of the routes and ~~-~~ circumstances of an exposure.

~~5.~~7. Training Records

~~SVMHS~~SVMH Human Resource Department / Education Department shall maintain training records for three years from the date of training. Records shall be kept in ~~SVMHS~~SVMH HR ~~dept.~~Department and shall include:

• 1. ~~the~~ dates of the training sessions;

- ~~an outline describing the material presented;~~
- ~~the~~ contents or summary of the training;
- 2. names and qualifications of persons conducting the training; and
- 3. ~~the names~~Names and job titles of all persons attending the training sessions.

~~B.~~8. Availability of Records

Whenever an employee (or designated representative) requests access to a record, EHS shall provide access to said employee's records in a reasonable time, place, and manner in accordance with 29 CFR 1910.1020(e). An employee (or designated representative) will only be given access to his or her own records.

~~C.~~9. Evaluation and Review

The Infection Prevention and Employee Health shall review this Bloodborne Exposure Control Plan for effectiveness at least annually and as needed to incorporate changes to the standard or changes in the work place.

Appendix A

Category I Job Classification/Expected Exposure List

Salinas Valley Memorial Healthcare System

May 2017

At SVMH, the following job classifications are expected to incur occupational exposure to blood or other possibly infectious materials:	
Job Classification	**Department/Location**
Nurse	Multiple departments
Nursing assistant, tech assistants	Multiple departments
Physician, Physician assistant	Multiple departments
	(are in Category II)
Laboratory Staff	Multiple departments
Pathology /Histology Staff	OR, Path lab, histology lab

~~**Appendix B**~~

~~**Category II Job Classification/Possible Exposure List**~~
~~***Salinas Valley Memorial Healthcare System***~~

~~***May 2017***~~

~~At SVMH, the following job classifications may incur occupational exposure to blood or other possibly infectious materials during certain tasks or procedures:~~		
~~**Job Classification**~~	~~**Task/Procedure**~~	~~**Department/Location**~~
~~Administrative Staff~~	~~Assisting in cleaning up blood spills~~	~~Multiple departments~~
~~Environmental Services Staff~~	~~Assisting in cleaning up blood spills~~	~~Multiple departments~~
~~First Responders~~	~~Responding to medical emergency in a non-healthcare environment~~	~~During transportation of shared patient, in ED~~
~~Prison Guards~~	~~Observation of inmate during procedures and /or hospital stays~~	~~Multiple departments~~

~~Appendix C~~

~~Sharps Injury Log~~
~~*Salinas Valley Memorial Healthcare System*~~

~~*For Period Ending: _____*~~

~~Date Entered~~	~~Date & Time of Incident~~	~~Type & Brand of Device~~	~~Department or Work Area Where Incident Occurred~~	~~Description of Incident~~

~~Retain Until _____ (five years after end of log year)~~

Appendix D

Personal Protective Equipment/Task List
Salinas Valley Memorial Healthcare System

May 2017

Job Classification	Task/Procedure	Type of PPE to be Used	PPE to be Issued By
Nursing / MD	IV start, injection, small blood spills	Gloves, eye protection encouraged. Chemo: Nitrile gloves; eye protection, disposable impermeable gown	Materials Mgmt. / available on unit
Nursing / MD	Procedures: FC insertion, NG tube, etc. Other procedures as trained/ qualified.	Gloves, eye protection encouraged	Materials Mgmt. / supplies available on unit
Environmental Services Staff	Cleaning rooms, changing beds, empty trash, removal of sharps containers, use of chemicals	Gloves, eye protection, and gown as indicated / needed	Materials Management, available on units, specialized gloves by EVS department.
Laboratory staff	Phlebotomy, specimen collection, testing, transport	Gloves, eye protection, cover coat	Materials Management, available on units and in lab. Disposable lab coats in Lab dept.
Surgical Staff	Surgery	Hospital scrubs (*not worn from /to home*) Surgical gowns, coats, head cover, beard cover, masks, eye protection as indicated by Association Operating Room Nurses AORN	Available in unit

Endoscopy	Procedure set up /assistance. Scope cleaning	Impermeable disposable gown, nitrile gloves, each procedure; eye protection. Disposable gown, gloves, eye protection during cleaning of scopes	Available in unit / Materials Management.
SSPD	Cleaning, processing, wrapping supplies /instruments, delivery	Hospital scrubs (*not worn from /to home*), impermeable disposable gown/cover, nitrile gloves, eye protection	Available in unit / Materials Management.
Pharmacy	Med prep, clean room compounding, chemo prep, fluid prep	Disposable lab coat/cover, gloves (nitrile for chemo prep), eye protection	Available in unit /Materials Management.
Infusion RN / Chemo administration	Chemo administration, IV start, central line care / maintenance (include port a catheter)	Disposable impermeable lab coat /cover, nitrile gloves, eye protection	Available in unit / Materials Management.

~~Appendix E~~

~~Cleaning and Decontamination Schedule~~

~~*Salinas Valley Memorial Healthcare System*~~

IV. References

Bill Text - AB-2537 Personal protective equipment: health care employees.

CA SB 275 refers to 90 emergency supply of PPE, but does state the below:

Bill Text - SB-275 Health Care and Essential Workers: personal protective equipment.

"(5) "Personal protective equipment" or "PPE" means protective equipment for eyes, face, head, and extremities, protective clothing, respiratory devices, and protective shields and barriers, including, but not limited to, N95 and other filtering facepiece respirators, elastomeric air-purifying respirators with appropriate particulate filters or cartridges, powered air purifying respirators, disinfecting and sterilizing devices and supplies, medical gowns and apparel, face masks, surgical masks, face shields, gloves, shoe coverings, and the equipment identified by or otherwise necessary to comply with Section 5199 of Title 8 of the California Code of Regulations."

See Attachments for:
Attachment A: Job Classification/ Exposure Categories

Attachment B: Matrix of Department related Tasks & Procedure involving Occupational Exposure & Exposure Controls

Commented [JPC9]: Melissa to update to BBP, not ATD.

Appendix A:

~~The following schedule describes work areas at SVMH that should be decontaminated, decontamination frequency and method, and required types of cleaning. *Information concerning usage of protective coverings used to help keep surfaces free of contamination (such as plastic wrap) should be included.*~~

Cleaning and Decontamination Schedule _____ **Work Area/Equipment**	**Cleaning and Decontamination Frequency**	**Type of Cleaners or Supplies to be Used**	~~**Method of Cleaning to be Used**~~	**Responsible Person**
Trash containers	Disinfect all prior to returning to building	Hospital approved disinfectant		EVS
Red Containers	~~Red Containers~~	Disinfect all prior to returning to building	Hospital approved disinfectant	EVS
Large blue Recycle Containers	Disinfect when visibly dirty	~~Large blue Recycle Containers~~	~~Disinfect when visibly dirty~~	~~Hospital approved disinfectant~~ Hospital approved disinfectant

Salinas Valley Memorial Healthcare System

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)

ADVERSE EVENT REPORTING

Reference Number	527
Effective Date	~~03/10/2011~~Not Set
Applies To	All Departments
Attachments/Forms	

I. **POLICY STATEMENT:**

~~A. Any staff who discover, witness, or are notified of a medical incident that they suspect may have caused harm including death, serious illness, or injury, to a patient under treatment shall immediately notify the attending physician and their supervisor/department head. The supervisor or department head should immediately notify the Patient Safety / Risk Management, Department, Director of Materials Management, and Biomedical Services. After hours, weekends and holidays the Administrative Supervisor will be notified.~~

~~II. PURPOSE:~~

~~A. The purpose of the Medical Device Incident Reporting Program is to identify medical device-related incidents, as soon as possible after their occurrence, in order to protect patients and staff.~~

~~B. To initiate corrective action; to prevent or minimize the future occurrence of similar incidents.~~

~~C. To comply with reporting requirements of FDA regulations for the Safe Medical Devices Act (SMDA) 1990 in a timely manner.~~

~~III. DEFINITIONS:~~

~~A. Serious Injury -- The term serious injury is defined as an injury or illness that is life threatening, results in permanent impairment of a body function or permanent damage to a body structure, or necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.~~

~~B. Medical Device -- FDA defines a medical device as an instrument, apparatus, or other article that is used to prevent, diagnose, mitigate, or treat a disease or to affect the structure or function of the body, with the exception of drugs. For example, a medical device includes but is not limited to ventilators, monitors,~~

~~dialyzes, and any other electronic equipment, as well as implants, thermometers, patient restraints, syringes, catheters, in vitro diagnostic test kits and reagents, disposable, components, parts, accessories, and related software.~~

~~IV. **GENERAL INFORMATION:**~~

~~A. In compliance with the SMDA, it is the policy of the Hospital to report all deaths, serious illnesses or injuries that are sustained by its patients and are caused or suspected to be caused by a medical device to either the FDA and/or the manufacturer in accordance with the following procedure. All equipment failure or malfunction with potential for causing death, serious illness or injury to patient or employee shall be investigated.~~

~~B. This policy applies to any medical personnel who discover, witness, or are notified of a suspected medical device incident. Included in the scope of this policy are personnel who use or operate a medical device including physicians, nurses, technicians, and therapist, or other medical personnel.~~

~~C. The implementation procedure consists of three elements: training of personnel as their responsibility for reporting events; internal reporting of unusual incidents, investigation of the events, and determination if they are reportable; and making individual and summary reports.~~

~~V. **PROCEDURE:**~~

~~A. The person who identified the situation shall contact the Patient Safety / Risk Management office and Biomedical Services by phone of the following:~~

- ~~Patient's name~~
- ~~Room and bed number~~
- ~~Product name~~
- ~~Location of the product~~
- ~~Serial number of the product~~
- ~~Model number~~
- ~~Name of the manufacturer, if known~~
- ~~Brief description of the incident~~

~~Biomedical Services, in consultation with Patient Safety / Risk Management will take charge of the incident and will investigate the event~~SVMH will report deaths and serious injuries when become aware of information that "**reasonably suggests** a medical device **has or may have caused or contributed** to the adverse event."

Commented [BLB1]: Medical Device Reporting for User Facility-CFR Title 21 Subpart C-User Facility Requirements §803.30

Salinas Valley Memorial Healthcare System

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~**MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)**

ADVERSE EVENT REPORTING

II. **PURPOSE:**

To ensure appropriate follow-up, investigation and/or mandated reporting of any medical device/product or Biologics (HCT/P) in which an adverse event "**reasonably suggests** a medical device **has or may have caused or contributed** to the event."

Commented [BLB2]: Medical Device Reporting for User Facility-CFR Title 21 Subpart C-User Facility Requirements §803.30

III. **DEFINITIONS:**

A. ***Caused or contributed*** means that a death or serious injury was or may have been attributed to a medical device/product, or that a medical device/product was or may have been a factor in a death or serious injury, including events occurring as a result of:

(1) Failure,

(2) Malfunction,

(3) Improper or inadequate design,

(4) Manufacture,

(5) Labeling, or

(6) User error.

B. ***Serious Injury*** means an injury or illness that:

(1) Is life-threatening,

(2) Results in permanent impairment of a body function or permanent damage to a body structure or,

(3) Necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure. Permanent means irreversible impairment or damage to a body structure or function, excluding trivial impairment or damage.

C. **Biologics (HCT/P)**

Included but limited to Human Tissues

D. **Deviation means an event:**

(1) Represents a deviation from applicable regulations, that relate to the prevention of communicable disease transmission or HCT/P contamination; or

(2) Is an unexpected or unforeseeable event that may relate to the transmission or potential transmission of a communicable disease or may lead to HCT/P contamination.

IV. GENERAL INFORMATION:

A. The Food and Drug Administration (FDA), under the Safe Medical Devices Act (SMDA) strongly encourages healthcare providers, patients, and manufacturers to report medical-device-related incidents and deficiencies. A suspected serious injury that involves a medical device/product and biologics-human cell, tissue, cellular tissue-based product (Biologic-HCT/P) must be fully investigated for determination in reporting. External reporting may include the California Department of Public Health (CDPH), Food and Drug Administration (FDA), Manufacturer, or Supplier when appropriate.

B. REPORTING REQUIREMENTS

Safe Medical Devices Act (SMDA) requires user facilities to **report within 10 workdays** after the day that you become aware of a reportable even.

Risk Management will complete the appropriate User Facility Reports as required (FDA Form 3500A for reporting and FDA Form 3419 for annual submission):

1. Device-related deaths to the FDA and the device manufacturer
2. Device-related serious injuries to the manufacturer, or to FDA if the manufacturer is not known; and
3. Submit to FDA on an annual basis a summary of all reports submitted during that period by January 1, of each year.
4. Biologics (HCT/P) adverse reactions will be managed by the Director of Surgery and/or designee under guidance by Infection Control and/or Risk Management as necessary.

C. Requirements for establishing and maintaining MDR Records will be maintained by the Risk Management Department. The MDR event file relating to an adverse event must be retained for a period of two (2) years from the date of the event.

D. The MDR Records for mandated reportable event(s) will include information that was evaluated to determine if an event was reportable and information used for the purpose of preparing the report.

~~B.~~E. If it is believed that a public health emergency may exist; the Risk Management Department will immediately contact the FDA Emergency Operations Branch at (301) 443-1240.

F. The ~~physician shall examine the patient, evaluate the severity of the patient's illness or injury related to the incident, record the physician findings, and document in the progress notes the occurrence of the suspected adverse medical device incident and any actions taken based on the examination.~~Accreditation and Regulatory Department will report to the California Department of Public Health if meets reportable requirements.

~~C.~~G. Summary and findings of the SVMH medical device/product and biologics events reporting program will be reported to the Environment of Care Committee on a quarterly basis.

~~D. Biomedical Services shall obtain relevant information regarding previously reported hazards, recalls and problems with respect to incident-related devices through contact with Emergency Care Research Institute (ECRI) or if needed another outside agency. All such information shall be shared with the Manager, Patient Safety / Risk Management.~~

~~E. Biomedical Services shall assist with the collecting of device information, maintenance and service information, and other information as required.~~

~~F. Biomedical Services shall assist in conducting an investigation of the device-related incident to determine whether the device along with the relevant supplies, accessories, and packaging should be impounded, repaired, or returned to service.~~

~~G. Any difficulties in completing an investigation shall be reported and evaluated by Patient Safety / Risk Management Department.~~

~~H. Responsibility of Department Director/Designee~~

~~1. In collaboration with the Patient Safety Officer / Risk Manager, initiate investigation of the related incident.~~

~~2. Collaborate with Biomedical Services to determine the safety of the device, whether the device along with the relevant supplies, accessories and packaging should be impounded, repaired or returned to service.~~

~~I. Personnel Reporting Procedures.~~

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~**MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)**

ADVERSE EVENT REPORTING

~~1. The medical device and all accessories should remain as is and not be moved from the location unless medical necessity dictates the need to relocate. The devices and accessories should be secured in an area under lock and key.~~

~~2. The Patient Safety Officer / designee shall determine how and where to secure the medical device and accessories.~~

~~J. FDA Contact With The Hospital~~

~~1. If an FDA inspector visits the hospital for any purpose related to medical devices, direct to the Accreditation and Regulatory Department. The FDA inspector is to furnish appropriate credentials for review prior to providing requested information.~~

~~2. Written or telephone inquiries from FDA representatives will be directed to the Patient Safety / Risk Management office.~~

~~K. Responsible Party~~

~~1. The Patient Safety Officer / Risk Manager and Biomedical Services, under the direction of the Chief Operating Officer, shall have overall responsibility for implementing and managing the Hospital's Medical Device Incident Reporting Program. This responsibility shall include establishing and maintaining a hospital-wide system for documenting medical device incidents, reviewing and analyzing all reportable incidents, and completing and submitting appropriate reports to hospital administration and outside agencies.~~

~~2. Collaborate with all appropriate departments and any outside specialist when conducting an investigation of a reportable event.~~

~~3. The medical personnel who identified the incident shall complete an Occurrence Report in the electronic reporting system.~~

~~Documentation:~~

H. The FDA has the authority to inspect user reporting records that are maintained in accordance with the Safe Medical Device Act. The Accreditation and Regulatory Department will coordinate all FDA inspections involving SMDA.

V. **PROCEDURE:**

A. MEDICAL DEVICE/PRODUCT PROCEDURE

Salinas Valley Memorial Healthcare System

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~**MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)**

ADVERSE EVENT REPORTING

Medical Device/Product Internal Reporting and Handling Requirements:

1. **Preservation**
   - **Do not discard** any devices or supplies involved in the incident, such as disposable instruments, tubings, connectors, medications, etc. Retain all packaging and product information-if at all possible/feasible.
   - Devices/supplies **should not be cleaned, examined, nor have settings modified** unless directed by Risk Management and/or BIOMED.
   - Do **not power off** or **change settings** until directions from BIOMED.
   - **Under no circumstances** should any equipment, accessories, fluids/medications, or disposables involved in an incident **be released to non-SVMHS employees (**i.e., manufacturers, sales reps, vendors, etc.) without specific authorization from Risk Management.
2. **Notify** your immediate Supervisor and the Attending Physician of the incident.
3. **Verbally** report the incident to the Risk Management at x3075/3274. If immediate assistance is required off hours, please page the Risk Management.
4. **Complete** an Occurrence (safety report) within twenty-four (24) hours of the suspected adverse event.
5. **Label** and **tag** all equipment, devices, containers, and/or supplies with the patient name/labels, medical record number, and date of occurrence in appropriate biohazard sealed bag(s).
6. **Contact** BIOMED Department at extension x1816 or Material Management at extension x3032 to **sequester/remove** the device/product and/or supplies involved. *The Manager of Biomed or designee may take immediate action to remove from service any device or related devices based upon the results of equipment testing and incident investigation.*
7. **Documentation of any disclosure and/or communication** with the patient and/or family will occur as required per Disclosure of Unanticipated Outcomes Policy 1115 and if need in consultation with Risk Management.

B. BIOLOGICS-HUMAN CELL, CELLULAR TISSUE-BASED PRODUCT-(HCT/P) PROCEDURE

Salinas Valley Memorial Healthcare System

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~**MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)**

ADVERSE EVENT REPORTING

Biologics-HCT/P Reporting and Handling:

1. **Verbally** report the incident immediately to the **Director of Surgery and/or designee.** Director of Surgery and/or designee is responsible for notifying Risk Management and the Infection Control Department.

2. **Explanted** tissues or biological products are to be **examined and preserved** as pathology specimens.

3. Medical Director of the Operating Rooms or designee **may take immediate action** to remove from use, sequester any HCT/Ps or biological products based upon the results of suspected adverse event investigation. **Sequestered** biologics-HCT/P must be appropriately stored at recommended temperature and environmental controls.

4. **Complete** an Occurrence (safety report) within twenty-four (24) hours of the suspected adverse event.

5. **Documentation of any disclosure and/or communication** with the patient and/or family will occur as required per Disclosure of Unanticipated Outcomes Policy 1115 and if need in consultation with Risk Management.

~~L.~~**C. INTERNAL INVESTIGATION OF DEVICE/PRODUCT OR BIOLOGICS EVENTS**

1. The ~~Patient Safety / Risk Manager, in collaboration with Biomedical Services shall determine if the event is reportable. They will have 10 business days from the date of the event was identified (not necessarily the date of the event) to determine if it is reportable to the FDA, to the manufacturer, or to both the manufacturer and the FDA. If determined to be reportable, the FDA form 3500A will be completed and the report forwarded to Administration for approval~~Risk Management Department will coordinate as necessary a multidisciplinary investigation for determination of:

   - Impact to the patient and/or staff involved, as well as other past or present patients;

Salinas Valley Memorial Healthcare System

~~MEDICAL DEVICE INCIDENT REPORTING PROGRAM~~**MEDICAL DEVICE/PRODUCT AND BIOLOGICS (HCT/P)**

ADVERSE EVENT REPORTING

~~1.~~• Notification of Attending Physician. Based on the actual, perceived or suspected risk to the patient, other providers may be notified to participate in the risk assessment or treatment planning. For instance, in an event that may involve exposure to infectious disease, an Infectious Disease provider and the patient's Primary Care provider may be involved to recommend monitoring and/or treatment.

~~2. For an illness or serious injury, the final voluntary report will be sent to the manufacturer. In case of a death, or if the manufacturer is unknown, the report will be sent to the FDA.~~

• ~~If the event meets the definition of a Never Event, it will be reported to the California Department of Public Health in accordance with established policies~~Notification to patient and/or family, if appropriate as outlined in the DISCLOSURE OF UNANTICIPATED OUTCOMES POLICY

• Remedial action of any medical device/product or biologic involved in the event and impact on the same or similar devices/ products in use within SVMHS entities, if any.

• Determination of voluntary or mandatory reporting to FDA, Manufacturer, Supplier or CDPH, if indicated under federal and/or state regulations. ADVERSE EVENTS - REPORTABLE

~~3.~~• Recommended actions for prevention of similar occurrences in the future.

VI. **EDUCATION/TRAINING~~:~~**

A. Education and/or training ~~is~~will be provided as needed.

VII. **REFERENCES~~:~~**

A. ~~Safe~~21 C.F.R. § 803 Medical ~~Devices Act (SMDA) 1990~~Device Reporting (2022)

B. 21 C.F.R. § 1271 HCT/P Regulated as a Device (2022)

~~A.~~

Salinas Valley Memorial Healthcare System

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
~~PARKING AND TRAFFIC REGULATIONS~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM PARKING AND TRAFFIC REGULATIONS

Reference Number	574
Effective Date	~~03/30/2009~~Not Set
Applies To	All Departments
Attachments/Forms	~~Campus Map Addendum~~

~~I. PURPOSE~~

~~To provide adequate parking for patients, public, visitors, medical staff (Physicians), employees, volunteers, students, vendors and contractors~~

I. POLICY STATEMENT:

A. All Hospital board members, employees, students, volunteers, physicians, must have their vehicle(s) registered with the Security Department while on Hospital property and park in a designated parking area. California Vehicle Codes will be enforced.

II. PURPOSE:

A. To provide safe and adequate parking for employees and visitors to the hospital.

B. To aid the local residential community by encouraging staff not to park ~~on public streets~~in or travel through the surrounding neighborhoods in the vicinity of the hospital.

C. To ~~aide in maintaining the safety & security of all Hospital facilities.~~ define the Hospital's expectation of registered users to follow established rules and regulations.

~~II. POLICY~~

~~A. All Hospital employees, students, volunteers and physicians must have their vehicle(s) registered with the Security Department while on Hospital property and park in a designated parking area. California Vehicle Codes will be enforced.~~

~~All employees must~~

III. DEFINITIONS:

A. **Registered User**: Anyone who has a vehicle registered with Security Department at Salinas Valley Memorial Healthcare System.

B. **Citation:** Issued by Salinas Valley Memorial Healthcare System Security Department.

Salinas Valley Memorial Healthcare System

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
~~PARKING AND TRAFFIC REGULATIONS~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM PARKING AND TRAFFIC REGULATIONS

IV. GENERAL INFORMATION

A. All registered users are expected to have adequate automobile insurance to protect their vehicles against damages; proof of automobile insurance is IAW CVC Section 26430. **Salinas Valley Memorial Healthcare System will not be liable for damages resulting from accidents, vandalism, burglary or theft.** The Hospital's insurance applies only to vehicles owned by the hospital and the operators.

- All ~~Hospital employees, students, volunteers, physicians, and consultants~~registered users parking on any Hospital property will display an approved Security Parking Permit on their vehicle. Vendors/ Contractors will park in assigned designated areas.
- ~~A Temporary Permit will be issued during Special Events. The Security Department will issue this permit. It must be clearly visible on the vehicle dashboard while attending the event.~~
- ~~When parking inside the Downing Resources Center (DRC), or any other authorized parking area; employees will obey all traffic rules. The direction of travel will be to the right at all times. Turning left inside the structure may cause an accident. When pulling into a parking space, ensure that you pull all the way forward into the space.~~

B. ~~No employee is authorized to back into a parking space. This will result in a parking citation.~~ Any vehicle parked without a clearly visible parking permit is subject to be issued a traffic citation by the Hospital's Security Department. The cited Employee may have 10 days to register his/her vehicle with Security or may be given a 1st written warning notice. The employee's Assistant Director and/or Director will be notified for further action upon receiving a second citation.

C. Parking in areas that are not marked as a parking space (i.e. in front of the fire hose boxes or end of a parking area), will receive a traffic citation by security.

D. Employees ~~are encouraged to use~~should utilize Hospital provided parking and should not park or drive on neighborhood streets or in front of neighborhood homes.

- ~~Parking in areas that are not marked as a parking space (i.e. in front of a fire hose boxes or end of a parking area), will receive a citation.~~

E. ~~Employees should always ensure that their vehicle is locked at all times. SVMH is not liable for damages due to vandalism or items stolen from unsecured~~

~~vehicles~~Neighborhood parking may be by City permit only. Violators will be ticketed and subject to fine.

F. Vehicles should be locked at all times. Store all valuables such as laptops, cell phones, etc. out of plain view to public.

- ~~Attaching cords or other devices to vehicles or plugging hybrid vehicles into electrical outlets within the hospital property is prohibited.~~

G. The speed limit on Hospital property is ten (10) MPH. When entering the DRC parking facility from ~~Wilgart Way~~Wilgart Way you may turn left or right, then you must turn right only on second, third, and fourth floors.

H. ~~No employee shall remove any barricades~~Barricades that have been put in place by Security shall not be removed.

- ~~No employee shall tailgate~~Tailgating a vehicle to obtain access to a controlled area~~.~~

I. ~~Upon exiting from the DRC parking structure to Wilgart Way, left- hand turns are not authorized. All vehicles must turn right on Wilgart Way.~~ is prohibited.

- ~~Below is a list of parking areas within SVMH Campus:~~
  - ~~**Lot # 1 Valet**~~
    a. ~~Valet Parking Hours are between 07:30 AM to 8:30 PM (**Employees are not permitted to park in this lot at any time.**~~
  - ~~**Lot # 2 Los Palos Side of Hospital**~~
    a. ~~Patients and visitors only; NO employees.~~
  - ~~**Lot # 3 Emergency Department Parking Lot**~~
    a. ~~Emergency Department Physicians, patients and family members only - NO EMPLOYEES.~~
  - ~~**Lot # 4 JOYCE WYMAN SURGERY CENTER**~~
    a. ~~Outpatient Surgery patients, OB/GYN Physicians, and family members of patients only, NO EMPLOYEES.~~
  - ~~**LOT # 5 Breschini Energy Plant**~~
    a. ~~Employees may park in the Breschini Energy parking lot in areas that are not marked as contractors, other vendor's or~~

~~ambulance parking. All other unmarked parking spaces are available for employees.~~

- ~~**LOT # 6 MRI/CT Heart Center Lot**~~
  - a. ~~MRI/CT Outpatient/ Heart Center lot is for patients and visitors of patients for the Heart Center only and for contractors in authorized posted spaces only, NO EMPLOYEES.~~
- ~~**DRC Downing Resource Center (DRC):**~~
  - a. ~~General employee parking is located on the First floor ramp up to the fourth floor of the DRC only in authorized, properly marked parking spaces. The first floor is restricted for Medical Staff (Physicians only), Service League Volunteers, car pools, Hospital vehicles and Humanitarian Awards Recipients only. "Parking in any HANDICAP spaces is not authorized unless you have an authorized Handicap Placard issued by the State of California. These placards are either RED or BLUE and must be hung from the assigned vehicles rear view mirrors only. Employees who park in a handicap parking space illegally are subject to receiving a citation from the Salinas Police Department for violation of California Vehicle Code Section 22511.5.~~
- ~~**LOT # 7 SAN JOSE ST at WILGART**~~
  - a. ~~General employee parking, ALL STUDENTS, (including employees while on site as a student), authorized contractors, other specially assigned vehicles, and trailers.~~
- ~~**NATHAN OLIVAS BUILDING (NOB) 120 WILGART WAY**~~
  - a. ~~General employee parking in spaces not indicated as patients or other restricted parking.~~
- ~~**EMPLOYEE HEALTH/TRANSCRIPTION 440 E. ROMIE LANE**~~
  - a. ~~General employee parking in spaces not marked for Salinas Dental, Employee Health visits and the Wound Care Center patients.~~
- ~~**MEDIA/CANCER CENTER 501 B-C East ROMIE LANE**~~

~~a. Employee parking for employees of Media and Cancer Center and other occupants of 501 Romie Lane.~~

- ~~**HUMAN RESOURCES - 515 East ROMIE LANE**~~

~~a. Employee parking for employees of Human Resources, Health Promotion and the doctor sleep rooms only. No other employees are authorized.~~

- ~~**SLEEP LAB 252 SAN JOSE STREET**~~

~~a. Four spaces are specifically marked for employees using this building. All others are for patients or non-hospital building use.~~

J. ~~**OFF-SITE PARKING ABBOTT STREET AT LOS PALOS**~~Employees are permitted to utilize valet parking when visiting patients.

K. Parking Lot Locations

- 450 E. Romie Lane

L. OFF-SITE PARKING

~~a.~~ Salinas Valley Memorial Healthcare System ~~also has an off-site~~offers offsite parking ~~location that is used by the employees of the Business Office located on Abbott Street. It is also used for students and employees who wish to park there. A Hospital vehicle, operated by National Valet Security, makes runs from Heart Center Circle to Abbott Street, as requested by employees needing transportation.~~
lots with shuttle service at the following locations: Blue lot, 241 Abbott Street

~~III. **DEFINITIONS**~~

~~A. Parking regulations means the California Vehicle Code as stated in CVC 16430. 1600. 22511. 22511.5, 22511.58, 22952, and 40200.3 or Salinas Valley Memorial Healthcare System, or Salinas Police Department as set forth to regulate the orderly enforcement and utilization of vehicles including, but not limited to, access, speed, turning, parking, stopping or standing upon Hospital grounds or at off-site facilities.~~

M. ~~**PROCEDURE**~~As defined at offsite locations – see department director for location specific parking requirements.

Salinas Valley Memorial Healthcare System

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
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~~IV.~~V. **PROCEDURE:**

A. It is the responsibility of the ~~Safety/~~Security Department to enforce this policy with the assistance and cooperation of ~~Administrators/~~the Human Resource Department and Department Directors~~/Managers.~~

B. Employees' or other vehicles that are parked inappropriately may be subjected to towing at the owner's expense IAW CVC 22952, or be "BOOTED" and fined $50.00, payable to SVMH Foundation. For information regarding towed vehicles and removal of BOOT from a vehicle, contact Security.

C. Employees who park ~~illegally~~ in a Medical Staff only parking space ~~will~~are subject to be cited and/or a "BOOT" placed on the vehicle.

D. Employees or others who violate the parking policy, or are in violation of driving rules, will be issued a Security Department citation, or a Law Enforcement ~~citation. Vehicles may also be "BOOTED" and subject to towing (as authorized by law). All Employees are subject to progressive discipline as outlined in HR/DISCIPLINARY POLICY.~~ticket.

~~E. Upon observation of a parking or moving violation, Security Officers or Security Aides will issue a Security Department citation for a vehicle code violation f (i.e. Fire lane, Handicap violations).~~

~~F.~~E. Employees who witness a violation are encouraged to notify Security of the violation, the license plate number, and description of the vehicle, if possible.

~~G.~~F. In addition to any vehicle code requirement, all persons who are involved in any type of vehicle accident on Hospital property are to notify Security immediately for assistance, reporting procedures and documentation. See CVC 16430 Proof of Financial Responsibility.

~~H.~~G. Upon receipt of a citation, employees or others under Hospital jurisdiction are considered to have received a first written warning notice as defined in the ~~DISCIPLINARY POLICY~~DISCIPLINARY POLICY~~, APM – Human Resources.~~

~~I.~~H. PARKING AND DRIVING REGULATIONS:

- It is the responsibility of ~~all employees, students, Service League Volunteers, Physicians, contractors and vendors,~~registered users to follow established rules and regulations. This will ensure that there is sufficient parking for patients, visitors, and guests of SVMH.
- ~~No parking will be allowed at any time by unauthorized hospital employees at the entrances of the hospital, the Heart Center, first floor of DRC (Physicians and Volunteers only), Fire Lanes, Handicap or the warehouse loading dock~~

~~area. Employees will not be able to park in areas that have been closed off by traffic cones, barricades or a temporary notice has been given.~~

- ~~Any vehicle parked without a clearly visible parking permit will be issued a citation. The cited Employee will have 30 Days to register his/her vehicle with Security.~~
- ~~The employee's Assistant Director, and/or Director will be notified for further action upon receiving a second citation.~~
- ~~Upon receipt of 3 or more citations, Human Resources will be notified, in accordance with HR/DISCIPLINARY POLICY.~~
- ~~Medical Staff Parking (Physicians only) and Service League Volunteers are encouraged to park in their reserved parking spaces on the first floor of the Downing Resource Center (DRC). NO EMPLOYEE IS AUTHORIZED TO PARK ON THE FIRST FLOOR. The exceptions are listed in section 2.1.8.7.1. Unauthorized employees, who park on the first floor in a Medical Staff or volunteer parking space, WILL BE BOOTED. The employee will receive a written citation and the employee must pay a $50.00 fine to SVMH Foundation to have the BOOT removed, IAW CVC 40200.3.~~

~~**EDUCATION/TRAINING**~~

~~V.~~VI. **EDUCATION/TRAINING:**

A. Education ~~of all employees, medical staff and volunteers will be provided during General Orientation.~~
and/or training is provided as needed.

~~VI. **DOCUMENTATION**~~

~~A. Campus Map~~

~~California~~

VII. **REFERENCES:**

~~B.~~A. California Vehicle Code

~~C.~~ Salinas Police ~~Department Regulation~~

~~D. Documentation of training will be kept in the education Department for employees, Service League Volunteers, and Medical Staff Office for Physicians.~~

~~VII. **REFERENCES**~~

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
~~**PARKING AND TRAFFIC REGULATIONS**~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM PARKING AND TRAFFIC REGULATIONS

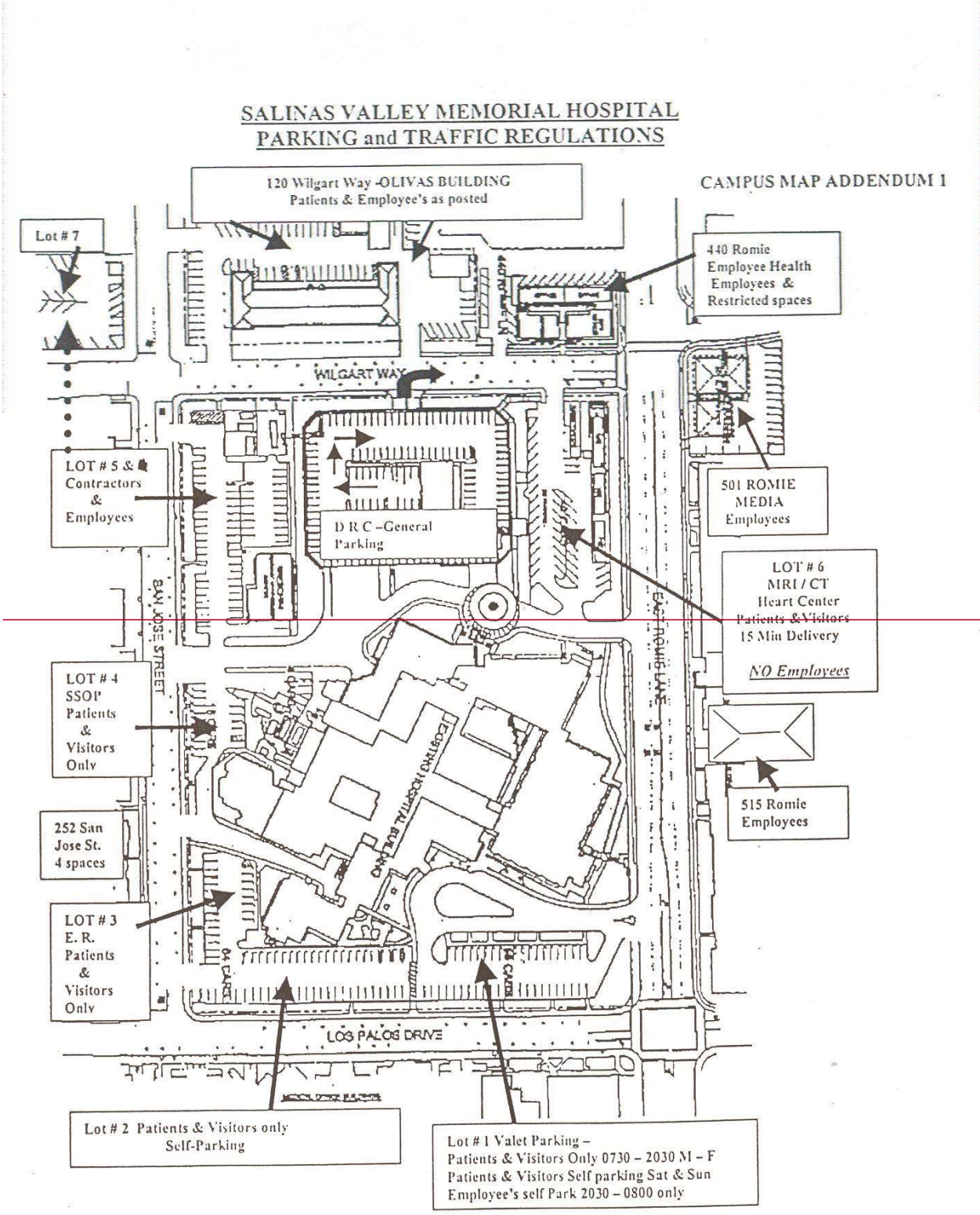
~~A. California Vehicle Code~~

~~B. Salinas Police Regulation~~

~~C. APM – Human Resources/~~~~DISCIPLINARY POLICY~~

Salinas Valley Memorial Healthcare System

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
~~PARKING AND TRAFFIC REGULATIONS~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM PARKING AND TRAFFIC REGULATIONS



B.

~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM~~
~~**PARKING AND TRAFFIC REGULATIONS**~~SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM PARKING AND TRAFFIC REGULATIONS

Regulation

Salinas Valley Memorial Healthcare System

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

Reference Number	6340
Effective Date	~~11/30/2018~~Not Set
Applies To	INFECTION CONTROL
Attachments/Forms	ATTACHMENT A: Employee Health Quick Guide Post-Exposure Recommended Work Restrictions ~~For~~for Communicable Diseases ATTACHMENT B: Employee Health Quick Guide– Recommended Work Restrictions ~~For~~for Employees With An Active Communicable Disease

I. POLICY STATEMENT:

A. N/A

II. PURPOSE:

A. To guide the Salinas Valley Memorial Hospital, under the Salinas Valley Memorial Healthcare Systems employees, medical staff, and volunteers when an exposure occurs while providing care to patients and or visitors.

B. To provide information and guidance related to communicable diseases and work restrictions while working at SVMH.

III. DEFINITIONS:

A. N/A

IV. GENERAL INFORMATION:

A. N/A

V. PROCEDURE:

A. CHICKEN POX (Varicella); HERPES ZOSTER (Shingles)

1. Any person with knowledge of patient or employee with Varicella or Herpes Zoster is to notify the Employee Health and Infection Prevention department(s) by telephone or written memo.
2. A valid exposure to Varicella (Chicken Pox) is defined as "chickenpox susceptible person having direct contact with an infected person's respiratory tract secretions or vesicular lesions for a minimum of five minutes, starting within 48 hours prior to the onset of the rash (vesicles) and extending through the time of

the rash, until all lesions are dry and crusted. Patients with Chickenpox should be placed on Airborne and Contact Precautions until all lesions are dry and crusted.

3. A valid exposure to Herpes Zoster (Shingles) is defined as Chickenpox-susceptible person having direct contact with person with eruptive (moist, weeping) lesions.
4. When appropriate, a list of employees or patients with significant exposure will be compiled by the Manager and sent to Employee Health and Infection Prevention.
5. Either the patient care unit's manager or Infection Prevention will inform physicians of the patients exposed.
6. Each employee determined to have a valid work exposure will be instructed to follow up with Employee Health, relating in detail their exposure to Varicella.
7. On the instructions of Employee Health, employees will have blood drawn for determination of their Varicella Zoster Virus (VZV) antibody status if not done previously. If a negative titer was obtained more than 30 days prior to the exposure, or if an employee is unsure of their Varicella history, they will be tested.
8. Employees with unknown immune status whose antibody results return "positive" within 10 days of exposure need not be kept off duty.
9. Varicella-susceptible employees (i.e. those whose antibody results return "negative"), will be relieved from duty beginning on the 8th day after the day of first exposure through the 21st day after the last possible day of exposure to Varicella, or if Varicella occurs, until all lesions are dry and crusted.
10. Employees must be seen by Employee Health if a rash or vesicles develop. Those relieved from duty must report to Employee Health prior to return to work. Staff with active shingles will be evaluated by employee health on a case by case basis regarding when staff are able to return to work.
11. Varicella Zoster Immune Globulin (VZIG), is available from the Centers for Disease Control (CDC), Atlanta, Georgia, or from regional consultants in San Jose. VZIG may be considered for the following:
    a. Susceptible immunocompromised children or adults after significant exposure to Chicken Pox or Zoster.
    b. Newborn of mothers who develop Chicken Pox within five days before or forty-eight hours after delivery.

B. CONJUNCTIVITIS

1. Viral:

    a. Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy), temp > 38 C, restrictions recommended by physician, or eye drainage.

b. If adenovirus conjunctivitis is diagnosed, may return to work only when medically cleared by a physician (may remain infectious for 7 or more days).

2. Bacterial:

a. Restrict employees with epidemic keratoconjuctivitis or purulent conjunctivitis caused by other microorganisms from patient care and the patient's environment for the duration of symptoms.
b. Exclude from work, until discharge (constant tearing) ceases and for 24 hours after effective antimicrobial therapy is initiated.

C. CYTOMEGALOVIRUS (CMV)

1. No work restrictions are necessary for employees with CMV related illnesses.
2. Seronegative pregnant employees do not require reassignment as a method of reducing CMV exposure.

D. HERPES SIMPLEX INFECTION

1. Employees with primary or recurrent orofacial Herpes Simplex infections, will be evaluated on a case by case basis to assess the potential for transmission to high-risk patients, e.g., neonates, ICU patients, patients with severe burns or eczema, and severely immunocompromised patients (lesions which are active in the vesicular, draining phase). Employees with Herpes Simplex infections of fingers or hands (Herpetic Whitlow), are not permitted direct contact with any patient until lesions are healed.
2. Employees that develop cutaneous lesions, including Herpes Simplex infections, are to report to their manager, for assessment.
3. The manager, in consultation with Employee Health or a physician, will determine the work status of the employee. At the discretion of Employee Health, a physician's release may be requested.

E. HUMAN BITE MANAGEMENT

1. Within one to two hours of the bite, the employee is to complete an accident report and report to Employee Health or Administrative Supervisor, to determine if treatment needed. Examination will determine need for antibiotic administration.

F. BACTERIAL MENINGITIS

2. Neisseria meningitidis is probably transmitted by large droplets; the incubation period is 2-10 days, and patients infected with N. meningitidis are rendered noninfectious by 24 hours of effective therapy.
3. A valid exposure is defined as intensive, unprotected (i.e. not wearing a mask) or intimate contact with nasopharyngeal secretions (i.e. mouth-to-mouth resuscitation, endotracheal intubation or suctioning) of a patient with known or highly suspected meningitis caused by Neisseria meningitidis or Haemophilis influenzae.
4. Antibiotic prophylaxis recommended:

    a. Mouth-to-mouth resuscitation or unprotected contact (not wearing mask or face shield) during endotracheal intubation.
    b. Household contacts, especially young children.
    c. Consideration of prophylaxis for child care or school contact is at the direction of the Monterey Public Health Department. In outbreak or cluster, antibiotic prophylaxis for persons other than those at high risk should be given only after consultation with the local public health authorities.
    d. Direct exposure to index patient's secretions through kissing or sharing toothbrushes or eating utensils.
    e. Casual contact: no history of direct exposure to index patient's oral secretions (e.g. school or work mate).
    f. Routine patient care completed using standard precautions.
    g. Indirect contact: no direct contact with the index patient but has contact with individual who had a bona fide exposure (secondary transmission).

5. The Employee Health medical director or an Emergency Department physician, in accordance with guidelines on file, will prescribe prophylaxis, preferably within 24 hours of exposure. Prophylaxis should be initiated no later than 72 hours after the exposure occurred.
6. The Infection Preventionist is available for consultation. Cases of personnel exposures will be discussed with the Chief Medical Officer and or Infectious Disease Medical Director whenever possible, to assess the need for prophylaxis.
7. Antimicrobial prophylaxis shall be offered immediately to personnel who have had intensive, unprotected contact with an infected patient. If prophylaxis is deemed necessary, treatment shall not necessarily await results of antimicrobial sensitivity testing.
8. Personnel with meningococcal infection should be excluded from duty until 24 hours after the start of effective therapy.
9. Antibiotic Prophylaxis for N. meningitidis disease:

    a. Adults and children 9 years of age and older:

i. Ciprofloxacin or levofloxacin 500 mg orally as a single dose.

b. Alternative adult regimens and children 1 month of age and older:

i. Ceftriaxone 5 mg/kg administered once intramuscularly.
ii. Rifampin 10 mg/kg orally every 12 hours for a total of 4 doses.

c. Children less than 1 month of age:

i. Rifampin 5 mg/kg orally every 12 hours for a total of 4 doses.

d. Pregnancy

i. Ceftriaxone 5 mg/kg administered once intramuscularly.

10. Antibiotic Prophylaxis for H. ~~influenzae~~influenza disease - post-exposure prophylaxis is recommended for health care workers who meet the above definition of exposure and have frequent or ongoing contact with children who are less than 2 years of age.

a. Adults and children 1 month of age or older:

i. Rifampin 20 mg/kg (maximum 600 mg/day) orally once daily for 4 days.

b. Children less than 1 month of age:

i. Rifampin 10 mg/kg orally once daily for 4 days.

****Note: Only bacterial meningitis (e.g. *N. meningitidis or H. influenza*) require prophylaxis. ****

G. MUMPS (INFECTIOUS PAROTITIS)

1. A valid exposure is defined as face to face contact with an infected person for a minimum of five minutes, starting within 48 hours prior to overt Parotitis and extending for nine days after symptoms appear.
2. Mumps ~~susceptible~~ exposed employees are not to be assigned to care for patients with Mumps.
3. Exposed ~~susceptible~~ employees are to be relieved from work beginning the 12th day after exposure to the 26th day after the last exposure; extending nine days after onset of parotitis.

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

H. PEDICULOSIS (Lice)

1. Employees having direct contact (e.g. head to head or shoulder to shoulder) with infected patients or their personal items (e.g. clothing or head gear) should be evaluated by Employee Health Services (EHS) or the Emergency Department if EHS is closed for treatment consideration. Healthcare personnel exposed to patients with pediculosis do not require treatment unless they show evidence of infestation.
2. Employee Health identification is made by visual inspection of the lice or eggs on the infested person either with the naked eye or with the assistance of a hand held magnifying lens or microscope.
3. When an occupational exposure occurs, Infection Prevention should be notified as soon as possible. Infection Prevention will review the source patient's medical record and notify units/departments in which exposure may have occurred.
4. Personnel, in which treatment is deemed appropriate, should be given a prescription for 1% permethrin cream rinse (NIX) applied according to the manufacturer's directions. The employee should be provided with a Lice Information Sheet for further information.
5. Personnel with lice should be restricted from patient contact until treated and observed to be free of adult and immature lice.
6. If symptoms do not subside after initial treatment, personnel should be advised to report to EH for further evaluation and retreatment consideration.
7. Diagnosis and treatment of a non-occupational exposure to lice should be performed by the primary care provider of the employee. The inpatient Pharmacy will not provide treatment for non-occupational exposures.
8. The following recommendations are aimed at preventing exposure of health care providers to pediculosis.

    a. Patients suspected or confirmed as having pediculosis should be placed on Contact Precautions until 24 hours after application of an appropriate pediculocide.
    b. Gloves and long sleeve gown should be worn for direct patient contact prior to and during application of topical agent.
    c. For head lice or pubic lice, do not bathe the patient prior to treatment. Rather, apply the shampoo or lotion liberally to affected area for amount of time specified by package insert, then rinse thoroughly as stated previously. The patient's comb/brush should be cleaned with hot (130 degrees F) soapy water for 5-10 minutes.
    d. Bed linen should be changed immediately after application of topical agent for bed patients and during shower for those patients who are able. Linen should be placed in a plastic laundry bag.

e. Nursing should notify patient's family. If possible send patient's clothing home, and instruct as follows:

i. Launder bed linens and washable clothing in HOT water and dry in a hot dryer for at least 20 minutes. Dry clean or press with a hot iron those items of clothing that cannot be laundered.
ii. Thoroughly vacuum carpets, upholstered furniture and mattresses.
iii. Toys should be washed in hot soapy water if possible. Stuffed toys may be placed in a hot dryer for 20 minutes.
iv. Wigs and hairpieces should be shampooed.
v. Items that cannot be washed should be sealed in a plastic bag for two weeks.
vi. Additional nursing considerations:

1) Do not apply to open areas or acutely inflamed skin, or to eyes, mucous membranes, or urethral meatus.
2) Notify physician immediately if skin irritation or hypersensitivity develops.
3) In pregnant patients, patient's obstetrician should be consulted before treatment.
4) Use caution in the treatment of infants and small children.
5) Do not let infants or children suck thumbs/fingers after application of medication.

I. PERTUSSIS (Whooping Cough)

1. A valid exposure to Pertussis (Whooping Cough) is defined as having prolonged contact (i.e., performing a physical examination, suctioning, intubating feeding, bathing or other procedures requiring close interaction) with the patient without a mask and the patient is a confirmed or highly suspected pertussis case.

a. Infection Prevention is to be notified immediately of any confirmed or suspected pertussis patients, so that verification of the exposure and follow up of exposed employees can be initiated as soon as possible.
b. Infection Prevention will review information on the patient to verify physician and/or laboratory diagnosis or suspicion of pertussis.
c. Infection Prevention will notify Managers of the confirmed/suspected pertussis patient and Managers will forward a list of potentially exposed employees to Employee Health.
d. Post-exposure follow-up for employees will be coordinated through Employee Health. Potentially exposed employees (i.e., those employees whose names appear on the exposure list) will be contacted by Employee

Health to determine each employee's exposure status and to instruct the employee about symptoms suggestive of pertussis and/or need for medications.

e. The pertussis incubation period is defined as, beginning on the 6th day after the 1st day of employee exposure to pertussis through the 20th day following the last day of exposure.
f. Employees meeting the definition of a valid exposure and who have symptoms consistent with pertussis will:

    i. Have a nasal aspirate or nasopharyngeal swab for pertussis culture of PCR.
    ii. Be treated with appropriate antibiotics.
    iii. Remain off work for the first 5-7 days of treatment.

g. Employees meeting the definition of a valid exposure and who are asymptomatic are:

    i. Treated with antibiotics (chemoprophylaxis)
    ii. Allowed to continue working.

J. RUBELLA (GERMAN MEASLES)

1. A valid exposure is defined as face to face contact and/or in the same airspace for more than 5 minutes starting 2-5 days before and at least 5-7 days after onset of rash in an infected person.
2. Immune Globulin may be considered for susceptible pregnant women exposed to Rubella, otherwise no prophylactic measures are needed after the exposure.
3. Rubella-susceptible personnel are to be immunized with Measles/Rubella (MMR) vaccine. The contraindications for vaccination are:

    a. Pregnant or contemplating pregnancy within 3 months.
    b. Immunocompromised condition
    c. Allergic to eggs or neomycin
    d. Recipient of Immune Globulin (IG) within the preceding 3 months

4. Rubella-susceptible employees are not to be assigned to care for patients with Rubella.
5. Exposed Rubella susceptible personnel are to be relieved from duty beginning the 7th day after the 1st exposure through the 21st day after the onset of rash and temperature < 100 F without the use of antipyretic medications.
6. Exclude personnel who acquire Rubella from duty until 7 days after the beginning of the rash and temperature < 100 F without the use of antipyretic medications.

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

K. RUBEOLA (MEASLES)

1. A valid exposure to Rubeola is defined as "one having face to face contact and/or in the same airspace for more than 5 minutes" with an infected person two days before onset of symptoms and four days after rash appears.
2. Exposed Rubeola-susceptible employees are to be immunized within 72 hours of exposure and relieved from duty from the 5th day after the first exposure through the 21st day after the last exposure until 7 days after onset of rash and < 100 F without the use of antipyretic medications.

    a. Employees who are pregnant or have received Immune Globulin (IG), are to be vaccinated as soon as possible (after delivery or 3 months after IG).
    b. Contraindications for measles vaccine are as follows:

        i. Pregnant or contemplating pregnancy within 3 months,
        ii. Immunocompromised condition,
        iii. Allergic to eggs or neomycin,
        iv. Recipient of Immune Globulin (IG) within the preceding 3 months.

L. SARS-COV-2

a. A valid exposure is defined as being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period with someone with SARS-CoV-2 infection, and *without* personal protective equipment (PPE) regular respiratory mask or N95 (PAPR) with face shield/eye protection.

b. Due to constant changes in guidelines from the CDC and CDPH, current employee exposure guidelines will be placed in attachments.

*See also: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

~~L.~~ M. SCABIES

1. A valid exposure is defined as close (skin-to-skin) contact with untreated, symptomatic Scabies infested person.
2. Treatment of symptomatic employees will consist of application of Permethrin 5% (Elimite) cream. Directions for use is total body application massaged thoroughly into the skin that is washed off after 8-14 hours. One application is considered sufficient. Symptomatic employees will be relieved from work duty

until treatment has been completed, and until 24 hours after application of effective treatment. Family members of symptomatic employees should seek treatment from primary care provider.

3. Asymptomatic employees who have had direct skin contact with untreated Scabies infested persons may be treated prophylactically.

~~M.~~N. SHINGLES (See Chicken Pox/Herpes Zoster)

~~N.~~O. SYPHILIS

1. At the time of exposure, employees exposed to blood/body fluids of patient with untreated Syphilis, have the option of receiving oral or parenteral prophylactic treatment, or receiving nothing.
2. Syphilis serology test will be done initially and at 6 weeks post exposure on the employee.

~~O.~~P. TUBERCULOSIS

1. A significant exposure is defined as being in the room with a patient without an approved TB mask protection for at least 10 minutes in a 24-hour period.
2. A list of employees exposed to a patient during the period when airborne precautions were not being observed will be compiled by the Manager and sent to Employee Health as requested.
3. If the final result of patient cultures is MYCOBACTERIUM TUBERCULOSIS, All PPD non-reactors will be skin tested at 12 weeks after the last day of exposure and counseled in accordance with the results of the skin test. All PPD reactors will be required to complete a medical questionnaire 12 weeks after the day of last exposure and counseled in accordance with any changes in health status. (Note: Employees who have previously had positive PPD test results and who have been exposed to an infectious TB patient do not require a repeat PPD test or a chest x-ray unless they have symptoms suggestive of TB).

    a. If the skin test is negative or if signs/symptoms of TB are not reported on the medical questionnaire, employees will revert to their regular schedule for skin testing.
    b. If the skin test is positive or if signs/symptoms of TB are reported on the medical questionnaire, employees will receive a chest x-ray.

        i. If the chest film results are positive (abnormal):

            1) Employee may not work until determined safe to do so.
            2) Employee is referred to an EHS designated physician.

3) Employee will obtain prescriptions for prophylaxis from an EHS designated Physician.

c. The employee might be requested to provide a clearance from a physician.
d. Symptomatic personnel must be seen by a physician for work-up and treatment as referred by EHS.
e. An "Exposure Surveillance Form "must be completed.

~~P.~~Q. VARICELLA (See Chicken Pox)

~~Q.~~R. Documentation:

~~1.~~a. N/A

~~VI.~~S. **EDUCATION/TRAINING:**

~~A.~~a. Education ~~is provided during general or department-specific orientation and periodically as practice or policy changes~~and/or training is provided as needed.

~~VII.~~T. **REFERENCES:**

~~A.~~a. Surveillance, Prevention and Control of Infection. Apic Text of Infection Control and Epidemiology, 4th Edition. Washington, DC: APIC, 2014. ISBN: 1-933013-61-3.

~~B.~~b. The Joint Commission

c. Control of Communicable Diseases Manual 20th Edition, Published 2015, 078-0-87553-018-5

d. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

e. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

f. CDC web links:
1. CMV: https://www.cdc.gov/cmv/
2. Herpes: https://www.cdc.gov/std/herpes/default.htm

~~C.~~

See Attachments link for :

Salinas Valley Memorial Healthcare System

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

Employee Health Quick Guide

POST-EXPOSURE RECOMMENDED WORK RESTRICTIONS FOR COMMUNICABLE DISEASES

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
Ebola Virus (and other hemorrhagic fever viruses	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure
Measles (Rubeola): Susceptible employees	Exclude form work	From day 5 through day 21 post-exposure and 4 days after onset of rash.
Meningitis, Bacterial: *Neisseria meningitidis & Haemophilus influenzae strains only* ▪ Asymptomatic employees ▪ Symptomatic employees: fever, stiff neck, intense headache, lethargy, and/or rash that does not blanch under pressure.	▪ **Asymptomatic**: no restriction. Prophylaxis is recommended. ▪ **Symptomatic**: exclude from work. Close contacts and family members should be monitored.	▪ **Symptomatic:** until 24 hours after effective antimicrobial therapy.
Mumps: susceptible employees	Exclude from work	From day 12 through day 26 post-exposure, or until after onset of parotitis.
Pertussis ▪ **Asymptomatic** ▪ **Symptomatic**	▪ **Asymptomatic**: No restriction. Prophylaxis is recommended. ▪ **Symptomatic:** Exclude from work	▪ **Symptomatic**: until day 5 after initiation of effective antimicrobial therapy.
Rubella: susceptible employees	Exclude from work	From day 7 through day 21 post-exposure
Varicella (chicken pox or shingles) ▪ **Non-immune employee:** exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles) ▪ **Vaccinated employees**: those who have received 2 doses of vaccine	▪ **Non-immune:** exclude from work ▪ **Vaccinated:** monitor daily during days 8-21 post-exposure. Exclude from work immediately if symptoms develop; fever headache, skin lesions	▪ **Non-immune:** from days 8-21 post-exposure. ▪ **Vaccinated:** until varicella is ruled out or lesions are dry & crusted.

EMPLOYEES RELIEVED FROM DUTY MUST REPORT TO EMPLOYEE HEALTH PRIOR TO RETURN TO WORK

~~ATTACHMENT B~~

- ATTACHMENT A: Employee Health Quick Guide for Work Related Exposure, Post-Exposure Recommended Work Restrictions for Communicable Diseases

ATTACHMENT B: Employee Health Quick Guide

~~RECOMMENDED WORK RESTRICTIONS FOR EMPLOYEES WITH AN *ACTIVE COMMUNICABLE DISEASE*~~

~~ACTIVE DISEASE~~	~~WORK RESTRICTION~~	~~DURATION~~
~~**Acute febrile respiratory illness/influenza-like illness** (Temperature > 38 C or > 100 F)~~	~~Exclude from work~~	~~Until acute symptoms resolve and temperature < 100 F for at least 24 hours without the use of antipyretic medications.~~
~~**Conjunctivitis, Bacterial**~~	~~Exclude from work~~	~~Until discharge (constant tearing) ceases and for 24 hours after effective antimicrobial therapy is initiated.~~
~~**Conjunctivitis, Viral**~~	~~Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy), temp > 38 C, restrictions recommended by physician, or eye drainage.~~	~~If adenovirus conjunctivitis is diagnosed, may RTW only when medically cleared by a physician (may remain infectious for 7 or more days).~~
~~**Cytomegalovirus (CMV)**~~	~~No restrictions~~	
~~**Diarrheal Diseases:**~~		
~~▪ **Acute Stage (diarrhea with other symptoms)**~~	~~Restrict from patient contact, contact with the patient's environment, or food handling~~	~~Until symptoms resolve~~
~~▪ **Clostridium difficile (C.diff)**~~	~~Exclude from work~~	~~Until free from diarrhea stools for 72 hours, i.e. 2-3 formed stools. If diarrhea persists, completion of antibiotic regimen.~~
~~▪ **E.coli 0157**~~	~~Exclude from work~~	~~Until symptoms resolve. Consultation id needed to verify the employee is asymptomatic~~

		~~and is educated on hand hygiene.~~ ***~~Food handlers require 2 negative stool cultures.~~***
▪ ~~Salmonella~~	~~Exclude from work~~	~~Until symptoms resolve. Consultation id needed to verify the employee is asymptomatic and is educated on hand hygiene.~~ ***~~Food handlers require 2 negative stool cultures.~~***
▪ ~~Shigella~~	~~Exclude from work~~	~~Until symptoms resolve. Consultation id needed to verify the employee is asymptomatic and is educated on hand hygiene.~~ ***~~Food handlers and direct care providers are required to be asymptomatic and have 2 negative stool cultures, 24 hours apart; including 48 hours from last dose of antibiotics.~~***
~~**Diphtheria**~~	~~Exclude from work.~~	~~Until symptoms resolve, including antimicrobial therapy completed and 2 cultures obtained ≥ 24 hours apart are negative.~~
~~**Enterovirus (Hand, Foot & Mouth Disease)**~~	~~Exclude from work.~~	~~Until symptoms resolve.~~
~~**Hepatitis A**~~	~~Exclude from patient care, contact with patient's environment and food handling.~~	~~Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.~~
~~**Hepatitis B**~~	~~May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Prevention and Employee Health will review and recommend procedures the employee can perform.~~	~~Until Hepatitis B serology indicates immunity to infection.~~
~~**Hepatitis C**~~	~~May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Prevention and Employee Health~~	~~Indefinitely (the majority of infected individuals become chronically infected).~~

	will review and recommend procedures the employee can perform.	
Herpes Simplex		
▪ Genital	No restriction	
▪ Hands (herpetic whitlow)	Exclude from patient contact and contact with patent environment.	Until lesions are healed, i.e. dry and crusted.
▪ Orofacial	Infection Prevention and Employee Health must evaluate each employee (according to location and severity of lesions) to assess the need to restrict from care of high-risk patients.	Until lesions are healed, i.e. dry and crusted.
HIV	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Prevention and Employee Health will review and recommend procedures the employee can perform.	Indefinitely
Influenza	Exclude from work.	Until afebrile (< 38 C/ 100 F) for 24 hours without the use of antipyretic medications.
Measles (active or suspected)	Exclude from work.	Until 4 days, through day 21 after the onset of rash and temperature < 100 F without the use of antipyretic medications.
Meningitis, Bacterial	Exclude from work.	Until 24 hours after start of effective antimicrobial therapy.
Mononucleosis (Epstein-Barr Virus)	May work, *avoid mouth to mouth resuscitation.*	
Norovirus	Exclude from work.	Until 48 hours after symptoms resolve.

EMPLOYEES EXPOSURES & PREVENTION PLANS: SPECIFIC DISEASE EXPOSURES AND WORK RESTRICTIONS

Pediculosis (Lice)	Exclude from work.	Until 24 hours after treatment and observed to be free from adult and immature lice.
Pertussis	Exclude from work.	From beginning on the 6th day after the 1st day of employee exposure to pertussis through the 20th day following the last day of exposure: **Symptomatic Employees,** meeting definition of a valid exposure and have symptoms consistent with pertussis will: ▪ Have a nasal aspirate or nasopharyngeal swab for pertussis culture of PCR. ▪ Be treated with appropriate antibiotics; Remain off work for the first 5-7 days of treatment.
Rubella	Exclude from work.	Until 7 to 21 days after onset of rash and < 100 F without the use of antipyretic medications.
SARS	Exclude from work.	Until 10 days after onset of fever and temperature < 100 F without the use of antipyretic medication.
Scabies	Exclude from work.	Until 24 hours after application of effective treatment.
Staphylococcus aureus (Active Infection) ▪ **Active draining skin lesions**	May work if lesions can be adequately dressed and covered. If unable to completely dress and cover lesions, restrict from patient care, contact with patient's environment, and food handling.	Until lesions have resolved
Streptococcus, group A	Restrict from patient care, contact with patient's environment, and good handling.	Until 24 hours after adequate treatment started and no draining lesions.
Syphilis	No restriction	At the time of exposure, employees exposed to blood/body fluids of patient with untreated Syphilis, have the option of receiving oral or parenteral prophylactic treatment, or receiving nothing. Syphilis serology test will be done initially and at 6 weeks post

		exposure on the employee.
Tuberculosis ▪ **Positive TB skin test (TST or PPD) or IGRA (T-spot or Quantiferon) test**	All employees with a new positive TB test need to be evaluated by Employee Health to verify that they do not have active disease.	Once active disease is ruled out, employee may return to work with no restrictions.
Tuberculosis • **Active**	Exclude from work.	Until proven non-infectious. Need to have minimum of 3 AFB smears and/or cultures negative. In addition, need to be cleared by Infectious Disease Physician to return to work.
Varicella (chicken pox)	Exclude from work.	Until lesions are dry and crusted
Zoster (Shingles)	Exclude from work if lesions cannot be covered with clothing. Infection Prevention and Employee Health will evaluate the potential for communicability.	Until lesions are dry and crusted

- for Community Exposure, Recommended Work Restrictions for Employees with an Active Communicable Disease

Salinas Valley Memorial Healthcare System

Appropriate Use Criteria (AUC)

Reference Number	6950
Effective Date	Not Set
Applies To	DI
Attachments/Forms	

I. **POLICY STATEMENT**:

The Protecting Access to Medicare Act (PAMA), passed by Congress in 2016, will require physicians to consult a qualified Clinical Decision Support Mechanism (CDSM) when ordering advanced imaging services on all Medicare Outpatients. PAMA will be implemented beginning the later of January 1, 2023 or the January 1 that follows the declared end of the public health emergency (PHE) for COVID-19.

The goal of AUC is to ensure the reason for ordering a specific advanced imaging study is appropriate for that exam and if not, to offer more appropriate study options.

II. **PURPOSE:**

A. The Protecting Access to Medicare Act (PAMA) of 2014, Section 218(b), established a new program to improve the rate of appropriate advanced diagnostic imaging services provided to Medicare beneficiaries. Examples of such advanced imaging services include:

B. computed tomography (CT)

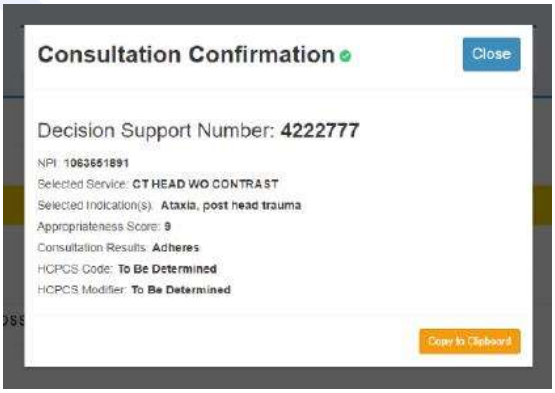
C. positron emission tomography (PET)

D. nuclear medicine (NM)

E. magnetic resonance imaging (MRI)

F. Ordering Providers will need to consult CDSM for advanced diagnostic imaging orders at the point of ordering. CDSMs can be accessed in advanced imaging orders in Meditech and EPIC. Referring clinics with an EMR that does not offer CDSMs can use the free standing portal, eCareSelect. Selecting the most appropriate reason provided by the CDSM for ordering a specific exam will result in the generation of a Decision Support Number and HCPCS Code and Modifier that will support the successful processing and payment of the order by CMS. If AUC consultation is not completed pre-authorization will be required.

G. Example:



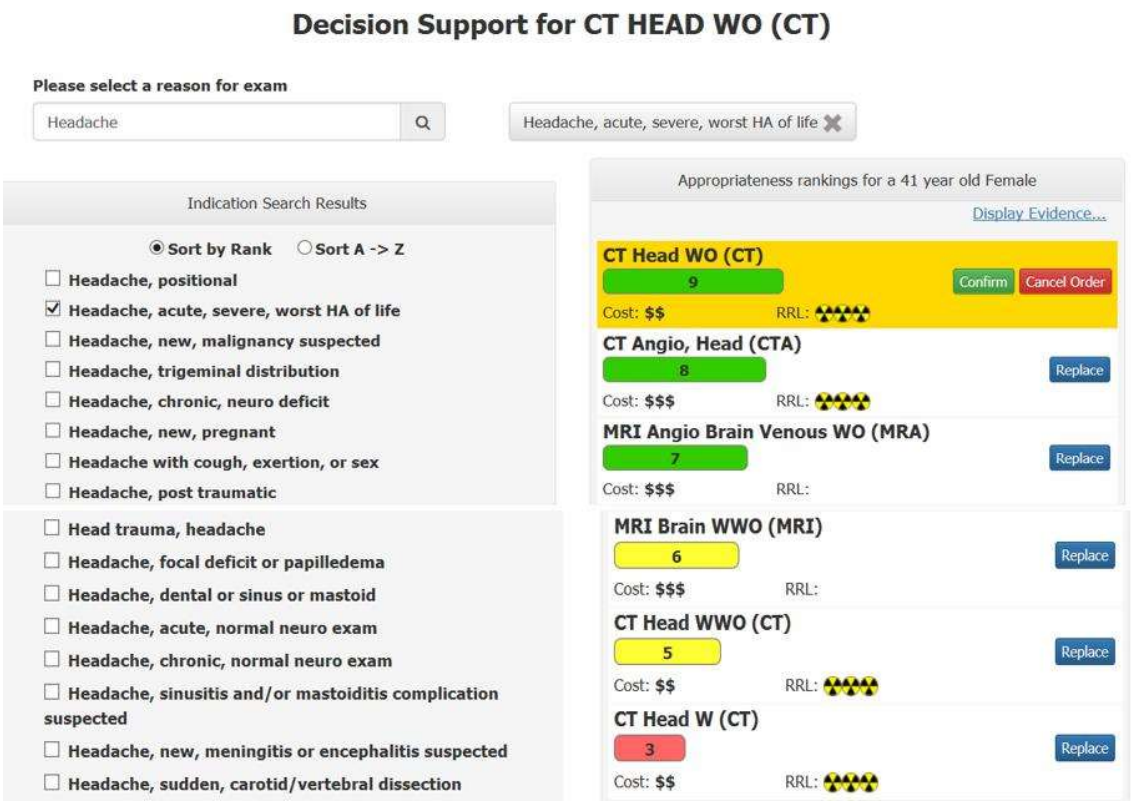
III. DEFINITIONS:

A. Clinical Decision Support Mechanism (CDSM) – The software tool used to determine AUC. In most cases, it is integrated into the EMR or it can be accessed through the Care Select website at https://login.careselect.org

B. Appropriateness Scoring –The appropriateness score generated by the CDSM takes into account patient age, patient sex, exam ordered, and structured indications (acute, chronic, etc.). The scoring criteria were developed by Provider Led Entities (PLE): the American College of Radiology, the American College of Cardiology, the National Comprehensive Cancer Network, Society of Nuclear Medicine, and Society for Pediatric Radiology. Only s cores 7-9 Appropriate Green and 4-6 Yellow will be accepted; Scores 1-3 Red will be declined.

- Scoring
  - Usually Appropriate 7-9 Green
  - May Be Appropriate 4-6 Yellow
  - Usually Not Appropriate 1-3 Red
  - Outside of Scoring 10 Gray

C. Example:



IV. GENERAL INFORMATION:

A. Under this program, at the time a practitioner orders an advanced diagnostic imaging service for a Medicare outpatient beneficiary, he/she, or clinical staff acting under his/her direction, will be required to consult a qualified Clinical Decision Support Mechanism (CDSM). CDSMs are electronic portals through which appropriate use criteria (AUC) is accessed. The CDSM provides a determination of whether the order adheres to AUC, or if the AUC consulted was not applicable (e.g., no AUC is available to address the patient's clinical condition). A consultation must take place at the time of the order for imaging services that will be furnished in one of the below settings and paid for under one of the below payment systems. Ultimately, practitioners whose ordering patterns are considered outliers will be subject to prior authorization.

B. This program impacts all physicians and practitioners (as defined in 1861(r) or described in 1842(b)(18)(C)), that order advanced diagnostic imaging services and physicians, practitioners and facilities that furnish advanced diagnostic imaging services in a physician's office, hospital outpatient department (including the emergency department), an ambulatory surgical center or an independent diagnostic testing facility (IDTF) and whose claims are paid under the physician fee schedule, hospital outpatient prospective payment system or ambulatory surgical center payment system.

V. PROCEDURE:

A. Physician orders an advanced imaging service.

B. Scenario #1

1. Physician consults a qualified CDSM, enters all the required information, and obtains a passing score, HCPCS, HCPCS modifier, and DSN. See the CareSelect Open Access User guide for instructions https://www.upstate.edu/about/pdf/careselect/careselect_openaccess_userguide.pdf
2. The physician and/or physician office provides the order and AUC information to the imaging facility for scheduling.
3. Imaging center schedules exam.
4. Imaging center enters the AUC information into the patients EMR.

C. Scenario #2 – ***What will we do if it doesn't pass and they still want to schedule?***

1. Physician consults a qualified CDSM, enters all the required information, and does not obtains a passing score, HCPCS, HCPCS modifier, and DSN.
2. The physician and/or physician office must obtain insurance authorization.

3. Imaging center schedules exam.
4. Imaging center enters the AUC information into the patients EMR.

D. Scenario #3
1. Physician does not consult a qualified CDSM
2. Physician provides order to the imaging facility for scheduling.
3. Imaging center contacts ordering physician for AUC information
4. Exam will not be scheduled until AUC information or pre-authorization is received.

VI. EDUCATION/TRAINING:

A. Education and/or training is provided as needed.

VII. REFERENCES:

A. CMS.GOV - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program
B. Change Healthcare Care Select - https://qcdsm.nationaldecisionsupport.com/
C. CareSelect Imaging Open Access User Guide https://www.upstate.edu/about/pdf/careselect/careselect_openaccess_userguide.pdf
D.

Salinas Valley Memorial Healthcare System

Scope of Service: Medical Library

Reference Number	6980
Effective Date	Not Set
Applies To	
Units	

I. SCOPE OF SERVICE

The Medical Library supports the Mission, Vision, Values and Strategic Plan of Salinas Valley Memorial Healthcare System (SVMHS) and has designed its services and resources to provide the evidence-based information needed to support the patient care, management decision-making, and educational functions of the hospital.

II. GOALS

In addition to the overall SVMHS goals and objectives, the goals of the Medical Library are to:

A. Provide access to current and authoritative electronic materials.
B. Provide research and document delivery services to support hospital functions.
C. Offer instruction in use of the Medical Library's resources.
D. Maintain communication with other hospital departments to ensure that knowledge-based information resources and services are coordinated and cost-effective.
E. Participate in cooperative programs with other libraries to broaden the range of resources available to hospital personnel.
F. Regularly review the hospital's needs for information resources and services while continually assessing the effectiveness of the Medical Library in meeting these needs.

III. DEPARTMENT OBJECTIVES (UNDER THE

Scope of Service: Medical Library

MEDICAL STAFF SERVICES DEPARTMENT)

A. To support the SVMHS objectives.
B. To support safe, effective, and appropriate care in a cost effective manner.
C. To plan for the allocation of human/material resources.
D. To support high level medical management with a focus on a collaborative, multi- disciplinary approach.
E. To collect data about the department function, staff performance, and patient care for quality purposes and continuous quality improvement.
F. To support necessary expertise, technology, instrumentation and equipment for the management of patients.
G. To develop/implement/evaluate standards utilized in the Medical Library.
H. To evaluate staff performance on an ongoing basis.
I. To provide appropriate staff orientation and development.

IV. POPULATION SERVED

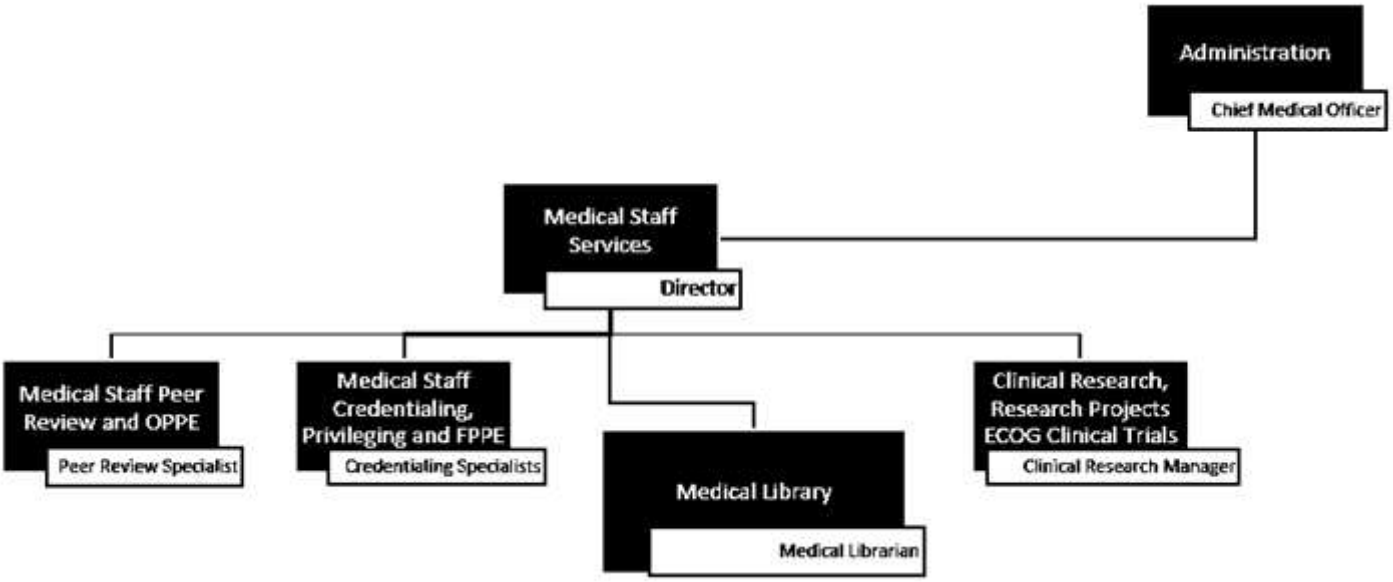
A. The Medical Library serves the research resource needs of SVMHS medical, clinical and management staff, and other SVMHS personnel. Selected Medical Library services may be made available, with certain restrictions and as resources permit, to users who are not employees of SVMHS. These users may include: community-based physicians with active or provisional SVMHS privileges, affiliated agency physicians and healthcare providers, and medical and nursing students enrolled in SVMHS programs. Patients and other non-SVMHS staff may receive services only by special arrangement and at the discretion of the director of Medical Staff Services.

B. External regulatory agencies

V. ORGANIZATION OF THE DEPARTMENT

Salinas Valley Memorial Healthcare System

Scope of Service: Medical Library



A. Staff includes: Medical Librarian (remotely)

B. Hours of Operation: Virtually, 24/7

C. Location of department:

1. The Medical Library houses its resource collection online and makes it available through the SVMHS Intranet (STARnet), and the SVMH Physician Portal.

2. Remotely, limited resources are available via the Internet with SVMHS authorized logins/passwords.

VI. DEFINITION OF PRACTICE AND ROLE IN MULTIDISCIPLINARY CARE /SERVICE

A. The Medical Library (Medical Librarian) assesses, supports,

Scope of Service: Medical Library

coordinates and educates the SVMHS Staff to assure the standard of care provided by staff within the health care system through:

- ACCESS: The Medical Library is virtual, therefore only accessible to hospital staff with network credentials.

- RESEARCH ASSISTANCE: Virtual assistance is available to all users, including orientation and guidance in the use of the electronic resources of the Medical Library. SVMHS personnel, community-based physicians with SVMHS, and networked agency physicians may request assistance in locating resources on healthcare.

- INTERLIBRARY SERVICES: Materials needed to support the mission of the hospital but not available in the Medical Library may be obtained from other libraries. "Rush" requests may be made only for urgent and immediate patient care. As some journal articles may have associated fees attached to Interlibrary Services or are unavailable, some requests may not be able to be filled.

  - The Medical Library will meet all requirements to participate as a "Primary Access Library" in the National Network of Libraries of Medicine (NN/LM).

  - As a NN/LM Primary Access Library, the Medical Library has access to interlibrary borrowing, photocopying and reference assistance from other participating hospital, academic, as well as designated "resource libraries" and the National Library of Medicine (Bethesda, Maryland). To meet our responsibilities to NN/LM, SVMHS's journal holdings are maintained in the SERHOLD data files which are accessed by medical libraries nationwide and made available for DOCLINE interlibrary services. And, in accordance with DOCLINE Library Responsibilities, the

Salinas Valley Memorial Healthcare System

Scope of Service: Medical Library

Medical Library will lend to other DOCLINE libraries.

- SELECTION AND RETENTION: The knowledge-based information resources of the Medical Library must be authoritative and up-to-date, in accordance with Joint Commission standards. Online resources are selected and retained to provide support for the patient care, organizational management, educational and research functions of the hospital.

  Resources under consideration for acquisition or retention are evaluated for accuracy, currency, relevancy of subject matter, and appropriateness of format. Consideration is given to recommendations from recognized medical library authorities, internal needs assessment evaluations, and user requests.

  The Medical Library's collections and resources will be regularly reviewed to identify materials that are no longer useful and should therefore be replaced or removed.

B. The Medical Librarian is directly responsible to the Director of the Medical Staff Services.

VII. REQUIREMENTS FOR STAFF

All individuals who provide services in this Department have the appropriate training and competence.

A. Certifications:

The basic requirements for the ***Medical Librarian*** includes a Master's degree in Library and Information Science or related field; three (3) years of health sciences library experience

B. Competency

Scope of Service: Medical Library

Staff are required to have routine competence assessments in concert with annual performance appraisals. Once a year, staff are required to complete the online education modules that have been defined by the organization.

Department personnel who attend educational conferences are strongly encouraged to share pertinent information from the conferences with other staff members at in-services. Additional teleconferences, videoconferences, and speakers are scheduled for staff on occasion. Other internal and external continuing education opportunities are communicated to staff members.

C. Identification of Educational Needs

Staff educational needs are identified utilizing a variety of input:

- Employee educational needs assessment at the time of hire and annually as part of developmental planning
- Performance improvement planning, data collections and activities
- Staff input
- Evaluation of patient population needs
- New services/programs/technology implemented
- Change in the standard of practice/care
- Change in regulations and licensing requirements
- Needs assessment completed by Nursing Education

The educational needs of the department are assessed through a variety of means, including:

- STAR Values
- Quality Assessment and Improvement Initiatives
- Strategic Planning (Goals & Objectives)
- New / emerging products and/or technologies
- Changes in Practice
- Regulatory Compliance

Feedback and requests for future topics are regularly solicited from staff via e-mail, surveys, in-service evaluation forms, and in person.

D. Continuing Education

The Medical Library staff will maintain professional competencies through such activities as: attending relevant conferences, meetings, programs, or workshops; visits to other medical libraries; membership in the Medical Library Association or other professional organizations.

The Medical Library staff will attend training and education programs required by the hospital, in accordance with applicable SVMHS policies.

VIII. STAFFING PLAN

Staffing is adequate to service the customer population. The Department is staffed with a sufficient number of professional, technical and clerical personnel to permit coverage of established hours of care / service, to provide a safe standard of practice and meet regulatory requirements.

IX. EVIDENCED BASED STANDARDS

The SVMHS staff will design, implement and evaluate systems and services for care / service delivery which are consistent with a "Patient First" philosophy and which will be delivered:

- With compassion, respect and dignity for each individual without bias.
- In a manner that best meets the individualized needs of the patient.
- In a timely manner.
- Coordinated through multidisciplinary team collaboration.
- In a manner that maximizes the efficient use of financial and human resources.

Scope of Service: Medical Library

SVMHS has developed administrative and clinical standards for staff practice and these are available on the internal intranet site.

X. CONTRACTED SERVICES

Contracted services under this Scope of Service are maintained in the electronic contract management system.

XI. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY

The Medical Library supports the SVMHS commitment to continuously improving the quality of patient care to the patients we serve and to an environment which encourages performance improvement within all levels of the organization.

The Medical Library will monitor factors affecting knowledge-based information needs such as changes in the hospital's mission, goals, or long range plan; changes in the hospital's programs or services; changes in external factors (e.g., new technology or changes in regulations).

The Medical Library staff is responsible for the interpretation and prioritization of identified needs for knowledge-based information resources or services offered by the Medical Library. The Medical Library staff establishes performance improvement goals for the Medical Library's services and provides periodic reports to the appropriate hospital administrator.

Determining which Medical Library services are essential to the support of the hospital's mission, deciding how existing Medical Library services may be improved or modified or new Medical

Salinas Valley Memorial Healthcare System

Scope of Service: Medical Library

Library services implemented within any fiscal or other constraints, may include the following activities:

1. Identify users' expectations for Library services through surveys, interviews, or other means.
2. Measure and monitor performance, applying standards defined by users' expectations, professional and/or institutional standards.
3. Identify necessary modifications and improve processes by analysis of current methods and options for more efficient, effective implementation.
4. Reallocate resources from low priority services and materials to those which can more effectively meet the Library users' information needs.
5. Institute new resources or services.

Systems and services are evaluated to determine their timeliness, appropriateness, necessity and the extent to which the care / service(s) provided meet the customers' needs through any one or all of the quality improvement practices / processes determined by this organizational unit.

In addition to the overall SVMHS Strategic initiatives and in concert with the Quality Improvement Plan and the Quality Oversight Structure, the Medical Library will develop measures to direct short-term projects and deal with problem issues evolving out of quality management activities.

Salinas Valley Memorial Healthcare System

Legal Health Record

Reference Number	6987
Effective Date	Not Set
Applies To	HIM
Attachments/Forms	

I. POLICY STATEMENT:

A. It is the policy of Salinas Valley Memorial Hospital (SVMH) to create and maintain legal health records that, in addition to their primary intended purpose of clinical and patient care use, will also serve the business and legal needs of SVMH.

B. Routine disclosures will only include information needed to fulfill the intent of the request. It excludes information not be included in the legal health record.

II. PURPOSE:

A. To identify the legal health record of SVMH for business and legal purposes and to ensure that the integrity of the legal health record is maintained so that it can support business and legal needs.

III. DEFINITIONS:

A. Legal health record: The legal health record is a formally defined legal business record for a healthcare organization. It includes documentation of healthcare services provided to an individual in any aspect of healthcare delivery by a healthcare organization. The health record is individually identifiable data in any medium, collected and directly used in documenting healthcare or health status. The term also includes records of care in any health-related setting used by healthcare professionals while providing patient care services, reviewing patient data, or documenting observations, actions, or instructions.

B. Source system: The systems in which data were originally created.

1. Primary source system: an information system that is part of the overall clinical information system in which documentation is most commonly first entered or generated.

2. Source of legal health record: the permanent storage system where the documentation for the legal health record is held.

3. Regular course of business: doing business in accordance with the normal practice of business and custom, as opposed to doing it differently because an organization may be or is being used.

IV. GENERAL INFORMATION:

A. The legal health record will contain sufficient information to:

- Identify the patient
- Support the diagnosis
- Justify the treatment
- Document the patient's hospital course and outcomes of treatment provided.
- Promote continuity of care among health care providers

B. The legal health record comprises documentation from source documentation that may physically exist in separate and multiple locations in both paper-based and electronic formats.

C. The legal health record is comprised of a combination of scanned documents, archived reports and interfaced documentation. The health records may be kept in a variety of media including, but not limited to, electronic, paper, digital images, video, and audio. It excludes those health records not normally made and kept in the regular course of the business of SVMH.

D. Paper-based components are scanned into the legal health record and scanned images are considered the same as the original source document.

E. In some cases, the documentation remains in the primary source system and is printed upon request.

F. The legal health record excludes health records that are not official business of SVMH.

G. Non SVMH provider documentation may be used in treatment decision making. This documentation may be considered part of the SVMH legal health record.

H. Content of the legal health record is as follows:

1. Patient Identification Sheet
   a. Name
   b. Address on admission
   c. Identification numbers

i. Unit number / account number
ii. Social Security Number
III. Medicare / Medi-Cal Number

d. Age
e. Sex / gender
f. Marital status
g. Religion
h. Date of admission
i. Date of discharge
j. Name of patient's medical staff members responsible for care
k. Name, address, and telephone number of person or agency responsible for patient
l. Initial diagnostic impression
m. Date, time & location of service
n. Name of next of kin and person to contact

2. History & physical examination
3. Legal authorization for admission (conditions of admission)
4. Consultation reports
5. Orders, including medications, treatment, and diet
6. Treatment plan
7. Progress notes including current or working diagnosis
8. Nursing documentation and standards of care
   a. Nursing interventions, assessments, observations, incidences, and unusual occurrences
   b. Medication administration record
9. Violent or non-violent restraint, including time of application, assessment, and removal
10. Vital Signs, including height/weight record
11. Laboratory tests performer
12. Diagnostic imaging examinations performed
13. Consent forms as applicable
14. Peri-anesthesia record including preoperative diagnosis, if anesthesia has been administered
15. Operative report including preoperative and postoperative diagnosis, description of findings, technique used, tissue removed or altered, if surgery was performed
16. Pathology report, if tissue or body fluid was removed
17. Peri-natal records
18. EKG, EEG, Fetal monitoring, and signal tracings
18. A discharge summary which shall briefly recapitulate the significant findings (including final diagnosis) and events of the patient's hospitalization, the patient's condition on discharge and the recommendation and arrangements for future care, or

19. Transfer Summary which includes final diagnosis, hospital course, medications, treatment received, dietary requirements, rehabilitation potential, known allergies, and treatment plan.

I. Personal health records that are created, owned and managed by the patient and are presented to their provider will be added to the legal health record. These documents will not be produced to anyone other than the patient, upon request.

J. The following is not part of the legal health record:
   a. Research records
   b. Diagnostic images
   c. Audio data
   d. Heart sounds
   e. Voice dictations
   f. Video data
   g. Ultrasounds
   h. Cardiac Catheterizations
   i. Pathology slides

V. PROCEDURE:

VI. EDUCATION/TRAINING:

A. Education and/or training is provided as needed.

VII. REFERENCES:

A. AHIMA, Fundamentals of the Legal Health Record and Designated Record Set, 2011
B. California Code of Regulations, Title 22
C. Medicare Conditions of Participation, Medical Record Services

Legal Health Record

Salinas Valley Memorial Healthcare System

Designated Record Set

Reference Number	6988
Effective Date	Not Set
Applies To	HIM
Attachments/Forms	

I. POLICY STATEMENT:

A. To define the specific information or records that patient's may access and amend under the Health Insurance Portability and Accountability Act (HIPAA) and state privacy laws. The standards provide that individuals have the right to inspect and obtain a copy and request amendment of medical information used to make decisions about their care and billing information.

II. PURPOSE:

A. To establish guidelines for the definition and content of the designated record set in accordance with HIPAA of 1996.

III. DEFINITIONS:

A. **Designate Record Set:** A group of records maintained by or for Salinas Valley Memorial Hospital (SVMH) that includes the medical records and billing records about individuals that is used in whole or art by or for SVMH to make decisions about individuals. The term record is defined as any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for SVMH.

B. **Regular Course of Business:** Doing business in accordance with the normal practice of business and custom, as opposed to doing it differently because an organization may be or is being sued.

IV. GENERAL INFORMATION:

A. This policy applies to all uses and disclosures of the health record. It encompasses records that may be kept in a variety of media including, but not limited to, electronic, paper, digital images, video, and audio. It excludes those

heath records not normally made and kept in the regular course of the business of Salinas Valley Memorial Hospital (SVMH).

B. The determining factor in whether a document is considered part of the designated record set is how the information is used and whether it is reasonable to expect the information to be routinely released when a request from the individual to inspect, copy or request and amendment. Consider was the information used to make a decision about the individual.

C. The designated record set includes:
1. Legal medical record. Refer to Legal Health Record policy.

2. Patient-specific claim information such as encounter forms, claims, submitted, account balance, payment agreements, ABN letters, notice of non-coverage letters, etc.

3. Outside facility or provider records used in whole or in part by SVMH to make decisions about individuals.

4. Patient-submitted documentation and referral letters.

5. Other patient-specific information such as consents and authorizations.

D. The designated record set excludes:
1. Administrative data, which is patient-identifiable and used for administrative, regulatory, or other healthcare operations, such as event history/audit trails, data used for quality assurance or utilization management, data prepared in anticipation of legal action, etc.

2. Derived data stored in aggregate or summarized which is not patient-identifiable, such as data used for accreditation reports, research data, statistical reports, best practice guidelines, etc.

3. Psychotherapy notes maintained separate from the rest of the patient's medical record.

4. Records that have been destroyed because they have exceeded their required retention period or because they have been rendered unusable due to fire, flood, or other circumstances.

5. Information that is subject to a legal privilege such as peer review or attorney/client privilege.

6. Health records that are not official business records of SVMH.

7. Data collected and maintained for research.

8. The following is excluded from designated record set but may be disclosed with appropriate authorization.

V. PROCEDURE: N/A

VI. EDUCATION/TRAINING:

A. Education and/or training is provided as needed.

VII. REFERENCES:

A. AHIMA, Fundamentals of the Legal Health Record and Designated Record Set, 2011

Salinas Valley Memorial Healthcare System

HEALTHCARE WORKER IMMUNIZATIONS & IMMUNITY REQUIREMENTS

Reference Number	710
Effective Date	~~07/26/2019~~Not Set
Applies To	All Departments
Attachments/Forms	

I. POLICY STATEMENT:

A. ~~All newly hired and currently employed HCW~~N/A

II. PURPOSE:

A. To determine immunization / immune status of all healthcare worker (HCW) that provides care / services at Salinas Valley Memorial Healthcare System (SVMHS).

B. Immunizations are administered per EHS Standardized Procedures under the direction of the EHS Medical Director and Infection Prevention & Control at no charge to the HCW.

III. DEFINITIONS:

A. CDC – Center for Disease Control

B. Clinical Setting: any area in which clinical services are provided (i.e., inpatient clinical units, OR, lab, DI, Endoscopy, Mammography, Registration, etc.)

C. EHS – Employee Health Services

D. Flu – Influenza

E. HCW - Healthcare Worker: any individual clinical or non-clinical, employed or non-employed, that provides care or services within any clinical setting at SVMHS (i.e., RN, techs, EVS, unit clerks, lab, volunteer, etc.)

F. IGRA- Interferon Gamma Release Assay

G. MMR – Measles, Mumps and Rubella

H. Td – Adult tetanus diphtheria

I. Tdap – Adult tetanus, diphtheria and Pertussis

J. TB – Tuberculosis

K. TST-Tuberculin Skin Test

L. VIS – Vaccine information sheet

M. VZ – Varicella Zoster or Chicken pox

Salinas Valley Memorial Healthcare System

HEALTHCARE WORKER IMMUNIZATIONS & IMMUNITY REQUIREMENTS

IV. GENERAL INFORMATION:

A. Vaccines may be mandated or required based on mandates and/or recommendations from Monterey County Health Department (MCHD), California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), or any federal regulatory body.

~~A.~~B. All newly hired and currently employed Healthcare Worker (HCW) will be screened for tuberculosis (TB). SVMHS has certain clinics under its license and these clinics, while not operated by SVMHS, adhere to this policy.

C. All new employees must establish immunity or proof of immunization to Measles, Mumps, ~~and~~ Rubella (MMR), and Varicella (VZ), ~~and Tdap (Tetanus, Diphtheria, and Pertussis.~~

D. The California Department of Public Health (CDPH) and SVMH require all staff to be "fully vaccinated" for COVID-19, and receive a COVID-19 booster if booster eligible. All new hires must show proof of completion for the FDA emergency approved/authorized COVID-19 vaccine upon hire and prior to working onsite.

~~B.~~E. All new employees must have proof of a Tdap (Tetanus, Diphtheria and Pertussis) vaccination within the last 10 years.

~~C.~~F. Current employees~~,~~ must show immunity or proof of immunization to Measles, Mumps, Rubella (MMR) and COVID-19. Exemption request will be reviewed by Infection Prevention and the Medical Director or Employee Health Services (EHS). The decisions for eligibility for exemption will be documented in the ~~employees~~employee's EHS chart for reference as needed. Varicella (VZ) and Tdap are strongly encouraged and provided free of charge.

~~D.~~G. Hepatitis B (HBV) immunization series is strongly encouraged for all HCW with potential exposure to blood or body fluids. Documented proof of MMR, VZ and Pertussis is established by serology testing, or appropriate documented evidence of immunization (immunization record, MD letterhead, etc.).

~~E.~~H. Annual influenza vaccine information and policy is available in the "Influenza Plan".

~~F.~~I. TB Screening Requirements:

1. TST Requirements:

   a. 2 step required for all new HCW: ~~Documented~~Documentation of a negative ~~(zero induration) TST during~~results as outlined in the CDC guideline in last 12 months. (~~first~~First step).

b. 2nd step must be completed within the last 90 days pre-hire, applied upon hire, or no later than 7 days after hire. Reading 48-72 hours after placement.

~~2.~~c. IGRA Requirements:

~~a.~~2. IGRA (Quantiferon Gold or T-Spot) will be accepted if ~~documented~~documentation of the negative lab results has been completed within previous 90 days prior to hire.

Note: If ~~HCW has had~~ previous positive TST and /or has been treated for tuberculosis, the following documented evidence must be provided:

~~1.~~a. History of Positive TST treated or *not* treated: current (with last 12 months) negative chest x-ray and negative symptom screening.

~~2.~~b. New Positive TST~~,~~: current negative signs and symptoms of~~,~~ TB, negative chest X-ray and ~~medical release clearing the person to work.~~referral to their Primary Treater for further evaluation. If positive for signs and symptoms of TB, a medical release will be required.

~~G.~~J. Meningococcal Vaccines are offered to Bacteriology Staff who are required to set up meningococcal cultures.

~~H.~~K. Other Immunizations:

Vaccines ~~maybe~~may be offered ~~as needed or~~through Employee Health Services (EHS) if recommended, or mandated by the Monterey County Health Department (MCHD), California Department of Public Health (CDPH) or Centers for Disease Control and Prevention (CDC).

~~I. The VIS has information about the disease and vaccine. The VIS will be given to the HCW and consent signed prior to the vaccination administration.~~

~~II. **PURPOSE:**~~

~~A. To determine immunization / immune status of all healthcare worker (HCW) that provide care / services at Salinas Valley Memorial Healthcare System (SVMHS).~~

~~B. Immunizations are administered per EHS Standardized Procedures under the direction of the Medical Director of EHS and Infection Control at no charge to the HCW.~~

~~III. **DEFINITIONS:**~~

~~A. CDC – Center for Disease Control~~

~~B. Clinical Setting: any area in which clinical services are provided (i.e., inpatient clinical units, OR, lab, DI, Endoscopy, Mammography, Registration, etc.)~~

~~C. EHS – Employee Health Services~~

~~D. Flu – Influenza~~

~~E. HCW - Healthcare Worker: any individual clinical or non-clinical, employed or non-employed, that provides care or services within any clinical setting at SVMHS (i.e., RN, techs, EVS, unit clerks, lab, volunteer, etc.)~~

~~F. IGRA- Interferon Gamma Release Assay~~

~~G. MMR – Measles, Mumps and Rubella~~

~~H. Td – Adult tetanus diphtheria~~

~~I. Tdap – Adult tetanus, diphtheria and Pertussis~~

~~J. TB – Tuberculosis~~

~~K. TST-Tuberculin Skin Test~~

~~L. VIS – Vaccine information sheet~~

~~M. VZ – Varicella Zoster or Chicken pox~~

~~IV. GENERAL INFORMATION:~~

~~A. N/A~~

~~V. PROCEDURE:~~

~~A. N/A~~

~~VI. EDUCATION/TRAINING:~~

~~A. Education is provided during general orientation and periodically as practice or policy changes.~~

~~VII. DOCUMENTATION:~~

L. ~~All HCW immunization records are maintained in Employee Health Services files. HCW may request in writing, copies of records in~~(Vaccination Information Sheet) is a document, produced by the CDC, that gives information about the benefits and risk of a vaccine the person is receiving. A VIS is given to and consent received prior to the vaccination administration.

V. **PROCEDURE:**

A. Documentation:

~~A.~~i. All HCW immunization records are maintained in Employee Health Services medical records. HCW may request in writing, copies of their medical records through Employee Health Services.

~~B.~~ii. Traveler's records are maintained by EHS and contract employees and vendor records are maintained in the electronic vendor software program.

VI. **EDUCATION/TRAINING:**

A. Education and/or training is provided as needed.

~~VIII.~~VII. **REFERENCES:**

A. Centers for Disease Control & Prevention (2017). ~~Healthcare~~Healthcare Personnel Vaccination Recommendations. Centers for Disease Control and Prevention (CDC) Resources for Those Vaccinating HCWs.

B. Association for Professionals in Infection Control & Epidemiology (2014). APIC Text of Infection Control and Epidemiology (3rd ed). Chapter 26~~-~~: Occupational health~~ Washington DC.~~ Washington DC.

~~B.~~C. California Department of Public Health: Health Care Worker Vaccine Requirements/All Facilities Letter/February 22, 2022

Salinas Valley Memorial Healthcare System

TUBERCULOSIS (TB) PREVENTION AND CONTROL

Reference Number	257
Effective Date	~~03/13/2015~~Not Set
Applies To	All Departments
Attachments/Forms	

I. POLICY STATEMENT:

A. All patients with suspected or confirmed pulmonary tuberculosis (TB) will be placed immediately into ~~private rooms, preferably in~~an Airborne Infection Isolation ~~(AII) room (Room # 329, 429, 529, 537) If AII is not available,~~ Room (AIIR) (AIIR's are: 329, 429, 529, 537).

II. PURPOSE:

A. To direct staff in preventing the spread of Mycobacterium Tuberculosis (MTB or TB) within Salinas Valley Memorial Healthcare System (SVMHS). Monterey County Public Health Department (MCPHD) is a medium level county and SVMHS is a low-medium level facility in which requires the availability of Airborne Infectious Isolation Rooms (AIIR). AIIR environments are used for airborne isolation purposes only and are to be assigned last when not in use.

III. DEFINITIONS:

A. **Mycobacterium Tuberculosis – MTB or TB-** is the bacterium that usually attacks the lungs and is the cause of MTB.

B. **Acid Fast Bacilli – AFB-** is a microscopic review of a sputum sample to look for bacilli that as part of early diagnosis and control of MTB.

C. **Tuberculin Skin Test – TST-** Mantoux tuberculin skin test is the standardized method of injecting a purified protein derivative (PPD) into the inner surface of the forearm to assist in determining whether a person has infection or has been exposed to MTB.

D. **Airborne Infection Isolation – AII**—a single patient room that is maintained by negative air and all HCW are required to wear proper respiratory protection to enter (N-95 or PAPR).

~~A.~~E. **Powered Air Purifying Respiratory – PAPR-** is a re-usable, full hooded respirator that provides required respiratory protection for those HCW that cannot use N-95 mask (beard, etc.) for protection. (See HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM).

Commented [JPC1]: Should we add for AII high risk procedures? Or since HCW Resp program is linked it is covered?

F. ~~Place patient in private room at end of hall~~**Healthcare Worker – HCW-** is any individual that is employed, non-employee, and contractor, volunteer that works or provides care within the healthcare setting.

G. **High Efficiency Particulate Air Filtration – HEPA**—a single-pass air system or air recirculation used for known/ suspect TB patients in conjunction with other infection control methods (closed door, N-95 use by HCW, etc.) to control the potential spread of TB.

IV. GENERAL INFORMATION:

A. Until transfer of the Airborne Isolation patient is facilitated, or if all other AIIR environments are occupied by AIIR required patients,

1. Place patient in private room at end of hall (no connected bathroom),
2. Notify Engineering to place HEPA filter
3. Keep door closed
4. Place Airborne Precautions sign on door
5. Notify Infection Prevention ~~& Control (IPC~~(IP) Ext. 1858 or 3161 of patient name / medical record number.

B. Patients presenting to ~~SVMH~~in-patient unit and/or Emergency department (ED) with known or suspect TB, and meet the following criteria will be placed in Airborne Isolation :

~~1. Sputum smear positive for Acid Fast Bacilli (AFB).~~

~~2. Physician orders an AFB smear and/or AFB culture of sputum to rule out TB~~

~~3. Cavitary lesion, consolidation on Chest X-ray.~~

~~4. Any one of the following symptoms:~~

~~a. Productive cough for > 2 weeks [Place surgical mask on patient- and place in private room]~~

~~Weight loss~~

C. Any **one or more** of the following symptoms:

a. Productive cough for 3 weeks or longer

a. *Place surgical mask on patient- and place in private room*

b. Pain in the chest

c. Coughing up blood or sputum

d. Weakness or fatigue

e. Weight loss (greater than 15-20 lbs., unplanned and rapid)

~~b.~~f. Loss of appetite

~~c.~~g. Fever or

~~d.~~h. Night sweats

AND **one or more** of the following risk factors:

~~e.~~i. Human-Immunodeficiency Virus (HIV) or Acquired-Immune Deficiency (AIDS)

~~f. Individual on immunosuppressive medications (cyclosporine, steroids)~~

j. ~~Alcoholics and those with kidney failure, pulmonary disease~~ Substance abuse

k. Silicosis

l. Diabetes mellitus

m. Severe kidney disease

n. Smoker within the last 1 year

o. Low body weight, BMI < 20

p. Organ transplants

q. Head or neck cancer

r. Medical treatments, i.e. immunosuppressive therapy such as corticosteroids

~~g.~~s. Specialized treatment for rheumatoid arthritis or Crohn's disease

~~h.~~t. Travel to endemic area or born in countries with high endemic rates

~~i.~~u. Positive Tuberculin Screening Test (TST) or Interferon-Gamma Release Assays (IGRAs), such as Quantiferon gold (QFT) blood test

~~C.~~D. **Note:** All patients with active cough that are being transported or are in wait areas, are to have a *surgical mask* be placed to prevent the spread of infection. The Centers for Disease Control and Prevention (CDC) does not recommend masking children, since they do not have an effective cough that can disseminate infectious particles. However, patient should still be placed in single room with no interaction with other children in the hospital (no playroom privileges)

~~D.~~E. Consult with ~~IPC~~IP (Ext. 1858 or 3161) or Infectious Disease for placement determination with children OR other questions regarding ~~pulmonary~~Airborne isolation.

~~E.~~F. **Patients with confirmed or high suspect TB (on medications) must be reviewed by the Monterey County TB Unit / Public Health Division & SVMHS ~~IPC~~IP prior to ~~DC.~~ discharge.**

F. ~~**IC dept.**~~**IP department will complete** ~~**all required paperwork for the MCHD**~~

G. ~~**Airborne Isolation is only to be DC by IPC or Infectious Disease MD.**~~

II. ~~**PURPOSE:**~~

A. ~~To direct staff in preventing the spread of Mycobacterium Tuberculosis (MTB or TB) within Salinas Valley Memorial Healthcare System (SVMHS). Monterey County is a medium level county and SVMHS is a low-medium level facility in which requires the availability of Airborne Infectious Isolation (AII) rooms. These rooms are used for isolation purposes and are to be assigned last when not in use.~~

III. ~~**DEFINITIONS:**~~

A. ~~**Mycobacterium Tuberculosis – Mtb-** is the bacterium that usually attacks the lungs and is the cause of Mtb.~~

B. ~~**Acid Fast Bacilli – AFB-** is a microscopic review of a sputum sample to look for bacilli that as part of early diagnosis and control of Mtb.~~

1. ~~**Tuberculin Skin Test – TST-** Mantoux tuberculin skin test is the standardized method of injecting a purified protein derivative (PPD) into the inner surface of the forearm to assist in determining whether a person is infection or has been exposed to Mtb.~~**TB Case Morbidity Report (CMR) and submit to Monterey County Public Health Department (MCPHD).**

2. **All MCPHD communicable disease holds requires release authorization from MCPHD prior to discharge. The MCPHD hold release form will be completed and submitted by Case Management.**

a. **SVMHS *will not* release any MCPHD hold patient without return authorization from MCPHD.**

G. **Airborne Isolation is ONLY discontinued by IP and/or Infectious Disease physician review and approval.**

~~C.~~V. **PROCEDURE:**

D. Airborne ~~**Infection Isolation – AII** – a single patient room that is maintained by negative air and all HCW are required to wear proper respiratory protection to enter (N-95 or PAPR).~~

E. ~~**Powered Air Purifying Respiratory – PAPR-** is a re-usable, full hooded respirator that provides required respiratory protection for those HCW that cannot use N-95 mask (beard, etc.) for protection. (see HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM).~~

~~F. **Healthcare Worker – HCW**- is any individual that is employed, non-employee, and contractor, volunteer that works or provides care within the healthcare setting.~~

~~G. **High Efficiency Particulate Air Filtration – HEPA** – a single-pass air system or air recirculation used for known/ suspect Mtb patients in conjunction with other infection control methods (closed door, N-95 use by HCW, etc.) to control the potential spread of TB.~~

~~IV. PROCEDURE:~~

~~A. Airborne isolation for TB requires:~~

A. ~~Room designated as Airborne Infectious Isolation (AII) with Anteroom (Room # 329, 429, 529, 537) OR Private room (no connection) with HEPA filter placed and monitored by engineering.~~isolation for TB requires:

1. Room designated as Airborne Infectious Isolation Room (AIIR) (AIIR's are 329, 429, 529, 537). If immediate transfer to appropriate AIIR is not possible, a private room (no connected bathroom) with HEPA filter placed and monitored by engineering.

   a. **Place patient on AIRBORNE ISOLATION,** Airborne Isolation Rooms (AIIR) 329, 429, 529 or 537.

   b. **Patient's on isolation for R/O Tuberculosis, will remain in Airborne isolation until results are completed for:**

      i. 3 negative AFB sputum's (every 8 hours with one in early am).

      ~~1.~~ii. ***Forensic patients only*:** 1 negative TB PCR (from first am specimen)

2. Notify engineering that patient will be placed in ~~airborne /~~AIIR to monitor room.

   a. Door closed—slider NOT to be opened. Enter through ~~ante-room~~anteroom.

   b. ***Patients with suspected or confirmed TB*** ~~will be given preference for one of the above rooms~~***are to be prioritized to AIIR*** ***at all times.***

      ~~b.~~a. Consult with ~~IPC~~IP for placement considerations.

3. Airborne Precautions sign on door / Stop sign on slider- slider ~~(~~

   ~~3.~~a. Slider is always to remain closed! All HCW are to enter /exit via the anteroom~~).~~

4. Use of PAPR for high risk procedures ~~as listed below (~~

   ~~4.~~a. ~~HEALTHCARE WORKER RESPIRATORY PROTECTION PROGRAM~~AEROSOL TRANSMITTED DISEASES EXPOSURE CONTROL PLAN~~)~~

5. Use of ~~N-95~~N95 High Efficiency Particulate Respirator to enter room.

   a. All personnel using a N95 respirator will assure proper fit by "fit checking" prior to entry into the airborne isolation.

      a. Fit testing and training for N95 respirators and ~~/ or~~ PAPRs is done upon hire, annually, and as needed.

   ~~**Note:** the mask may be re-worn by the same individual until it becomes damp or soiled if shortage of masks occurs.~~

   b. Only Healthcare Workers (HCW) who have been fit-tested and know their size are to wear N-95.

   ~~b.~~c. PAPRs are available for those HCW that cannot wear N-95.

6. During transport, patients will wear a surgical mask. ~~HCW will *not* wear mask.~~

7. Visitors are discouraged unless they live in the same home or are vital for ~~patient healing.~~ patients care.

   ~~7.~~a. Children are ***NOT allowed*** in ~~All rooms~~AIIR environments.

   ~~8.~~b. If visitor does not live in same house, have patient wear a surgical mask during visit, and ask visitor to limit time in room.

~~9.~~8. Portable HEPA Filters process will *only* be utilized when all ~~negative air pressure isolation rooms are occupied (AII with anteroom~~AIIR environments are occupied by other AIIR required patients. (See: II. A. 1-5)

   a. HEPA Filters can be ordered via order entry in clinical areas or by calling SSPD, and will be maintained and monitored by Engineering daily during use.

~~B. Annual Tuberculin Skin Testing (TST) of employees is a requirement of employment (see: Healthcare Workers Immunizations & Immunity Requirements HR710).~~

~~C. Patients with confirmed /high suspect Mtb (on medications) cannot be discharged until authorized by the MCHD and SVMHS IC.~~

~~V.~~B. **High-Risk Medical Procedures**: any medical procedure performed on a suspect or confirmed infectious TB case that can aerosolize body fluids or tissue likely to be contaminated with TB bacteria ~~including, but not limited to:~~.

~~1. Bronchoscopy (ALL HCW in room are to wear a PAPR) for ALL Brochoscopy even if pulmonary TB is not suspect.~~

~~2. Operative procedures, i.e., tracheotomy, thoracotomy, or lung biopsy.~~

~~3. Respiratory care procedures, i.e., tracheotomy or endotracheal tube care, suctioning~~

~~4. Diagnostic medical procedures, i.e., bronchoscopy and pulmonary function testing~~

~~5. Autopsy or pathology procedure performed on tissues suspected to be infected with TB.~~

~~VI. EDUCATION/TRAINING:~~

~~A. Education is provided during general or department-specific orientation and annually or if there are changes in standards.~~

~~VII. DOCUMENTATION:~~

1. ~~As appropriate on medical record.~~**Staff are to follow our current Aerosol Transmitted Diseases (ATD) Plan, including all attached documents in the plan.**

a. AEROSOL TRANSMITTED DISEASES EXPOSURE CONTROL PLAN

i. **Attachment A:** SVMHS Job Titles Related to ATD Exposure

ii. **Attachment B:** Diseases/Pathogens Requiring Airborne Isolation

iii. **Attachment C:** Matrix of Department related Tasks & Procedure Involving Occupational Exposure & Exposure Controls for Aerosol Transmitted Diseases

C. Documentation:

1. As appropriate on medical record.

VI. **EDUCATION/TRAINING:**

A. Education and/or training is provided as needed.

~~VIII.~~VII. **REFERENCES:**

A. Center for Disease Control (2005). *Guidelines for preventing the transmission of tuberculosis in health care settings*, MMRW, 2005. Retrieved 2014 from: http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

B. California Department of Public Health (2014). *Regulations related to tuberculosis prevention and control in California*: Summary complied January 2014. Retrieved July, 2014 from: http://www.cdph.ca.gov/programs/tb/Documents/TBCB-Health-and-Safety-Codes-for-TB.pdf

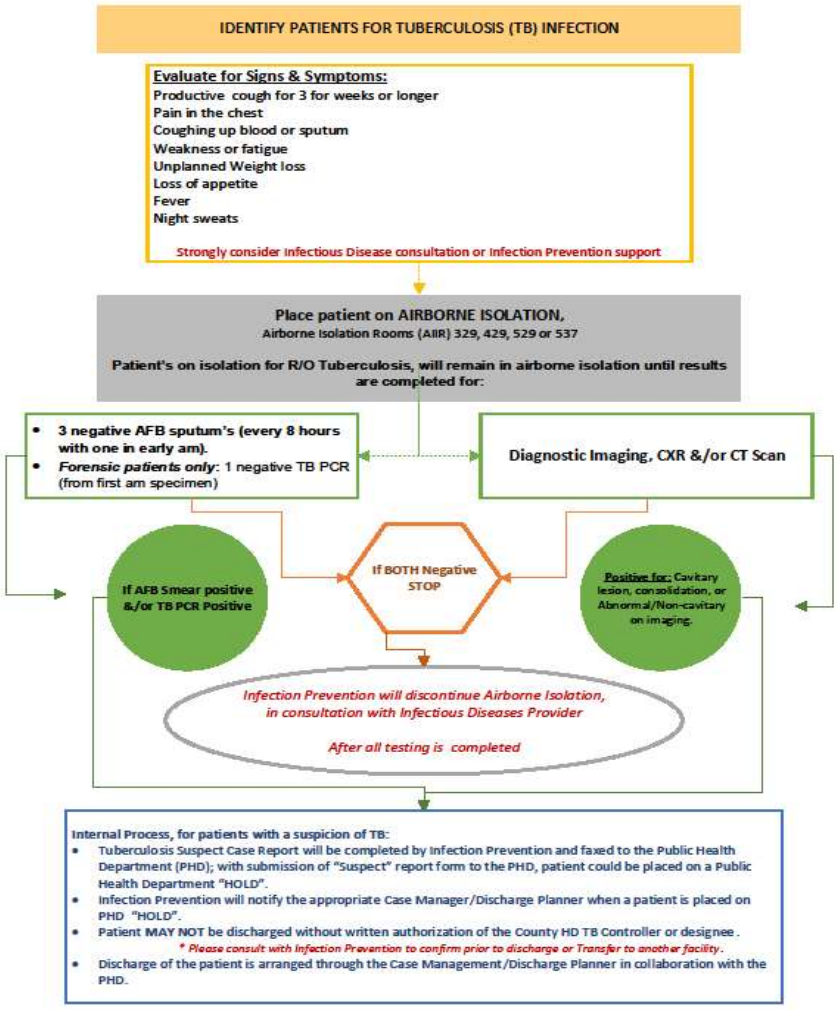
~~C. Title I, California Code of Regulations, Division 1, Chapter 4, Subchapter 7, Group 16, Section 5199, Aerosol Transmissible Diseases, 2014.~~

C. ——Decision Tree

ATTACHMENT A

Salinas Valley Memorial Healthcare System

TUBERCULOSIS (TB) PREVENTION AND CONTROL



QUALITY AND EFFICIENT PRACTICES COMMITTEE

Minutes from the August 22, 2022 meeting of the Quality and Efficient Practices Committee will be distributed at the Board Meeting

(JUAN CABRERA)

FINANCE COMMITTEE

Minutes from the August 22, 2022 meeting of the Finance Committee will be distributed at the Board Meeting

Background information supporting the proposed recommendations from the Committee is included in the Board Packet

(RICHARD TURNER)

a. Committee Chair Report
b. Board Questions to Committee Chair/Staff
c. Motion/Second
d. Public Comment
e. Board Discussion/Deliberation
f. Action by Board/Roll Call Vote

Board Paper: Finance Committee

Agenda Item:	Consider Recommendation for Board of Directors Approval of (i) Project Budget for the SVMH CT Equipment Replacement Project, (ii) Award of Contract to Canon Medical Systems for the CT Equipment System and Service Agreement, and (iii) Award of Contract to The Imaging Connection for the CT Mobile Lease
Executive Sponsor:	Clement Miller, Chief Operating Officer Earl Strotman, Director Facilities Management & Construction Gina Ramirez, Director Imaging Services Dave Sullivan, Project Manager
Date:	August 1, 2022

Executive Summary

There have been many improvements over the last 15 years to CT technology. The Aquilion One 640 slice scanner will improve weight limit capacity from 350 pounds to 694 pounds. This will ensure we can accommodate the vast majority of our patients and we will not have to transfer patients to Ryan Ranch due to weight limit. The new scanner has many new features such as Patient Positioning aids that will improve image quality while lowering radiation dose to our patients, AI technology that will improve image reconstruction and reduce artifact and fluoroscopy that will improve workflow and decrease the time for our CT biopsy patients. The new scanner will also give us the ability to provide high quality cardiac imaging for our inpatient pre-ops and other patients needing cardiac imaging and scan our stroke patients in a single rotation.

Background/Situation/Rationale

The CT equipment replacement project calls for upgrades to structural, electrical, and mechanical components to comply with current building codes, support the CT equipment, renovate, and expand the CT suite, and add a new restroom. This project will upgrade and modernize the SVMH's CT facilities, remove barriers to accessibility, and comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI.

The existing CT was installed in 2007. Its technological limitations affect the outcome and quality of patient exams. The new Aquilion One 640 slice scanner features improved capabilities such as the ability to support nearly double the weight limit to ensure that more patients can be seen onsite, patient positioning aids to improve image quality while lowering radiation dose, AI technology to improve image reconstruction and artifact reduction, fluoroscopy to improve workflow and decrease time for CT biopsy cases, and capability for high quality cardiac imaging and scans in a single rotation.

SVMH will be responsible for securing HCAI approvals necessary to execute the work. Several design and planning meetings were completed to review and analyze the various solutions from multiple vendors. The design team will continue to prepare plans for HCAI review and approval.

During construction, an interim mobile CT trailer will be installed on an existing equipment pad to offer continuity of SVMH CT services during the project.

Ancillary improvements necessary to implement the Project include fire rated barriers, structural reinforcement upgrades, and upgrades to HVAC systems.

Strategic Plan Alignment

To provide high quality CT imaging and improved throughput while reducing radiation dose to our patients

Pillar/Goal Alignment

✓ **Service** ☐ **People** ✓ **Quality** ☐ **Finance** ☐ **Growth** ☐ **Community**

Financial Implications

The essential terms of the proposed Contract with the CT equipment supplier include:

Key Contract Terms	Canon Medical Systems
1. Proposed effective date	Issuance of Notice to Proceed anticipated in August 2022
2. Term of agreement	7 years – First year warranty and 6 years on a Service Agreement with Canon
3. Renewal terms	After the end of the Initial Term, the term of the Service Agreement may be extended for successive terms (each, a "Renewal Term"). However, a party may terminate this agreement on the last day of the Initial Term or any Renewal Term (each, an "Expiration Date") by giving the other party a notice of termination at least 12 months before the Expiration Date.
4. Cost	Reference Below
5. Budgeted (indicate y/n)	Yes, FY22 Approved Budget for CT = $250,000 (YTD Spend = $35,926) FY23 Approved Budget for CT = $2,250,000.00 Partial spends in Fiscal Years 2023 and 2024

Capital Expense	FY2023	FY2024	Total
Direct and Indirect Construction *	$ 1,059,655.00	$ 983,346.00	$ 2,043,001.00
Canon Equipment	$ 939,549.00		$ 939,549.00
Rental Equipment	$ 80,000.00	$ 76,500.00	$ 156,500.00
	$ 2,079,204.00	$ 1,059,846.00	**$3,139,050.00**

**Includes $94,901 in project contingency which shall be reserved for use by SVMHS.*

Operational Expense	FY2023	FY2024 -FY29	Total
Canon Service Agreement	Warranty	$ 136,998.00	**$821,988.00**

Project Total = $3,139,050 + $821,988 = $3,961,038

Schedule: August 2022 – Commence procurement of onsite equipment, and HCAI permitting documents for interim and permanent equipment.
February 2023 – Commission procurement of interim onsite equipment
April 2023 – Commence construction of permanent onsite renovations

Budget: As currently programmed, the CT equipment replacement project cost estimate is $3,961,038. The project cost estimate includes design and engineering fees, permitting, project contingency, design-assistance from GE, equipment lease, program management, and construction services required to complete the project.

Procurement: SVMHS solicited for product agreement services to qualified medical equipment suppliers. Various proposals were received by SVMHS with multiple arrangements and pricing. Each of the responses was reviewed by Radiology, Materials Management and Facilities Management to compare initial capital construction costs and product supply agreement arrangements. After evaluating all proposals, SVMHS determined that Canon Medical Systems provided the most effective solution.

Recommendation

Consider recommendation for Board of Directors (i) to approve the total estimated project cost for the SVMH CT Equipment Replacement project in the budgeted amount of $3,961,038, (ii) award equipment and service agreement to Canon Medical Systems for the terms and conditions in the proposed agreements in the amount of $1,761,537, and (iii) award mobile lease contract to The Imaging Connection in the amount of $156,500.

Attachments

- Attachment 1: Estimated Project Budget
- Attachment 2: Quote for Canon Aquilion One Scanner
- Attachment 3: Quote for Canon Aquilion One Scanner Service Contract
- Attachment 4: ECRI Reports for Aquilion One Service and Equipment
- Attachment 5: Draft Proposal for The Imaging Connection mobile lease

Salinas Valley Memorial Healthcare System (10348)

Project Cost Summary: CT Equipment Replacement, Control Room Expansion, with Restroom
Architect: HMC Architects
Budget Generated During Concept Phase/Start of Design Development
Date Printed: 8/10/2022

BOGARD CONSTRUCTION, INC.
Since 1947

BUDGET SUMMARY						
					Cash Flow	
Line Item		Description	Original Budget	Notes	FY23 Projection	FY24 Projection
	1	**Construction**				
0100		Construction Contract	$949,009	Single Prime Delivery Method	$474,504	$474,504
		Phasing and Sequencing	$94,901	Phasing and Sequencing	$47,450	$47,450
		Unforeseen Conditions	$85,000	Undiscovered or Unforeseen Conditions	$42,500	$42,500
0102		Owner Construction Contingency	$94,901	Owner Held Contingency	$47,450	$47,450
	2	**Design**				
0200		Professional Fees - Fixed	$275,000	Architectural & Consulting Engineers	$206,250	$68,750
	3	**Inspections and Consultation**				
0300		Inspector of Record	$50,000	Agency Required Inspections	$25,000	$25,000
0301		Special Inspections	$25,000	Agency Required Inspections	$12,500	$12,500
0303		Testing and Monitoring(Hazardous Materials)	$10,000	Hazardous Material Testing and Monitoring	$5,000	$5,000
	4	**AHJ Fees**				
0400		OSHPD	$50,000	Agency Fees	$25,000	$25,000
	5	**Soft Costs**				
0502		Construction Management - PM/CM	$348,000	Program Management	$174,000	$174,000
	7	**FF&E**				
0701		Medical Equipment	$939,549	CT Equipment	$939,549	$0
		Medical Equipment Service Agreement	$821,988	CT Service Agreement	$0	$821,988
		Medical Equipment Lease	$156,500	CT Equipment Rental	$80,000	$76,500
	99	**Contingency**				
9900		Contingency	$61,191	Project Contingency	$0	$61,191
Totals			**$3,961,038**		**$2,079,204**	**$1,881,834**

Canon
CANON MEDICAL SYSTEMS USA, INC.

Made For life

QUOTATION/ORDER SUMMARY

DATE: 7/18/2022
SID #: 30050345
QUOTE #: 159642-3

PRESENTED TO:

SALINAS VALLEY MEMORIAL HOSPITAL
450 E ROMIE LN
SALINAS, CA. 93901

AQ-ONE-GENESIS-SP/3.000
AQUILION ONE GENESIS EDITION CT

PROMOTION

- CT-ENCORE-AQG/PROMOTION
  The Canon Customer Loyalty upgrade promotion rewards longstanding installed base customers with special upgrade price to evolve an existing CT system to current Canon technology. This upgrade will replace all the necessary components of the installed base CT scanner to align performance with current Canon CT production.
  This promotion expires on August 31, 2022.

- AQONE-SUBTRACT-PROMOTION
  This promotion expires August 31, 2022.

  This quote contains promotional options that are described under SURESUBTRACT PROMOTION section.

- AICE/FIRST-G/PROMOTION - ADVANCED IMAGING (AI) PACKAGE PROMOTION FOR AQUILION GENESIS-SP
  The Advanced Imaging (AI) Package promotion allows customers purchasing a new Aquilion ONE GENESIS-SP to receive AiCE included at no additional charge, valued at $268,000.
  This promotion expires on August 31, 2022.

SPECIAL INFORMATION & TERMS

- If this quotation is not accepted by August 31, 2022, Canon Medical Systems USA, Inc. reserves the right to cancel this quotation.
- This quotation includes a trade-in of your current Canon Aquilion 64 VeloCT TSX-101A/HD imaging system(s).

This quotation shall remain valid until August 31, 2022.

All prices are F.O.B. destination.
Payment terms are: Cash - 0% down payment, 80% upon shipment net 45 days, 20% net 30 days upon completion of installation and/or availability for first use, whichever is earlier.

This quotation/order will be subject to and governed by the Agreement for Computed Tomography equipment products between Vizient Supply, LLC and Canon Medical Systems USA, Inc. Reference contract no. XR0671.

Please return signed quotation to Canon Medical Systems USA, Inc. by email OrderAdmin@us.medical.canon or fax 714-441-9320.

ACCEPTED AGREED AND ORDERED:

_____	_____	_____	_____
PURCHASER'S SIGNATURE/TITLE	DATE	CANON MEDICAL SYSTEMS REP	DATE

EQUIPMENT SUMMARY:

AQ-ONE-GENESIS-SP/3.000		**AQUILION ONE GENESIS EDITION CT**	
PART NUMBER	**QTY**	**DESCRIPTION**	
	1	GENESIS DESCRIPTION V10	
YES-SEISMIC-GENESIS/SP/2.100	1	YES - SITE REQUIRES GENESIS SEISMIC ANCHORING	$1,500.00
	1	SEISMIC BRACKETS FOR CON BOX (GENESIS SP, PRISM, EXCEED LB AND CARTESION PRIME)	
	1	NAVI BOX ANCHORAGE SYSTEM (GENESIS, PRISM, AND PRIME SP10)	
	1	CBTB-032 CT PATIENT COUCH BRACKETS (SET OF 2) FOR COUCH WITHOUT LATERAL MOVEMENT	
CA-9923C.100	1	[KIT] GENESIS CONFIGURATION (16CM/640 SLICE / HIGH CAPACITY COMPACT COUCH)	$828,787.00
	1	AQUILION ONE GENESIS EDITION SHORT HIGH CAPACITY COUCH	
	1	ACCESSORY KIT FOR HIGH CAPACITY COMPACT COUCH	
	1	DISPLAY CONSOLE KIT	
	1	AQUILION ONE DYNAMIC VOLUME CT	
	1	DICOM 3 MODALITY WORKLIST MANAGEMENT (MWM) SERVICE CLASS USER (SCU) SYSTEM	
	1	DICOM 3 QUERY/RETRIEVE SCP	
	1	DICOM 3 QUERY/RETRIEVE SCU AQ/MP	
	1	DICOM 3 STORAGE COMMITMENT SCU SOFTWARE	
	1	PRESENTATION OF GROUPED PROCEDURES (PGP) AND EXAM HARD SPLIT	
	1	PHANTOM, IMAGE QUALITY	
	2	MULTIFUNCTION TASK CHAIR WITH ARMS	
	1	CONSOLE DESK 65" X 36" X 30"	

PART NUMBER	QTY	DESCRIPTION	
	1	DVD-R 4.7 GB 10 PACK SLIM CASE	
	1	NON-CORROSIVE FLOOR LEVELING EPOXY KIT	
	1	REAR GANTRY PANEL KIT	
AQ/PDU/G	1	POWER DISTRIBUTION UNIT FOR GENESIS	$70,000.00
	1	STANDARD APPLICATIONS TRAINING	
CT-ENCORE-AQG/PROMO-PR	1	ENCORE CUSTOMER LOYALTY UPGRADE	($50,000.00)
INJSYNC800-KIT.100	1	[KIT] ISI 800 INJECTOR SYNCRONIZATION KIT	$12,034.00
	1	INJECTOR SYNCHRONIZATION SOFTWARE CAN PROTOCOL (ISI800)	
	1	MEDRAD ISI800 INJECTOR SYNC INTERFACE	
	1	CT FLUOROSCOPY	
	1	19" LCD MONITOR FOR SUREFLUORO	
	1	NEEDLE HOLDER KIT FOR CT FLUOROSCOPY	
	1	FLUOROSCOPY STERILIZATION KIT FOR AQUILIONSCOPY STERILIZATION KIT FOR AQUILION	
CTF-GENESIS.100	1	[KIT] SUREFLUORO: CT FLUORO KIT GENESIS SERIES WITH FLAT-PANEL MONITOR	$38,406.00
CEILINGMT-580/2.100	1	[KIT] CEILING SUSPENSION MOUNT FOR LCD MONITOR	$2,254.00
	1	PORTEGRA2 EXTENSION/SPRING ARM 7-12 KG - 75/91 CM, NON-ELECTRICAL	
	1	HOLDER FOR ONE FLAT SCREEN MONITOR WITH VESA-ADAPTER	
TS2023	1	MAVIG 360 STATIONARY COLUMN - FIXED (58 CM)	$1,223.00
	1	[KIT] SURESUBTRACT PROMOTION	
	1	SURESUBTRACTION SCANNING (RECOMMEND ADDITIONAL SURESUBTRACTION OPTIONS)	

PART NUMBER	QTY	DESCRIPTION	
	1	SURESUBTRACTION BRAIN/NECK	
	1	SURESUBTRACTION ANGIO (REQUIRES VERSION 8.3 SOFTWARE OR GREATER)	
	1	SURESUBTRACTION ORTHO (RECOMMEND CHSS-001A SURESUBTRACTION SCANNING)	
	1	SURESUBTRACTION LUNG (RECOMMEND CHSS-001A SURESUBTRACTION SCANNING)	
	1	SURESUBTRACTION IODINE MAPPING (REQUIRES VERSION 8.3 SOFTWARE OR GREATER)	
	1	AICE SERVER DLR RECONSTRUCTION WITH FIRST PROMOTION	
	1	GENESIS DLR (DEEP LEARNING RECONSTRUCTION) SERVER WITH AICE (ADVANCED INTELLIGENT CLEAR IQ-ENGINE) AND FIRST (FORWARD PROJECTED MODEL-BASED ITERATIVE RECONSTRUCTION SOLUTION)	
CARD-ONE/GENESIS/SP.100	1	[KIT] SURECARDIO WITH PHASEXACT FOR AQUILION ONE GENESIS SP	$27,120.00
	1	ECG GATING SCANNING SYSTEM	
	1	STAND,ECG UNIT (MODEL-7800)	
	1	ECG MONITOR, R WAVE CARDIAC TRIGGER 7800T	
CT-TRAINING-301	1	ADVANCED AQUILION ONE / PREMIUM CARDIAC CT COURSE FOR TECHNOLOGISTS	$4,000.00
CHVH-001A/2B	1	VARIABLE HELICAL PITCH (PRE V6-REQUIRES SURECARDIO ECG GATING)	$12,482.00
TRADE-IN	1	TRADE-IN	($45,000.00)
FLEX-OCS-M	1	MEDRAD STELLANT FLEX MEDIUM OCS DUAL FLOW INJECTOR WITH INSTALL	$36,577.00

TOTAL QUOTE PRICE **$939,549.00**

Applicable Sales Tax Additional

PURCHASABLE OPTIONS:

Please initial next to the option item you would like to purchase. Selected purchasable options will increase the total quote price by the noted "ADD" dollar amount listed on the item line:

PART NUMBER	QTY	DESCRIPTION	ADD	INITIALS
T/ASSIST/GENESIS.100	1	[KIT] TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS SERIES	$38,500.00	_____
A640FAST.100	1	[KIT] AQUILION ONE FAST UPGRADE	$149,977.00	_____

FINANCE OPTIONS:
Finance options are available through Canon Medical Finance USA, a program of Canon Medical Systems USA, Inc.

CANON MEDICAL FINANCE USA OFFERINGS:

- Fair Market Value, $1.00 Buy Out (Lease to Own), and Loan structures
- Finance terms ranging from 12 months to 84 months
- Financing for 3rd party assets (including, but not limited to leasehold improvements & I.T.)

CANON MEDICAL FINANCE USA BENEFITS:

- No progress payments. Payments begin after delivery and installation
- Upgrades to the current technology platform can be financed.
- Flexible finance structures, such as deferred payments, tiered repayments, and bridge financing, to meet cash flow needs

Finance options are subject to credit underwriting, approval, and a fully executed contract.

For more information, please contact Trish Malone, Sr. Dir. Financial Programs at:
tmalone@us.medical.canon or visit us at https://us.medical.canon/service-and-support/financial-programs/

COMPONENT SUMMARY:

PART NUMBER	QTY	DESCRIPTION
	1	**GENESIS DESCRIPTION V10**

The Aquilion ONE GENESIS Edition Genesis configuration with AIDR 3D is a 320 row multi-detector, multi-functional CT scanner that provides up to 640*1 slices with speeds as fast as 0.35 seconds per a rotation. The systems low energy requirement (125 kVA) and PUREVision Optics that includes Canon Medical Systems' 0.5 mm PUREViSION detector with 40 % greater light output provides an improved and more homogenous X-ray spectrum and better light output for an overall more efficient imaging chain. Combined with our standard Adaptive Iterative Dose Reduction 3D Enhanced (AIDR 3D Enhanced), the Genesis configuration provides excellent image quality while maintaining a smaller foot print, leaving more room for the technologists to work. Furthermore, it provides a scalable solution that can provide in-field upgrades and grow with your clinical requirements.

The system's advanced imaging capabilities allow you to perform a wider range of procedures with greater comfort, convenience and safety while increasing efficiency and productivity every step of the way. The speed and clinical accuracy of this technology offers significant benefits to patients – especially trauma, pediatric and critically ill patients. This technology supports fast data acquisition and transfer times to aide physicians to more clearly visualize internal injuries and disease in less time.

The Aquilion ONE GENESIS Edition includes PUREVision Optics which provides a better balance between image quality and dose, thus improving dose reduction and low contrast detectability (LCD)*2

Body CT

- Up to 31% Dose reduction at equivalent LCD*3
- Up to 18% improved LCD at equivalent dose*3

Brain CT

- Up 22% improved LCD at equivalent dose*3

The Aquilion ONE GENESIS Edition delivers additional flexibility that can grow with your clinical needs. It supports AiCE-*4 (Advanced intelligent Clear-IQ Engine) and FIRST-*4 (Forward projected model-based Iterative Reconstruction SoluTion) reconstruction and image display. Running independent of the main reconstruction engine AiCE-*4 and FIRST-*4 are fast enough to use in a daily clinical use without impeding workflow.

*1- *Using Canon Medical Systems' Double Slice technology.*

*[*2]- A non-prewhitening model observer study was conducted comparing ONE / GENESIS Edition to the Aquilion ONE. Dose reduction values were established by comparing low contrast detectability under baseline conditions for abdominal and brain examination*

*[*3]- Based on the detectability index performed metric, a measure of signal to noise that takes into account the magnitude and texture of both the signal and the noise for a given LCD task.*

[4]- Requires optional DLR (Deep Learning Reconstruction) Server with AiCE (Advanced Intelligent Clear IQ-Engine) and First (Forward Projected Model based interactive Reconstruction Solution)

It acquires up to 16 cm volumes of the anatomy in a single rotation without table movement, ideal for brain perfusion and Cardiac studies. In addition, the Aquilion ONE GENESIS Edition provides true 640 slice conventional helical and step-and-shoot modes with a gantry opening of 78 cm and tilting capabilities up to ±30 degrees.

The Aquilion ONE GENESIS Edition incorporates a host of ergonomic and automated features to streamline productivity, deliver the highest quality images and make examinations faster, safer and more clinically relevant than ever.

Single-Energy Metal Artifact Reduction (SEMAR)

SEMAR utilizes a sophisticated reconstruction algorithm to reduce artifacts caused by metal while improving visualization of the implant, supporting bone and adjacent soft tissues* for accurate imaging. SEMAR can be retrospectively applied to a routine low-dose scan, including volumetric, volumetric ECG gated and helical scans, combined with AIDR 3D Enhanced to achieve the best possible image quality without the need for additional exposure dose or a dedicated scan procedure. Canon Medical Systems includes SEMAR at no additional charge.

**** Bone structures near the metal-tissue interface may become distorted. Metal artifacts may not be completely removed in areas near the metal material. Comparison with the original images is suggested when performing diagnosis using SEMAR images.***

COMPONENTS

- 78 cm gantry with flared bore and iStation
- 694 lb. couch with custom table pad and positioning accessories
- Dual console with ergonomic operator controls
- High speed reconstruction hardware
- MegaCool™ V X-ray tube
- PUREViSION detectors and DAS
- Microsoft Windows 10 operating system
- Operator manuals and quality assurance phantoms

Ultra-Fast Workflow with Patient Comfort

The Aquilion ONE GENESIS Edition provides fast scan times and reconstruction times up to 80 images per second while offering comfort features that support better patient compliance such as a wide flared bore (78 cm) and couch capacity (694 lbs.) for patients of all sizes pediatric to bariatric.

Dose-Reduction Features

Aquilion ONE GENESIS Edition reinforces Canon Medical Systems' guiding principle of ALARA for every patient. To achieve this, the Aquilion product line has an array of adaptive and integrated dose-reduction strategies that are implemented at every stage, from patient registration to image reconstruction. In addition, patient dose reduction is integrated into the protocol software, so it activates prior to turning on the X-ray beam.

SURE Position

Patient centering plays a key role in a dose reduction strategy. The Aquilion ONE GENESIS Edition allows technologists to adjust vertical positioning for patient centering from the scan console and scanogram*. This supports improved patient iso-centering for more accurate mA modulation and may help to eliminate repeat scanograms.

* *For lateral Table movement, the Lateral Tech Assist option is required.*

Active Collimation

Active collimation synchronizes the width of the X-ray beam at the ends of the scan range to the clinically useful area needed for image reconstruction. By eliminating exposure that is not used for diagnosis, patient dose is reduced.

Adaptive Iterative Dose Reduction 3D (AIDR 3D Enhanced)

AIDR 3D Enhanced is the fourth generation in the evolution of Canon Medical Systems' dose reduction technology. AIDR 3D Enhanced is an iterative algorithm intended to reduce pixel noise from the original data, the results analyzed, and the process repeated until the target level of noise-reduction is achieved. This iterative algorithm is excellent in reducing background noise while preserving diagnostic information compared to non-iterative approaches.

AIDR 3D Enhanced can be integrated into all acquisition modes for routine clinical use and is able to reduce pixel noise magnitude in a way that may result in dose reduction.

SURE kV

Auto kV can be set for protocols using SUREExposure™, and the effective kV will be automatically selected based on patient size and SUREExposure settings.

SURE Exposure 3D (x, y, z automated mA modulation software)

Canon Medical Systems' SURE Exposure 3D software automatically adjusts the mAs rapidly during the scan to adapt to and compensate for changes in attenuation level produced by the non-uniformity of the anatomy being imaged. Therefore, as the scan moves from the shoulders to the lung, the mAs goes down, and as the tube rotates around the patient, less mAs is used anterior-posterior than laterally. For the same image quality level, compared to non-modulated scanning, SURE Exposure 3D can reduce the dose to patients.

Auto Couch Height Positioning Compensation

SURE Exposure will compensate for incorrect patient positioning to ensure accurate body size calculation and exposure dose. This avoids incorrect positioning errors in patient size calculation.

NEMA XR 25, XR 26 and XR 29

Aquilion ONE GENESIS Edition meets the National Electrical Manufacturers Association's (NEMA) Medical Imaging & Technology Alliance (MITA) standards XR 25, XR 26 and XR 29.

- MITA XR 25 Computed Tomography Dose Check
- Includes dose alerts and allows facilities to set dose notification values.
- MITA XR 26 Access Controls for Computed Tomography: Identification, Interlocks, and Logs
- Provides access control ensuring only authorized operators can alter controls of the CT equipment.
- MITA XR 29 Standard Attributes on Computed Tomography (CT) Equipment Related to Dose Optimization and Management
- Smart Dose standard bundles four important features to ensure that equipment produces high-quality diagnostic images while supporting patient safety:
- DICOM Structured Reporting
- CT Dose Check
- Automatic Exposure Controls,
- Pediatric and adult reference protocols.

KEY FEATURES

Routine Fast Scanning and Double Slice Technology

The Aquilion ONE GENESIS Edition incorporates a host of ergonomic and automatic features that streamline productivity and produce high quality images at lower radiation doses.

With Canon Medical Systems' coneXact™ algorithm the Aquilion ONE GENESIS Edition is able to generate 640*1 unique slices per rotation. All combined, patients benefit from extremely short scan times.

*1- *Using Canon Medical Systems' Double Slice technology.*

Optimal Space Utilization
The Aquilion ONE GENESIS Edition has four main components: gantry, couch, console and transformer. The recommended minimum CT room size is only 24.7 square meters with the compact couch.

SURE Technologies
Improve workflow with real-time imaging, which provides the ability to view a scan at 12 frames per second (512x512) during the acquisition. This allows the operator to rapidly assess if additional images are needed.

The following are standard features on Aquilion ONE GENESIS Edition:

- **SURE Exposure –** Dose modulation based on scanogram
- **SURE kV –** Automatically sets the effective kV based on patient size.
- **SURE Start –** Real-time contrast detection at 12 fps. With SURE Start there is no need to perform a timing bolus, saving up to 30 cc's of contrast**.**

Easy Operation
Aquilion ONE GENESIS Edition is easy to operate using the 19-inch LCD monitor, mouse and ergonomic keyboard. Scan automatically by programming procedures with eXam Plan and vocal instructions through VoiceLink™.

EQUIPMENT COMPONENTS

Gantry with iStation
Aquilion ONE GENESIS Edition Gantry possess many workflow advantages, iStation and gantry controls are accessible from the gantry or the scan console.

iStation
The iStation is a 12-inch LCD screen that uses video and voice prompts to ensure patient compliance during scanning. This is especially useful during pediatric scanning as the iStation displays a video of a small child that tells the patient when to raise their arms, when to hold their breath, and so on. These child-friendly instructions, coming from a child figure helps assure compliance. iStation also allows the user to visualize the patient's ECG waveform when acquiring ECG-gated exams.

Gantry

- Hybrid slip-ring technology conserves unused electricity
- Gantry tilts ± 30 degrees
- Large aperture: 78 cm
- Wide range of scan times provides greater flexibility for optimal image quality (0.275, 0.35, 0.5s, 1s, 1.5S, 2.0s, and 3s).

- Gantry controls (touch panel) are located on the right and left anterior side of the gantry for easy access (posterior controls optional).

Console – Acquire and Display

- Powerful, ergonomic console computer handles display, image feed, filming and transferring multi-planar reconstructions with the same interface used for axial images.
- InstaView - Full matrix real-time image review
- Capable of true simultaneous scanning, retrieving, archiving and filming without interruption using the display console. This is a genuine multi-tasking system for multi-slice and volume data sets.
- Includes user-friendly keyboard, mouse, monitor, CPU cabinet/reconstruction enclosure.

MegaCool X-ray Tube

This compact, high-performance tube is designed to minimize tube-cooling delays with heavy patient loads at all scan times. It was built on the proven, anode-grounded, MegaCool tube technology used on every Aquilion multi-slice CT.

Other features include:

- Dual focal spots
- Anode capacity of 7.5 MHU
- Dissipation rate of 1,386 kHU per minute maximum

PUREVision Detectors and DAS

- Solid-state detector array with 0.5 mm detector elements.
- Unique Canon Medical Systems ceramic, solid-state detector array and DAS.
- Increased light output by 40%.
- Covers 16 cm per rotation without any table motion.
- SUREConnect DAS – Ultra-fast DAS to acquire large volume data of detector.

System	Detector Rows	Axial/ Vol. Slices	Coverage
GENESIS Configuration	320	640*	16 cm

- ** Using Canon Medical Systems' Double Slice technology.*

High-Power Generator

The Aquilion ONE GENESIS Edition generator requires only 125 kVA and generates 72 kW at 600 mA, standard on all Aquilion ONE GENESIS systems (exception Aquilion ONE GENESIS with fast rotation option, 100 kW at 900 mA*1). This provides support for the 7.5 MHU X-ray tube and allows helical scans of up to 100 seconds

Multiple kV Selections: 80, 100, 120 and 135 kV.

[1]- Requires optional Fast Scan and X-ray Power Upgrade Kit

IMAGE MANAGEMENT

Aquilion ONE GENESIS Edition images can be stored on hard disk or DVD and transferred via high performance gigabit Ethernet connection using DICOM 3.0 standards.

NETWORKING

SURE Connect DICOM Connectivity Package

Aquilion ONE GENESIS Edition SURE Connect package supports DICOM 3.0 communications protocol with a set of tools that improve productivity and workflow. SURE Connect allows connectivity to DICOM 3.0 compliant scanners, workstations, printers with IHE profile support and auto-send to multiple DICOM destinations

HELICAL SCAN & FUNCTIONALITY

MultiView

Built into protocols for fast multi-planar reconstruction in batch mode specifically for multi-slice data sets. Coronal, sagittal and axial images are created and displayed for immediate viewing.

3D Imaging on Console

Provides excellent image quality with surface-shaded renderings and volume-rendered 3D images. Provides zooming and panning over the 3D surface and performs distance measurements.

Other features include:

- Easy 3D
- Bone removal
- Maximum intensity projection (MIP)
- Minimum intensity projection
- Intensity volume rendering

Quantitative Analysis

- Profile display of CT numbers along a selected line in the axial plane
- Distance measurement and display
- CT number display
- Histogram display

eXam Plan Protocols

- 600+ eXam plan protocols that can be adjusted while scanning

- Four preset reconstructions

Archiving
- Can be automated with each eXam plan
- Raw data and image data can be protected to prevent deletion

Filming
- Auto filming can be set as part of the eXam plan
- Images are displayed in 512x512 or 1024x1024

CUSTOMER CARE SERVICES

Developed with customer input, Canon Medical Systems' innovative support programs have resulted in increased customer satisfaction. These include the following:

InTouch Center®

This centralized service facility provides applications and service support for customers 24 hours a day, seven days a week.

InnerVision™ Plus

Remote system diagnostics are available around-the-clock to help identify problems and provide potential solutions before care is interrupted or an engineer can arrive. InnerVision Plus is included at no charge and connected while any CT is under warranty, or any service agreement including Full Service, In-House Support, Partnership and/or VISN Master Service Agreement

InTouch Agreements

Based on customer needs, InTouch customer agreements can range from an a-la-carte approach to full-security agreements that provide complete system protection.

Technical Assistance

Customer support specialists are available 24/7 to help resolve technical issues in real time. Application support specialists are also available to assist staff with protocol and image-quality issues.

Local Customer Teams

A single call mobilizes a local team of Canon Medical Systems customer engineers. With an average of 10 years of Canon Medical Systems experience and 105 hours of specialized training, they can resolve almost any performance issue.

Parts Support

A complete inventory of product parts is ready for shipment when and where they are needed, any time of day or night.

YES-SEISMIC-GENESIS/SP/2.100	**1**	**YES - SITE REQUIRES GENESIS SEISMIC ANCHORING**

*** OSP PENDING ***
The Aquilion ONE GENESIS (model TSX-305A/6) CT scanner system and other Canon options identified in this quote as "OSP Pending" have been awarded Seismic Qualification by an independent California Licensed Structural Engineer on the basis of completed shake table testing as required by the 2019 California Building Code, Section 1704A.13.3. While Canon Medical Systems is pursuing an OSP number through the Office of Statewide Health Planning and Development (OSHPD) we are able to support site specific OSHPD review submission until such time the pre-approval is granted.

1 SEISMIC BRACKETS FOR CON BOX (GENESIS SP, PRISM, EXCEED LB AND CARTESION PRIME)
CON Box Anchorage Kit

This seismic anchorage kit provides a rigid seismic restraint solution for the console CON Box cabinet. The kit includes two exterior steel brackets, and attachment to each side of the CON Box cabinet, that can then be securely affix to a concrete slab at six anchor points via customer provided and installed hardware as prescribed by the customer's structural engineer of record.

Applicable Models:

- Aquilion ONE / PRISM Edition TSX-306A/3
- Aquilion ONE / GENESIS Edition TSX-305A/6
- Aquilion Exceed LB TSX-202A/3
- Aquilion Console Upgrade Kits:
  - CGS-96A/1C
  - CGS-96A/2C
  - CGS-96A/3C
- Cartesion Prime PCD-1000A/3D

	1	**NAVI BOX ANCHORAGE SYSTEM (GENESIS, PRISM, AND PRIME SP10)**
	1	**CBTB-032 CT PATIENT COUCH BRACKETS (SET OF 2) FOR COUCH WITHOUT LATERAL MOVEMENT**
CA-9923C.100	**1**	**[KIT] GENESIS CONFIGURATION (16CM/640 SLICE / HIGH CAPACITY COMPACT COUCH)**
	1	**AQUILION ONE GENESIS EDITION SHORT HIGH CAPACITY COUCH**

1 **ACCESSORY KIT FOR HIGH CAPACITY COMPACT COUCH**

1 **DISPLAY CONSOLE KIT**

1 **AQUILION ONE DYNAMIC VOLUME CT**

1 **DICOM 3 MODALITY WORKLIST MANAGEMENT (MWM) SERVICE CLASS USER (SCU) SYSTEM**

Allows the CT system to obtain details of patients and scheduled examinations electronically from the HIS/RIS system, avoiding the potential mistakes of manual entry.

Note: This option does not include a DICOM gateway for the HIS/RIS system.

1 **DICOM 3 QUERY/RETRIEVE SCP**

- Allows a Storage Class User (SCU) to query the SCP device
- Enables user devices to retrieve patient, study, series and/or image information in conformance with the DICOM 3.0 standard

1 **DICOM 3 QUERY/RETRIEVE SCU AQ/MP**

Allows a device to initiate a request for patient, study, series and/or image information from the provider device in accordance with the DICOM 3.0 standard.

1 **DICOM 3 STORAGE COMMITMENT SCU SOFTWARE**

Verifies image transfer and storage.

- Allows operator to determine if data is stored correctly at the PACS server, avoiding unintentional image deletion.
- Improves efficiency of image management operations.
- Provides fail-safe method to prevent image data from being deleted unintentionally even in the event of a communication failure (during image transfer or during a storage verification response).

1 **PRESENTATION OF GROUPED PROCEDURES (PGP) AND EXAM HARD SPLIT**

PGP is an Integrated Health Enterprise (IHE) standard designed specifically with multiple examination orders (Requested Procedures) that can be performed in a single CT examination.

- Provides preset and automatic transfer solutions for multiple exams from a single CT exam.
- Facilitates clinical viewing of images and reporting of individual requested procedures.
- Use with PACS systems that are IHE PGP compliant.
- Use the study split option for PACS systems that are not yet IHE PGP compliant to physically split images into multiple examinations.

1 **PHANTOM, IMAGE QUALITY**
Measures image quality to ensure compliance to Canon Medical Systems standards for:
- High-contrast resolution
- Low-contrast resolution
- Slice thickness
- Noise
- Contrast scale

2 **MULTIFUNCTION TASK CHAIR WITH ARMS**

1 **CONSOLE DESK 65" X 36" X 30"**
Measures 65" x 36" x 30"

1 **DVD-R 4.7 GB 10 PACK SLIM CASE**
- 4.7 GB

1 **NON-CORROSIVE FLOOR LEVELING EPOXY KIT**

1 **REAR GANTRY PANEL KIT**
The Gantry Rear Panel kit supports improved work flow, easy access and quick set up by adding additional gantry controls to the rear gantry panels which include the following operations:
- Couch movement – vertical/horizontal. (Lateral table movement available with Lateral Table Movement Kit purchasable option)
- Tilt – ability to tilt the gantry
- Projector ON/OFF – turn positioning laser on and off
- 0-Clear – set "0" landmark
- Couch-top free –Manual couch movement can be activated

NOTE: Provides left and right rear gantry controls

Prerequisite: Aquilion ONE Genesis, Aquilion ONE PRISM and Aquilion Precision.

AQ/PDU/G 1 **POWER DISTRIBUTION UNIT FOR GENESIS**
The GENESIS PDU is engineered to address common power problems found in the hospital environment and to isolate the CT system components to meet IEC 60601-1 Third Edition requirements. This is important to assure optimal reliability and performance of CT systems. Customer is responsible for complying with Canon Medical Systems' site specifications for electrical power.

This device provides most of the electrical site preparation requirements of Canon Medical Systems CT systems. The PDU contains a low impedance

isolation step-down transformer with a shielding plate between primary and secondary.

Voltage Conversion
Wiring costs are significantly reduced since the PDU accepts a single, 480V delta input, supplying 200V to the generator and the various other parts of the system.

Distribution
The GENESIS PDU comes prepackaged with the distribution breakers needed for each system feed. Having all system breakers in one location also makes it easier for service personnel to remove power.

Installation
Installation is much faster, more predictable, and less expensive with a factory-assembled and tested system.

1 STANDARD APPLICATIONS TRAINING

APPLICATION TRAINING
Each system includes a custom developed three phase education program and the industry exclusive Performance Pro approach to learning.

Performance Pro is a unique approach to education utilizing blended learning with the promise of technical proficiency and optimal productivity for both physicians and technologists. If for any reason the customer is not satisfied with any portion of the training, Canon Medical Systems will conduct that portion of the training again, at no charge.

Pre-Installation: Planning meeting at facility with Canon Medical Systems' CT Applications Manager to discuss objectives and timing of training, and to co-develop a custom program based on the facility's specific needs.

Choice of two (2) Medical Imaging Consultants (MIC) self-study programs; The CT Cross Trainer and/or The CT Registry Review Program.

The CT Cross Trainer is designed to acquaint the less-experienced technologist with important CT principles, technology and clinical exams. The program consists of 6 comprehensive Study Modules that have been accredited for 17 Category A CE credits; credits are earned by passing a post test for each Study Module.

The CT Registry Review Program is designed to help the experienced CT technologist prepare to pass the ARRT's post-primary exam in CT. The course consists of 8 comprehensive Study Modules that have been accredited for 19 Category A CE credits; credits are earned by passing a post-test for each Study Module.

Installation: A Clinical Evaluation will be conducted by an applications specialist, prior to turnover, to ensure the system is ready for the go-live date.

Phase I: Two (2) attendance vouchers for a four and a half (4.5) day technologist-focused course held at the Canon Medical Systems Institute of Advanced Imaging in Irvine, California. This course provides the fundamentals of operating Canon Medical Systems' Aquilion CT system, including a variety of CT scans performed with the latest dose reduction techniques. This course includes in-depth lectures and hands-on training. At the completion of the course, the attendee will be proficient in the following applications and operations: basic to advanced CT imaging console use, system menus, system default scan protocols, utilization of reconstruction parameters, post-processing image data, and troubleshooting image quality. This course is all inclusive of the following: tuition, airfare (booked by Canon Medical Systems), lodging, and meals. Accredited for CE credits by the ASRT Education Foundation.

Phase II: Two consecutive, thirty-two (32) hour weeks, of initial on-site education will be provided at the customer facility following system go-live. Unique with Performance Pro, Canon Medical Systems will send two applications specialists for the first week of on-site education. One specialist will provide training for up to four (4) imaging professionals including the two (2) that attended the Phase I training, to focus on maximizing scanning techniques and protocols. The second specialist will work with the physicians to achieve desired image quality. Training is scheduled consecutively, Monday through Friday, with Monday mornings and Friday afternoons scheduled as travel time for the applications specialist. CE credits are earned by participants that attend the Phase II training events in their entirety.

Phase III: An additional twenty-four (24) hours of on-site education will be provided for the same four (4) imaging professionals, which participated in Phase II training, approximately 6-8 weeks following installation to optimize staff proficiency and system productivity.

Note: Canon Medical Systems personnel are not responsible for scanning patients, patient safety, any actual patient contact, or operation of equipment during education sessions. Canon Medical Systems will only demonstrate proper equipment operation.

The training is offered to the Customer at no charge, providing that it is completed no later than one (1) year after the warranty start date.

Additional classroom and onsite training is available for purchase.

Applications support is available by phone on the toll-free ASSIST line, 1-800-521-1968

1 **ENCORE CUSTOMER LOYALTY UPGRADE**

INJSYNC800-KIT.100

1 **[KIT] ISI 800 INJECTOR SYNCRONIZATION KIT**

The Injector Synchronization 800 kit includes the ISI800 interface that supports synchronization of the Aquilion CT with a contrast injector that supports CAN Protocol Level 1. This enables the CT scan to be started remotely using the injector during contrast-enhanced CT exams.

Key Features

- Improves contrast timing and optimizes workflow
- Synchronized start improves control of contrast enhancement
- Simplified operation enables single operator workflow

Enhance Safety

- One-button on either the scanner or injector starts and stops the sync protocol (provides stop message at console when stopped at injector)
- Technologist can remain at the patient's side

Prerequisites:
Available on Aquilion ONE GENESIS, Aquilion ONE Prism, Aquilion Precision, Aquilion Prime SP, Aquilion PRIME-S, Aquilion Exceed LB and Aquilion Lightning (TSX-306/3; TSX-305A/3,6; TSX-304A/2; TSX-303A ; TSX-303B/1,4 TSX-036A/1 and TSX-202A/3)

Acist or MEDRAD Injector with Injector Synchronization. For injectors with other options, such as MEDRAD's Certegra and Stellant FLEX platform, additional DICOM options, such as Performed Procedure Step, will be required as well.

1 **INJECTOR SYNCHRONIZATION SOFTWARE CAN PROTOCOL (ISI800)**

1 **MEDRAD ISI800 INJECTOR SYNC INTERFACE**

1 **CT FLUOROSCOPY**

1 **19" LCD MONITOR FOR SUREFLUORO**
Simultaneously displays the same images as those on the main console to assist in needle placement.

Includes:

- Flat-panel, image-display unit
- Stand

- Video cables (30 m)
- Manuals
- Resolution controller
- Multiplexer

Prerequisite: CT Fluoroscopy

1 **NEEDLE HOLDER KIT FOR CT FLUOROSCOPY**
Allows users to keep their hands outside the primary X-ray beam while inserting a biopsy needle under CT fluoroscopic guidance.

1 **FLUOROSCOPY STERILIZATION KIT FOR AQUILIONSCOPY STERILIZATION KIT FOR AQUILION**
Includes ten (10) sterile CT hyper handle drapes and ten (10) non-sterile gantry aperture drapes.

CTF-GENESIS.100 1 **[KIT] SUREFLUORO: CT FLUORO KIT GENESIS SERIES WITH FLAT-PANEL MONITOR**
SUREFluoro with Single-Energy Metal Artifact Reduction (SEMAR) and AIDR 3D permits real time image reconstruction to display 3 images obtained by combining data from the wide area detector.

AIDR 3D, applied to continuous real-time CT Fluoroscopy, coupled with SUREStart allows real-time imaging at a reduced dose. 3D Needle Positioning includes an easy to understand Angle Guide display for needle navigation during CT Fluoroscopy procedures.

SEMAR utilizes a sophisticated reconstruction algorithm to reduce artifacts caused by metal while improving visualization of an implant, supporting bone and adjacent soft tissues* to support accurate imaging. SEMAR can be applied to a routine low-dose scan, combined with AIDR 3D to achieve the best possible image quality without the need for additional exposure dose or a dedicated scan procedure.

Furthermore, SUREFluoro employs volume ONE shot, which is CT fluoroscopy volumetric scanning with MPR oblique display. MPR and oblique image guidance ensures accurate needle positioning with complete confidence during complex biopsy procedures, saving time and improving patient safety.

Half scan can be selected for the scan mode, and the exposure angle can be specified.

Prerequisite: Requires: TSX-305A/3 and version 7.3 or greater.

**** Bone structures near the metal-tissue interface may become distorted. Metal artifacts may not be completely removed in areas near the metal***

material. Comparison with the original images is suggested when performing diagnosis using SEMAR images.

CEILINGMT-580/2.100 **1** **[KIT] CEILING SUSPENSION MOUNT FOR LCD MONITOR**

Ceiling mounted suspension system comprised of:
- Mounting plate
- Articulating arm, 165 cm long
- Holder for one flat screen monitor

1 **PORTEGRA2 EXTENSION/SPRING ARM 7-12 KG - 75/91 CM, NON-ELECTRICAL**

1 **HOLDER FOR ONE FLAT SCREEN MONITOR WITH VESA-ADAPTER**

TS2023 **1** **MAVIG 360 STATIONARY COLUMN - FIXED (58 CM)**

1 **[KIT] SURESUBTRACT PROMOTION**

The Aquilion ONE SURESubtraction Package promotion allows customers purchasing a new Aquilion ONE system to receive the following SURESubtraction options at no additional charge, valued at $112,194.
- SURESubtraction Scanning
- SURESubtraction
- SURESubtraction Angio
- SURESubtraction Lung
- SURESubtraction Iodine Mapping

1 **SURESUBTRACTION SCANNING (RECOMMEND ADDITIONAL SURESUBTRACTION OPTIONS)**

SURESubtraction Scanning, in combination with SUREStart, allows the user to acquire pre and post-contrast scans in a single scan mode to maximize workflow and help reduce scan delays.

Note: SURESubtraction Scanning available on Aquilion ONE, Aquilion Precision, Aquilion PRIME, Aquilion Prime SP Aquilion Exceed LB and Aquilion Lightning Family- requires V6.0 or greater.

1 **SURESUBTRACTION BRAIN/NECK**

SURESubtraction Orbital Synchronization is used to perform scanning with the scan orbits of several helical scans synchronized. By synchronizing the helical scan orbits the subtraction process provides improved visualization of the vertebral arteries and internal and external carotids.

Enhanced Diagnostics
- Supports improved subtraction volumes for free of bone images and providing extraordinary subtraction CTA studies of the brain and neck

- Easily achieves arterial and venous segmentation
- In just seconds, creates 3DVR and MIP images with 360º left-to-right and head-over-heels tumble views

Enhanced Workflow
SURESubtraction Orbital Synchronization combined with SURESubtraction Scanning helps improve workflow

- Less than 5 minutes to load, process and display images
- Subtracted dataset is still in DICOM format
- Maximize productivity with programmable features
- No special head immobilization required

Note: Available on Aquilion ONE, Aquilion Precision. Aquilion PRIME, Aquilion Prime SP, Aquilion Exceed Large Bore and Aquilion Lightning family - Requires V4.74 or later.

1 SURESUBTRACTION ANGIO (REQUIRES VERSION 8.3 SOFTWARE OR GREATER)
SURESubtraction Angio software has been designed to help support visualization for CT studies that are acquired with and without contrast agents by automatically removing bone, calcium and stents. SURESubtraction Angio software displays the subtracted images, where the non-contrasted anatomical structures are subtracted. This software is intended for use in whole body CTA for the visualization of blood vessels such as carotids, Aortas and run-offs.

Prerequisite: Requires Version 8.3 software or greater.

1 SURESUBTRACTION ORTHO (RECOMMEND CHSS-001A SURESUBTRACTION SCANNING)
This orthopedic CT digital subtraction angiography (CT DSA) software, with SURESubtraction Ortho, improves workflow and enhances diagnostic accuracy through greater image clarity. This fully automated non-rigid registration algorithm digitally subtracts bone from soft tissue anatomy providing superior clinical images in a fraction of the time required for manual subtraction.

Enhanced Diagnostics

- SURESubtraction Ortho– can provide visualization of the vertebral arteries, internal and external carotids
- In just seconds, creates 3DVR and MIP images with 360º left-to-right or 0º to 0º full rotation

Enhanced Workflow

- Fast processing and image display
- Subtracted dataset remains in DICOM format
- Maximize productivity with programmable features
- Streamline patient throughput with a simple 3-step process

Prerequisite:

- ***Aquilion ONE – System software version 4.93 or greater.***
- ***Aquilion Precision – System software version 8.6 or greater.***
- ***Aquilion PRIME – System software version 6.0 or greater.***
- ***Aquilion PRIME – Display console kit is mandatory for system with version 6.0 software.***
- ***Aquilion Exceed Large Bore– System software version 10.6 or greater***

Note:

- ***Recommend CHSS-001A/1B SURE Subtraction Scanning***
- ***Only one CHSS-001A license required per scanner***

1 SURESUBTRACTION LUNG (RECOMMEND CHSS-001A SURESUBTRACTION SCANNING)

Requiring a minimum of two data sets from the same scan, SURE Subtraction Lung has been designed with an easy work flow to aid physician's visualize lung parenchyma by subtracting the non-contrast enhanced volume from a contrast enhanced volume.

The resulting data can be displayed in multiple views including color mapping and subtracted views that can be saved in the target study as a new data series for transfer and archiving.

Prerequisite:
Recommend CHSS-001A/1B SURE Subtraction Scanning

- ***Aquilion ONE, Aquilion PRIME, Aquilion Prime SP, Aquilion Exceed LB and Aquilion Lightning - System software version 6.0 or greater.***
- ***Aquilion Precision –System software version 8.6 or greater***

Note: Only one CHSS-001A license required per scanner.

1 SURESUBTRACTION IODINE MAPPING (REQUIRES VERSION 8.3 SOFTWARE OR GREATER)

SURE Subtraction Iodine Mapping software has been designed to help support iodine contrast visualization to include but not limited to lung, liver, kidneys, the pancreas and bowel that have been imaged without and with contrast.

Using non-linear matching, the software subtracts non-contrast images from contrast images to generate and display subtracted images in Iodine distribution color maps in MPR display, it provides functional information in additional to anatomical information in the CT image.

Prerequisite: Requires Version 8.3 software of greater.

1 AICE SERVER DLR RECONSTRUCTION WITH FIRST PROMOTION

	1	**GENESIS DLR (DEEP LEARNING RECONSTRUCTION) SERVER WITH AICE (ADVANCED INTELLIGENT CLEAR IQ-ENGINE) AND FIRST (FORWARD PROJECTED MODEL-BASED ITERATIVE RECONSTRUCTION SOLUTION)**
CARD-ONE/GENESIS/SP.100	1	**[KIT] SURECARDIO WITH PHASEXACT FOR AQUILION ONE GENESIS SP**

SURECardio for Aquilion ONE provides the basic foundation package of hardware and software*1 for advanced cardiac imaging. It includes a compact ECG monitor with a color screen for easy set up and monitoring.

*1 *Highly Recommend [KIT] AQUILION ONE GENESIS-SP FAST UPGRADE KIT*

Aquilion ONE SURECardio volumetric CT with arrhythmia detection provides real time beat monitoring and the ability to acquire volumetric cardiac CTA within one heartbeat. No table movement is required. If an arrhythmia or abnormal heartbeat is detected Aquilion ONE can automatically adjust the scan and acquire the next normal heartbeat.
The axial gated acquisition provides low dose to the patient for evaluation of calcified plaque. The system acquires data utilizing an ECG gated software that provides a fast gated output for R-wave synchronization

SURECardio phaseXact eliminates the need for unnecessary multiple reconstructions by automatically selecting and reconstructing the cardiac phase with the least motion.

SURECardio Prospective™ is a unique application that dramatically lowers patient dose during coronary CTA exams. This advanced software provides enhanced workflow with automatic pitch selection and exposure window setting based on patient's heart rate and employs the use of the helical acquisition and an X-ray on/off modulation technique.

This unique application allows for rapid data collection during every heartbeat, producing short scan times with a dramatic reduction of X-ray exposure and contrast dose to the patient.

CARDIAC APPLICATION TRAINING
Utilizes a two phase education approach.

Prerequisite
Phase I: Is a prerequisite to on-site education: Attendance in the Advanced Cardiac Course (CT-TRAINING-301) held at the Institute for Advanced Imaging, Irvine, CA.

Phase II: Twenty-four (24) hours of on-site education will be provided at the customer facility for up to four (4) imaging professionals including the one

(1) that attended prerequisite Phase I training. Training is focused on maximizing cardiac scan techniques and protocols and to optimize staff proficiency and system productivity in cardiac imaging. Training is scheduled for three (3) consecutive days during standard business hours. CE credits are earned by participants that attend the Phase II training event in its entirety.

Note: Canon Medical Systems personnel are not responsible for scanning patients, patient safety, any actual patient contact, or operation of equipment during education sessions. Canon Medical Systems will only demonstrate proper equipment operation.

Education expires two (2) years from the later of purchase date or warranty start date.

Additional classroom and onsite training is available for purchase.

Applications support is available by phone on the toll-free ASSIST line, 1-800-521-1968.

1 ECG GATING SCANNING SYSTEM

1 STAND,ECG UNIT (MODEL-7800)

1 ECG MONITOR, R WAVE CARDIAC TRIGGER 7800T

Cardiac ECG Trigger Monitor Model 7800T for use with CT hardware and software to measure skin impedance to help ensure reliable scanning.

- Compact ECG monitor with fast gated trigger output for R-wave synchronization applications
- High & Low Heart Rate Limits
- 6.5" Color LCD Display (TFT Active Matrix)
- Integrated ECG simulator to test the integrity of the patient cables, lead wires, and electronic circuitry.

CT-TRAINING-301 **1 ADVANCED AQUILION ONE / PREMIUM CARDIAC CT COURSE FOR TECHNOLOGISTS**

One (1) attendance voucher for a three day technologist-focused course held at the Canon Medical Systems Institute of Advanced Imaging in Irvine, California. This course provides a foundation of cardiac anatomy and physiology with ECG and cardiac gating, including CT scans performed with the latest dose reduction techniques. This course includes in-depth lectures and hands-on training on the CT scanner and Vitrea post-processing systems. At the completion of this course, you will be proficient in the following operations: cardiac anatomy and physiology, CTA scanning, ECG monitoring, image quality assessment and image processing. Vitrea post-processing training includes coronary artery calcium scoring and cardiac

functional analysis. This course is all inclusive of the following: tuition, airfare (booked by Canon Medical Systems), lodging and meals. Accredited for CE credits by the ASRT Education Foundation.

Prerequisite: Currently operating an Aquilion ONE system

Education expires two (2) years from the later of purchase date or warranty start date.

Additional classroom and onsite training is available for purchase.

Applications support is available by phone on the toll-free ASSIST line, 1-800-521-1968.

CHVH-001A/2B **1** **VARIABLE HELICAL PITCH (PRE V6-REQUIRES SURECARDIO ECG GATING)**

vHP3 (Variable Helical Pitch) improves workflow by enabling a clinically relevant change of helical pitch and scan parameters during a single planned acquisition. Up to three [1] distinct helical pitch and scan factor settings can be set on a single scan range as well as an ECG gated scan if needed. As a result, CT procedure times can be reduced and image quality improved.

[1]- Three phase Variable Helical Pitch (vHP3) requires Version 8.3 software or greater.

Prerequisite:

- ***Cartesion Prime PET-CT***
- ***Aquilion ONE (TSX-301A and TSX-301B) – System software version 4.4 or greater***
- ***Aquilion ViSION, Aquilion PRIME and Aquilion Prime SP - System software version 6.0 or greater.***
- ***Aquilion Lightning – System software version 7.0 or greater.***
- ***Aquilion Precision –System software version 8.6 or greater***

1 **TRADE-IN**

FLEX-OCS-M **1** **MEDRAD STELLANT FLEX MEDIUM OCS DUAL FLOW INJECTOR WITH INSTALL**

Ceiling mounted (850 mm column) Stellant Flex DualFlow CT injector includes MedRad Certegra Workstation Display informatics-ready platform.

Note: This configuration does not include injector synchronization.

OPTIONS

T/ASSIST/GENESIS.100 **[KIT] TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS SERIES**

Canon Medical Systems' exclusive Tech Assist Lateral Table Slide, improves technologist safety by automating the adjustment of patients on the table. In addition, it improves access for interventional procedures and accommodates off-center imaging. It provides the ability to move the table in a variable 8.4 cm (4.2 cm on each side). This exclusive lateral movement of 8.4 cm improves image quality, reduces patient dose and provides better access for interventions and emergency patients while improving patient compliance for high quality exams.

Note:

- ***Available on Aquilion High-Capacity Couch Only.***
- ***Post Point of Purchase: Additional charges may apply for construction, labor and rigging, which must be paid for by the Customer. Please consult with your local sales and service team for more information about these charges.***

A640FAST.100 **[KIT] AQUILION ONE FAST UPGRADE**

The Aquilion ONE Fast Upgrade kit, with Double Slice technology and 16cm of coverage, elevates the Aquilion ONE by increasing the rotation speed to 0.275 sec. per rotation with higher power output capability (maximum 900 mA).

Benefits of upgrading the Aquilion ONE CT Scanner:
The speed of this technology offers significant benefits to patients – especially trauma, pediatric, cardiac and critically ill patients and aides physicians to more clearly visualize internal injuries and disease in less time.

Ultra-Fast Workflow with Patient Comfort
The Aquilion ONE Fast Upgrade kit upgrade kit boosts productivity with fast scan times while offering comfort features for patients of all sizes. Faster scan times translates to shorter breath-holds, improved temporal resolution and supports patient compliance.

Prerequisites: Available on Aquilion ONE Prism Edition and Aquilion ONE GENESIS Edition Configurations (TSX-306A , TSX-305A/3, TSX-305A/6)

NOTE: Pricing available when purchased concurrently with the system order. Post Point of Purchase: Additional charges may apply for construction, labor and rigging, which must be paid for by the Customer. Please consult with your local sales and service team for more information about these charges.

PRODUCT WARRANTY AND SERVICE COVERAGE

SYSTEM WARRANTY TERMS

Canon Medical Systems warrants that the Equipment will be free from defects in material and workmanship, for the duration and subject to the terms and conditions stated below. Any part furnished to Customer during the warranty period (stated in the table below) to correct a warranty failure will be warranted to the extent of the unexpired term of the warranty applicable to the Equipment.

The warranty period will commence on the date the installation of the product is complete. Notwithstanding the foregoing, in the event that the installation of the product is delayed for a total of thirty (30) days or more from the date of delivery for any reason or reasons for which Canon Medical Systems is not responsible, the warranty period for such product may, at Canon Medical Systems' option, commence on the thirtieth (30th) day from the date such product is delivered to Customer.

WARRANTY EXCLUSIONS

Warranty coverage does not include any defect which results, in whole or in part, from (1) negligent storage or handling of the product by Customer, its employees, agents, or contractors, (2) failure of Customer to prepare the site or provide power requirements or operating environmental conditions in compliance with any applicable instructions or recommendations of Canon Medical Systems, (3) absence of any product, component, or accessory recommended by Canon Medical Systems but omitted at Customer's direction, (4) any design, specification or instruction furnished by Customer, its employees, agents, or contractors, (5) any alteration of the product by persons other than Canon Medical Systems, (6) combining Canon Medical Systems' product with any product furnished by others that is not approved by Canon Medical Systems, (7) combining incompatible products of Canon Medical Systems, without Canon Medical Systems' prior approval, (8) improper use of the product, improper maintenance of the product by a party other than Canon Medical Systems, or failure to comply with any applicable instructions or recommendations of Canon Medical Systems, or (9) acts of God, fires, floods, strikes or other labor disturbances, or other causes beyond the reasonable control of Canon Medical Systems.

Canon Medical Systems does not warrant any products not manufactured by Canon Medical Systems such as, without limitation, monitors, cameras, computer equipment, injectors, and lasers. Such items will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Canon Medical Systems.

Warranty coverage also excludes consumables, including but not limited to batteries, storage media, positioning pads, table pads, power units, and radioactive sources.

X-RAY TUBE WARRANTY

CT X-ray tubes are covered under a separate warranty. The CT X-ray tube included with the purchase of a new system is governed by the glassware warranty, described below, not the system warranty.

CT X-ray tubes carry a prorated warranty based on the number of rotations shown below or 12 months, whichever occurs first.

Tube Type	Prorated Warranty
CXB-750/D/4A: AQ/RXL, AQ/LB-SERIES, ASSUREPLUS-V, AQ64, AQ16, CELESTEION/PETCT	200,000 rotations*
CXB-750/E/2A: AQ/ONE/ASSURE	150,000 rotations*
CXB-750/F/2A: AQUILION-ONE-SERIES-V/4, ONE-VISION-640-SERIES-S, AQUILION GENESIS SERIES	100,000 rotations*
CXB-750G/2A: PRIME-SERIES-S, PRIME-S-CHOICE	200,000 rotations*
CXB-500B/1A: AQ/LIGHTNING	100,000 rotations*

* A rotation is any 360-degree or single rotation of the gantry with X-rays on.

CT X-RAY TUBE PRORATION CALCULATION:

Credits for CT X-ray tubes that fails during the warranty periods stated above will be calculated as follows:

Tubes with Prorated Rotation Warranty:

$$\text{Credit} = 1 - \frac{\text{Number of Rotations Used}}{\text{Number of Rotations Warranted}}$$

Complete glassware coverage during warranty period may be purchased from Canon Medical Systems at an additional charge.

REMEDIES

If Canon Medical Systems determines that any product fails to meet the above-mentioned warranty during the applicable warranty period, Canon Medical Systems will correct any such failure by either, at its option, repairing, adjusting, or replacing without charge to Customer any defective or nonconforming parts of the product. Canon Medical Systems will have the option to furnish either new or remanufactured replacement parts or assemblies. However, remanufactured parts will meet the manufacturer's specifications for new components as of the date of completion of installation. All defective parts replaced by Canon Medical Systems will become the property of Canon Medical Systems.

SOFTWARE UPDATES

Canon Medical Systems will furnish to Customer, free of charge for the life of the Equipment, all Canon Medical Systems software or hardware upgrades to the Equipment purchased by Customer, which are intended to correct a safety risk. Software updates offering enhancements to previously purchased software features will be provided during the term of the warranty, if they do not require hardware modifications or additions. Software upgrades providing new features or capabilities not originally purchased, will be made available for purchase by Customer upon request when compatible with the originally purchased hardware. Canon Medical Systems retains the sole right to determine whether a software release is considered an update or an upgrade for which Customer will be charged. The above items will be performed only during the Covered Hours stated in the warranty. Service required outside these hours will be billed at Canon Medical Systems' differential rates in effect at the time such items are provided to Customer.

WARRANTY SERVICE

Warranty service during the applicable warranty period will be performed without charge to Customer during Canon Medical Systems' normal business hours, Monday through Friday, excluding Canon Medical Systems holidays. Subject to the availability of personnel, after-hours service is available upon request at an additional charge.

Customer must promptly notify Canon Medical Systems within the applicable warranty period of any defect that is covered by the warranty, and make the Equipment promptly available for repair and maintenance.

DISCLAIMERS AND LIMITATIONS ON LIABILITY

Canon Medical Systems' obligations stated above will be Customer's sole and exclusive remedy for a breach of the warranty set forth above. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

Canon Medical Systems does not warrant that the operation of the Equipment will be uninterrupted.

ITEM TYPE	COMPUTERIZED TOMOGRAPHY
EQUIPMENT	12 Months
ACCESSORY OPTIONS	6 Months
REPLACEMENT & OPTIONAL PARTS*	90 Days
UPGRADE COMPONENTS	90 Days

* The above 90-day period applies only to parts that are not furnished pursuant to a warranty repair for the Equipment. Any part furnished to Customer during the warranty period to correct a warranty failure will be warranted to the extent of the unexpired term of the warranty applicable to the System.

TERMS AND CONDITIONS OF SALE

1. TITLE AND RISK OF LOSS. Title and risk of loss to the Equipment purchased under this Agreement will pass to Customer: (a) if Canon Medical Systems is to provide installation, upon Canon Medical Systems' completion of installation, or (b) if Canon Medical Systems will not provide installation, upon delivery by Canon Medical Systems to Customer.

2. TERMS OF PAYMENT. Prices stated are F.O.B. Customer's facility. All taxes which are payable by Canon Medical Systems in connection with the sale, use, or possession of the Equipment (excluding income taxes), will be paid by Customer in addition to the quoted price. Terms of payment will be as stated in the first page of this Quotation. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 1/2% per month or the maximum rate permitted by law.

3. DELAYS. If Customer changes the scheduled delivery date during the period of 120 days preceding the delivery date, Customer will nevertheless pay the installment of the purchase price which would have been payable upon delivery, on the Scheduled Delivery Date as if delivery had been made on such date. In addition, Customer will pay all extra costs incurred by Canon Medical Systems as a result of such delay, including, without limitation, storage and transportation. Storage fees will be charged at commercially comparable rates for storage on Canon Medical Systems' site. If delivery is delayed by 12 months or more from the Scheduled Delivery Date, except through the fault of Canon Medical Systems, the price set forth in this Agreement may be increased by Canon Medical Systems to a level equal to the prevailing price in effect at the time of the revised delivery date.

4. EQUIPMENT INSTALLATION. Canon Medical Systems will provide, at no additional cost, standard labor and rigging services to unload the Product from the transport vehicle and move to the final position. The shoring of floors, the widening of doorways, and other nonstandard rigging requirements will be negotiated between the Canon Medical Systems and Customer separately if it is determined they are required. Canon Medical Systems will install all Equipment purchased under this Agreement and connect them to existing power and/or plumbing lines at no additional charge to Customer. Customer will be responsible for electrical wiring, plumbing, carpentry, plastering, painting, or all other site preparation required prior to installation and connection of the Equipment by Canon Medical Systems. Customer will provide space at the installation site for the safe storage of Canon Medical Systems' tools, test equipment and other materials used for installation at no charge to Canon Medical Systems. Customer shall, at its cost, obtain all permits and licenses required by governmental authorities in connection with the installation and operation of the Equipment. Customer acknowledges that the System and Software are designed to operate within certain power, temperature, airborne contamination, and humidity ranges. Customer will be responsible for, without limitation: (i) preparing and maintaining the Customer facility in conformance with the Site Preparation Guide; (ii) maintaining its network infrastructure; (iii) providing Canon Medical Systems, access to a network connection in or near the area of the System being serviced by the equipment service staff; and (iv) supplying computer grade AC power. The Equipment relies upon a stable grounded connection to the main power grid in order to function effectively. Customer acknowledges that AC power supply quality may be a problem in old facilities or in those facilities receiving poor quality utility service and that power conditioning may be necessary in such cases.

5. EQUIPMENT OPERATION. Customer agrees that all Equipment purchased under this Agreement will be operated exclusively by duly qualified technicians and/or medical doctors in a safe and reasonable manner in accordance with Canon Medical Systems' written instructions, applicable laws and regulations, and for the purposes for which such Equipment was intended.

6. LIMITED WARRANTY AND REMEDY. A. For the warranty period described below by product, Canon Medical Systems, as its only obligation, will replace or repair, without charge to Customer during Canon Medical Systems' normal working hours (if Customer requests warranty service outside such hours, Customer will pay overtime premium for labor), any component of the Equipment that is defective in materials or workmanship, provided such defect is reported to Canon Medical Systems within the warranty period. Canon Medical Systems' warranty period is as follows: (a) Systems and Major Components – one year from date of completion of installation; (b) Accessories/Options (except glassware) – six months from date of completion of installation. Components not manufactured by Canon Medical Systems will be furnished subject only to the manufacturer's warranty, if any, and without any warranty whatsoever by Canon Medical Systems. During the warranty period, Canon Medical Systems will furnish free of charge any parts, including software required to correct any defect in the Equipment or as required under applicable laws.

B. Canon Medical Systems does not warrant that the operation of the Equipment of the System will be uninterrupted. All defective parts replaced by Canon Medical Systems will become the property of Canon Medical Systems. Replacement parts may be re-manufactured. However, such parts will meet the manufacturer's specifications for new components as of the date of completion of installation. CANON MEDICAL SYSTEMS' OBLIGATION TO REPAIR OR REPLACE DEFECTIVE PARTS OR SOFTWARE WILL BE CUSTOMER'S SOLE AND EXCLUSIVE REMEDY FOR A BREACH OF THE WARRANTY SET FORTH IN THIS AGREEMENT. SUCH WARRANTY WILL BE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. The warranty set forth in this Agreement will not apply to, and Canon Medical Systems will not be liable for any defects resulting from misuse, repairs performed by unauthorized third parties, accidents, acts of God, or neglect of anyone other than Canon Medical Systems.

7. LATEST HARDWARE AND SOFTWARE AT TIME OF DELIVERY. Canon Medical Systems agrees that the Equipment ordered by Customer will, at the time of delivery to Customer, contain, at no additional charge to Customer, the latest hardware and software manufactured by Canon Medical Systems for such Equipment that are commercially available in the United States and which are provided as part of Canon Medical Systems' standard configuration for such Equipment at the time of delivery. This commitment applies only to components and not an upgrade to the entire system. Furthermore, it is limited to hardware and software that (a) have been ordered by Customer, and not any optional or other items that were not ordered by Customer, and (b) are cleared by the FDA as of the date of delivery of the Equipment. This clause does not apply to Assure, Demonstration or Used Equipment.

8. LIMITATION OF LIABILITY. A. NEITHER CANON MEDICAL SYSTEMS NOR CUSTOMER WILL UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT, EVEN IF EITHER PARTY IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING.

B. IN NO EVENT WILL CANON MEDICAL SYSTEMS' LIABILITY TO THE CUSTOMER (WHETHER BASED ON AN ACTION OR CLAIM IN CONTRACT, TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY, OR OTHERWISE) ARISING OUT OF OR RELATING TO THE TRANSACTIONS CONTEMPLATED IN THIS AGREEMENT EXCEED THE AGGREGATE AMOUNT ACTUALLY PAID BY CUSTOMER TO CANON MEDICAL SYSTEMS UNDER THIS AGREEMENT. THE LIMITATION OF LIABILITY SET FORTH ABOVE WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR PROPERTY DAMAGE CAUSED BY EQUIPMENT DEFECTS.

9. SECURITY INTEREST. Canon Medical Systems hereby reserves and Customer grants to Canon Medical Systems a security interest pursuant to the Uniform Commercial Code, in and to the Equipment (and all products and proceeds of it) until full payment of the purchase price is received. In the event that Customer finances its acquisition of the Equipment through a lease, conditional sale contract, secured loan agreement or other financing agreement (collectively, "Lease") with Canon Medical Systems, then the security interest in the Equipment (and all products and proceeds thereof) shall secure all obligations of Customer due and to become due under the Lease.

10. REMOVAL OF EQUIPMENT. Until Canon Medical Systems has received full payment of the purchase price, Customer will not remove all or any part of the Equipment from Customer's premises, nor will Customer sell, lease, transfer or otherwise part with the possession of, or permit any lien or encumbrance to be placed on all or any part of the Equipment.

11. TRADE-IN. If this quotation includes the trade-in of Customer's existing equipment and the removal date of the trade-in equipment is delayed due to no fault of Canon Medical Systems or if the trade-in equipment is damaged or its condition deteriorates from the date of this quotation through the date of removal, Canon Medical Systems reserves the right to increase the pricing of the new equipment in an amount equal to the reduction in the resale price of the trade-in equipment. Customer must convey free and clear title to the trade-in equipment. If there are any liens or encumbrances on the trade-in equipment, Canon Medical Systems cannot accept the trade-in.

12. REMEDIES OF CANON MEDICAL SYSTEMS. If Customer fails to make any payment when due under this Agreement, or becomes insolvent or makes an assignment for the benefit of creditors, or if a petition in Bankruptcy is filed by or against Customer, or if the financial responsibility of Customer becomes impaired, or if Customer otherwise breaches any of the terms and conditions of this Agreement, then Canon Medical Systems may, without prior notice or demand, defer shipments, cancel the balance of the order, suspend performance of any obligation (including without limitation, all obligations set forth under Limited Warranty And Remedy above), and/or take immediate possession of the Equipment delivered, until the full purchase price of the Equipment is paid by Customer or, at Canon Medical Systems' discretion, until security satisfactory to Canon Medical Systems is given by Customer. Any costs incurred by Canon Medical Systems as a result of suspending performance or repossession or collection will be payable by Customer. Canon Medical Systems may sell repossessed Equipment with proceeds to be applied to unpaid balance and expenses incurred in sale, repossession and collection. Customer will pay any remaining deficiency. Canon Medical Systems may exercise any other rights available to it by law.

13. EXCUSED PERFORMANCES. Except for Customer's payment obligations hereunder, neither party will be liable to the other for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond such party's control, including without limitation, strikes or other labor troubles, acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, delays caused by suppliers, or laws, regulations, or acts of any governmental agency.

14. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Canon Medical Systems. Such software is being furnished to Customer under a non-exclusive license. Customer will not, or allow others to decompile, modify, copy, reproduce, or transcribe the software nor allow third parties to use the same without Canon Medical Systems' prior written consent. In the event a third party's software is furnished to Customer, Customer may be required to execute a software license agreement as requested by such third party as a condition to delivery and/or purchase of the third party's product. Canon Medical Systems will furnish Customer with a copy of such license agreement for its review and execution. In the event Customer sells the Equipment to a third party, the purchaser thereof will have the same rights and obligations with respect to any Canon Medical Systems software as Customer. Customer will need to make its own determination whether it needs to obtain any consent from a third party for non-Canon Medical Systems software. Any Canon Medical Informatics, Inc products quoted herein are conditioned on and subject to the Software License Agreement located at: https://us.medical.canon/download/CMI-Capital-License-Agreement which is incorporated herein by reference.

15. CANCELLATION. Customer may not cancel the order subject to this Agreement except with Canon Medical Systems' prior written consent. In the event of cancellation without Canon Medical Systems' written consent, Canon Medical Systems will be entitled to recover liquidated damages in an amount equal to twenty percent (20%) of the purchase price of the Equipment

16. **ASSIGNMENT.** Neither party may assign any of its obligations under this Agreement without the prior written consent of the other party However, some of the obligations stated in this Agreement, such as the ones relating to installation of items not manufactured by Canon Medical Systems and the warranty thereof may be performed by Canon Medical Systems' contractors or suppliers.

17. **EXPORT REGULATIONS.** This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

18. **ATTORNEY'S FEES AND COSTS.** In the event of any legal proceeding involving any party to this Agreement against the other relating to the subject matter of this Agreement, the prevailing party in such proceeding will be entitled to recover reasonable attorney's fees, expert fees, and court costs against the non-prevailing party

19. **ACCEPTANCE BY CANON MEDICAL SYSTEMS.** This Quotation/Order will not be binding on Canon Medical Systems even if signed by a Canon Medical Systems' employee, until Customer's order for the Equipment is booked by Canon Medical Systems' Headquarter office.

20. **END USER CERTIFICATION.** Purchaser represents, warrants and covenants that it is acquiring the Products for its own end use and not for reselling, leasing or transferring to a third party (except for leaseback financing).

21. **ENTIRE AGREEMENT.** This quotation contains the entire agreement between the parties and supersedes all prior and contemporaneous agreements between the parties, whether oral or written, relating to its subject matter, including, without limitation, all different or additional terms and conditions which may be contained in Customer's bid documents, purchase order or any other documents furnished by Customer. The provisions of this Agreement may not be modified unless in writing and executed by both parties.

CANON MEDICAL SYSTEMS USA, INC.

Made For life

SERVICE AGREEMENT

DATE: 7/20/2022 SVC QT#:/SLS QT#: 590389-1/159642-3

SID #: 30050345 SYSTEM: AQ-ONE-GENESIS-SP/3.000-CT

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)

SALINAS VALLEY MEMORIAL HOSPITAL
450 E ROMIE LN
SALINAS, CA 93901

BILLING ADDRESS:

,

Type: INTOUCH FULL SERVICE - XR0671 CT 2021 - VIZIENT

Length Of Contract: 72 Months **Start Date:** TBD **End Date:** TBD

Payments are made 30 days in advance as follows (Please choose one):

___ **Monthly $11,416.50** ___ **Annually $136,998.00**

Total Service Agreement Price: $821,988.00

Canon Medical Systems will provide the following services for the equipment listed in Attachment "A", for the duration of this Agreement. All services will be provided in accordance with the attached Terms and Conditions of Service. Any changes to system configuration or services coverage noted in this agreement will require a revised quotation.

Coverage Hours: MONDAY THROUGH FRIDAY, 8:00 AM - 5:00 PM, EXCLUDING FEDERAL HOLIDAYS

Preventive Maintenance: MONDAY THROUGH FRIDAY, 8:00 AM - 5:00 PM, EXCLUDING FEDERAL HOLIDAYS

Response Time: STANDARD 30 MINUTE PHONE RESPONSE
STANDARD 4 HOUR ON-SITE RESPONSE

Uptime Guarantee: 98%

Labor and Travel Charges: PREFERRED RATES FOR LABOR AND TRAVEL OUTSIDE OF COVERAGE HOURS.

Parts Replacement: PARTS WILL BE REPLACED WHEN DEEMED NECESSARY BY CANON MEDICAL SYSTEMS, EXCLUDING DISPOSABLES, ACCESSORIES, OPTIONS OR UPGRADES NOT LISTED IN THE TERMS AND CONDITIONS OF THIS AGREEMENT.

Cybersecurity/Gateway Program: GATEWAY GOLD CYBERSECURITY PROTECTION IS INCLUDED WITH A SERVICE AGREEMENT. GATEWAY PLATINUM, IS A SEPARATE PURCHASABLE OPTION (SEE ADDITIONAL COMMENTS FOR DETAILS).

Glassware: GLASSWARE COVERAGE IS BASED ON ESTIMATED ANNUAL ROTATION COUNT LISTED BELOW. USAGE FEE APPLIES TO ALL ROTATIONS OVER ESTIMATE.

ROTATION COUNT: UP TO 250,000 USAGE FEE: $1.25

This service agreement quotation is valid if it is signed by Canon Medical Systems and Customer on or before 60 days from the date of Quotation.
Please return signed quotation to: Canon Medical Systems USA, Inc., 2441 Michelle Drive, Tustin, CA 92780.
Additional terms and conditions appear at the end of this quotation.

CUSTOMER ACCEPTANCE:

_____
PRINT NAME / TITLE

_____ _____
PURCHASER'S SIGNATURE DATE

CANON MEDICAL SYSTEMS ACCEPTANCE:

_____
PRINT NAME / TITLE

_____ _____
SERVICE MANAGER DATE

SERVICE AGREEMENT

DATE: 7/20/2022 SVC QT#:/SLS QT#: 590389-1/159642-3
SID #: 30050345 SYSTEM: AQ-ONE-GENESIS-SP/3.000-CT

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)
SALINAS VALLEY MEMORIAL HOSPITAL
450 E ROMIE LN
SALINAS, CA 93901

BILLING ADDRESS:
,

Attachment A, Equipment List

This agreement includes coverage for the following items. All other options, including but not limited to lasers, injectors, sources, power conditioners (PCDUs, VRDUs, UPSs, etc.) and other non-Canon Medical Systems options, are not covered by this agreement. For additional options not listed, please contact your local Service Manager.

SYSTEM

AQ-ONE-GENESIS-SP/3.000 (AQUILION ONE GENESIS EDITION CT)

GLASSWARE

CTTUBE.E.250K.010 (ROTATION COUNT: UP TO 250,000 USAGE FEE: $1.25) QTY 1

INCLUDED OPTIONS

CCRS-FIRST.010 (FIRST FORWARD RECONSTRUCTION SOLUTION (REQ W/BASE SYSTEM COVERAGE))
CGS-59A/1B.010 (320-SERIES-V TO 640-SERIES-V DETECTOR UPGRADE (REQ W/BASE SYSTEM COVERAGE))
CHEG-GATING.010 (ECG GATED SCANNING ACQUISITION)
TSXF-FLUORO.010 (CT FLUOROSCOPY)

EXCLUDED OPTIONS

AQ/PDU/G (POWER DISTRIBUTION UNIT FOR GENESIS)

POINT OF PURCHASE INCENTIVE

FY22: CUSTOMER WILL RECEIVE THE ANNUAL PRICE LISTED ON PAGE 1 OF THIS AGREEMENT, PROVIDED THE EQUIPMENT ORDER IS BOOKED BY 9/30/22 AND THIS SERVICE AGREEMENT IS SIGNED AND RETURNED TO CANON WITHIN 90 DAYS OF THE EQUIPMENT BOOKING DATE. IF THE TERMS OF THIS INCENTIVE ARE NOT MET THEN STANDARD OR GPO PRICING APPLIES

MANDATORY PURCHASABLE SALES OPTIONS

Should Customer elect to purchase the below listed item(s), as part of the Equipment configuration, the coverage and fees will automatically be included, within the Service Agreement, at the pricing identified below.

____CGS-56A/1B.010	FAST SCAN AND X-RAY POWER UPGRADE KIT (REQ W/BASE SYSTEM COVERAGE)	Add $6,246.77 to Annual Price

ADDITIONAL COMMENTS

Gateway Program Cybersecurity Protection:

Gateway Gold cybersecurity connectivity will be included, at no charge to the Customer, during the post-warranty contract term listed on page 1 of this Agreement. For Point of Purchase agreements, coverage during the Warranty term is also included at no additional charge to the customer.

CANON MEDICAL SYSTEMS USA, INC.

Made For life

SERVICE AGREEMENT

DATE: 7/20/2022 SVC QT#:/SLS QT#: 590389-1/159642-3

SID #: 30050345 SYSTEM: AQ-ONE-GENESIS-SP/3.000-CT

CUSTOMER LOCATION: (COMPLETE LEGAL NAME)

SALINAS VALLEY MEMORIAL HOSPITAL
450 E ROMIE LN
SALINAS, CA 93901

BILLING ADDRESS:

,

Gateway Gold cybersecurity protection, with remote system diagnostics, shields Canon imaging devices from malicious factors; the remote system diagnostics provided, via InnerVision® Plus, facilitates remote applications support, including a message alert system which allows for early detection and prevention of system problems. In addition, the Gateway Program includes cybersecurity incident response 24X7, 360° Connect Online access, HIPAA compliant authentication, VPN tunnel and FMI updates.

Gateway Platinum cybersecurity connectivity, listed above under Purchasable Options (if applicable), includes Gateway Gold entitlements plus integrated NextGen firewall technology for comprehensive cybersecurity protection. Gateway Platinum also includes Intrusion Prevention System, FIPS 140-2 validated standard of encryption, on-demand reporting, e-Watch™ for environmental monitoring and more. Should Customer elect to purchase Gateway Platinum, then coverage during the 12-month warranty term will be included, at no additional charge to the customer. See the Gateway Program Features sheet for details. Installation of Gateway Gold or Gateway Platinum connectivity will depend upon availability.

Upon acceptance, please forward the signed Agreement to:

CANON MEDICAL SYSTEMS USA, INC.
SERVICE CONTRACTS ADMINISTRATION
Attn: Audrey Weidemann
2441 Michelle Drive
Tustin, CA 92780

E-mail: ServiceWestPacificZone@us.medical.canon
Voice: 714-669-2423 Fax: 714-832-5893

A countersigned copy will be returned to you for your reference.

IN-TOUCH SERVICES AGREEMENT
TERMS AND CONDITIONS

1. GENERAL TERMS. Unless otherwise specified on the face of this document, this Agreement will remain valid only if accepted by Customer no later than 60 days from date of submission to Customer.

2. COVERAGE. The following items are included in this Agreement.

a. Planned Maintenance Service, as specified by Canon. Customer will provide Canon service personnel with full access at the agreed upon time. Otherwise, any makeup service will be separately billed by Canon to Customer at Canon's applicable hourly rate then in effect, including round trip travel.

b. Routine System Calibration Tests, as specified by Canon. Customer will perform normal operator adjustments specified in the Equipment Operation Manual.

c. Remedial Maintenance Labor required to maintain the system at manufacturer's specifications during Covered Hours specified on the face of this document. Labor requested outside of the Covered Hours will be billed at Canon's applicable hourly rate then in effect.

d. Quality Assurance Evaluations, as specified by Canon. Canon will routinely perform quality assurance evaluations in order to assure optimum performance. Customer will provide Canon service personnel full access for such purposes at times mutually agreed to in advance. If applicable, Customer will run simplified Quality Assurance tests utilizing the Canon Gateway Program remote diagnostics.

e. Replacement of Parts, at Canon's cost, which fail during the term of this Agreement with the exception of the parts specified on the face of this document. Parts that are cosmetic in nature or expendable will be replaced at Customer's cost, including items such as patient pads, head cushions, and acrylic parts. Replaced parts will become the property of Canon. Parts replaced may be refurbished.

f. Customer may elect to upgrade / downgrade Variable Glass Tier level once a year, effective on the next contract anniversary date. This contract modification 1) will be effective on a go forward basis only, 2) may not be applied to the contract retroactively, 3) will reflect Canon's current pricing, and 4) must be via a written request from the Customer, presented at least 30 days prior to the contract anniversary date.

g. Travel and Living Expenses Incurred by Canon's Customer Engineers during Covered Hours.

h. Uptime Guarantee as specified on the face of this document. Uptime guarantees are measured based on covered hours, excluding Federal recognized holidays. Uptime will be calculated using the following formula: Uptime = (Base Time – Downtime) / Base Time

Definitions. Base Time: Total covered hours. **Downtime:** Time when the specified imaging equipment is unavailable for scanning or diagnosing images due to Equipment malfunction, and is immediately available for service repairs. Downtime will be calculated during the Covered Hours and commence when the Customer's call is logged into the InTouch™ Center. Downtime concludes once repairs are completed and the imaging system is available for clinical use. Downtime does not include time spent for preventive maintenance, routine part replacements or repair of any malfunction caused by operator error, accidents or other elements outside the control of Canon, such as accidents, fires, floods, and Acts of God. The Uptime Guarantee will be voided if Canon is not given access to the Equipment for preventive maintenance or other types of service required during the term of this Agreement.

Uptime statistics will be measured over a 12-month period. If the Equipment fails to achieve the specified uptime percentage, the following year's services contract will be reduced by the uptime discount specified under the specific Services Agreement plan, up to a maximum of 15%.

Software Updates / Upgrades. Canon will furnish to Customer, free of charge for the life of the Equipment, all Canon software or hardware upgrades to the Equipment purchased by Customer, which are intended to correct a safety risk. Software updates offering enhancements to previously purchased software features are covered under this service agreement, if they do not require hardware modifications or additions. Software upgrades providing new features or capabilities not originally purchased, will be made available for purchase by Customer upon request when compatible with the originally purchased hardware. Canon retains the sole right to determine whether a software release is considered an update or an upgrade for which the Customer will be charged.

The above items will be performed only during the Covered Hours stated on the face of this document. Service required outside these hours will be billed at Canon's differential rates in effect at the time such items are provided to Customer.

3. ITEMS EXCLUDED. The following items are excluded from this Agreement unless otherwise indicated on the face of this document.

a. Customer operation instructions.

b. Adding or removing accessories, attachments, or other devices, and remedial services necessary to repair accessories.

c. Services connected with Equipment movement or relocation.

d. Problems caused by external sources, including the incoming power supply.

e. Increase in service time resulting from operator neglect or failure to follow operation instructions.

f. Repair or damage from accident or any cause other than ordinary use.

g. Rigging and handling, removal, modification or reconstruction of a wall, partition, ceiling or any other portion of the facility arising from repair, replacement or substitution of Equipment or parts of it.

h. Chiller maintenance or repair, except when specifically included in Agreement.

i. Expendable materials or accessories (for example, straps, foam cushions, and other similar items).

j. Problems caused by modifications, maintenance or repairs of the equipment or software not performed by Canon.

k. Storage facilities for spare parts, tools and supplies.

Performance of services, not included in this Agreement, will be charged in accordance with Canon's prices in effect at the time such services are provided to Customer.

4. CUSTOMER RESPONSIBILITIES. During the term of this Agreement, Customer agrees to maintain the site and environment (including temperature and humidity control, incoming power quality, and fire protection system) in a condition suitable for operation of the Equipment; ensure the Equipment is used at all times in accordance with the requirements of the Equipment Operation Manual by properly qualified and appropriately licensed personnel; and make normal operator adjustments to the Equipment as specified in the Equipment Operation Manual. In addition, Customer agrees to allow and maintain VPN connectivity to Canon's Control Center per one of VPN connectivity options supported by Canon Medical Systems USA, Inc. and allow access to Canon's VPN for Canon's use for the Canon Gateway Program, if applicable. Failure to provide an appropriate VPN connection may result in a reduction in the uptime guarantee commitment and an increase in service charges for the Equipment.

5. GLASSBEAM. Customer agrees to allow customer data to be sent to Glassbeam, a third-party provider, for service and utilization analytics. Canon agrees that customer data that is provided to Glassbeam will never contain Protected Health Information (PHI). Canon also agrees that customer data will never be shared with other customers.

6. REMOTE DIAGNOSTICS/ CYBERSECURITY (GATEWAY PROGRAM). During the term of this Agreement, Customer will support the Canon Gateway Program connectivity, if eligible, including InnerVision® Plus, and will allow Canon to install and maintain Canon 360° Connect™ (collectively "Gateway Program", i.e.: Gateway Gold or Gateway Platinum), to facilitate the performance of remote diagnostics on the Equipment. The Gateway Program also allows Canon to pull utilization data for the Equipment (number of scans, time of scan, etc.) in order to provide reporting to the customer. Canon retains rights and title to Gateway Program and InnerVision®. Customer will not remove, modify, or use or allow third parties to use the Gateway Program without Canon's prior written consent. Customer will be responsible and will promptly pay for any loss or damage to the Gateway Program unless caused by Canon's sole negligence. Canon will remove the Gateway Program connectivity at the point it is no longer providing service on the Equipment. InnerVision® Plus is applicable for all modalities, whereas, the Gateway Program is only applicable to CT, MR, VL and RF.

7. GEOGRAPHICAL EQUIPMENT OR COVERAGE. Canon must be notified in writing at least ninety (90) days prior to relocation of Equipment to a site that is fifty (50) miles or greater from the unit's base site specified on the face of this document so that Canon may adequately address manpower needs to maintain the site.

8. ACCEPTANCE BY CANON. This Agreement will not be binding on Canon unless and until it is accepted by Canon as evidenced by the signature of an authorized representative of Canon on the face of this document. Canon's acceptance is expressly made conditional upon Customer's assent to the terms and conditions in this document. All different or additional terms and conditions which may be contained in Customer's bid document, purchase order or any other documents furnished by Customer are hereby objected to and deemed material unless accepted in writing by an authorized representative of Canon. Canon will give Customer a fully executed copy of this Agreement upon acceptance by Canon. Canon's service of Equipment under this Agreement is available only if the effective date of this Agreement follows within 15 calendar days of (a) the expiration of an applicable warranty period covering such Equipment, or (b) the expiration of an applicable Canon Services Maintenance Agreement. If the effective date is outside such 15-day period, Canon must be given the right to inspect the Equipment and repair and restore the Equipment to proper working order in accordance with Canon's specifications before this Agreement may become effective. All service labor and parts furnished for such repair and restoration will be charged to Customer at Canon's prevailing rates.

9. TERMINATION. This Agreement will terminate upon the expiration date specified on the face of this document. Customer may not terminate this Agreement before its expiration unless (a) Customer sells, discards or otherwise completely discontinues using the Equipment, or (b) Customer exchanges the Equipment for another new Canon Equipment, or (c) Canon substantially fails to perform any of its material obligations specified in this Agreement. In the case of termination for the reasons stated in (a) or (b) above, the termination will be effective 90 days from the date of Customer's written notice to Canon of termination. If Customer elects to terminate for the reasons stated in (c) above, before such termination, customer must notify Canon in writing of the breach and of its intent to terminate this Agreement if such breach is not corrected within thirty (30) days from Canon's receipt of the notice of breach. If Customer elects to terminate this Agreement before its expiration for any reason other than the reasons set forth in (a) through (c) above, or if Canon terminates this Agreement due to Customer's default pursuant to Section 16, Customer must pay Canon, as liquidated damages, an amount equal to 25% of the total service amounts payable under this Agreement for the term remaining as of the date of termination.

10. ACCESS TO EQUIPMENT. Customer will afford unrestricted and safe access to the Equipment for Canon's representatives and will cooperate with Canon's representatives in their performance of the services under this Agreement. If Customer fails to provide such access and cooperation, Canon will be relieved of its obligations under this Agreement, including, without limitation, the Uptime Guarantee.

11. CONSUMABLE ITEMS. Customer will provide necessary consumable items and processing facilities required by Canon in performance of the services under this Agreement at no charge to Canon.

12. END OF MAINTENANCE SUPPORT ANNOUNCEMENT. In the event that Canon makes a future general commercial announcement that services contracts will no longer be offered for an item of Equipment or Equipment component covered by this Agreement, then upon no less than 12 months prior written notice to the Customer, Canon may, at their option, remove any such item(s) of Equipment or Equipment component(s) from service coverage under this Agreement, with an appropriate adjustment of charges hereunder, without otherwise affecting this Agreement.

13. COMPENSATION AND TAXES. For the services and materials provided under the Agreement, Customer will pay Canon the total amounts specified on the face of this document for each system covered. For fixed contracts, this sum will be paid in advance, based on the chosen installments specified on the face of this document. For variable contracts, Canon representatives will be given access to usage information and the Equipment for the purpose of measuring variable use. Each month Canon will invoice Customer and Customer will pay the higher of the minimal or actual usage for the preceding period based upon the data from the site. The amounts specified on the face of this document do not include sales, use or other similar taxes. Customer will pay any such taxes, unless a tax exemption certificate acceptable to the applicable taxing authorities is provided to Canon. All invoices paid after due date will be assessed a late payment charge of the lesser of 1 ½% per month or the maximum rate permitted by law.

~~**14. CPI ADJUSTMENT.** The service fees payable under this Agreement may be increased up to three percent annually, at Canon's sole discretion. The increase is effective on the anniversary date of the Agreement starting with the first anniversary. The customer will be notified by Canon at least 60 days prior to any adjustment. The increase will then be automatically added to the first payment following the anniversary date.~~

15. ASSIGNMENT. Neither Customer nor Canon may assign this Agreement without the prior written consent of the other.

16. SOFTWARE. All rights and interest in any software that may be furnished under this Agreement, and any updates and enhancements to it, will remain the property of Canon. Such software is being furnished to Customer under a non-exclusive license. Customer will not decompile, modify, copy, reproduce, or transcribe the software, nor allow third parties to use the same without Canon's prior written consent. Upon Canon's request, Customer will execute a software license contract, in a form designated by Canon.

17. DEFAULT. Upon default by Customer, any affiliate or parent of Customer, any partner of Customer, or any principal of Customer in payment or performance of any obligation under this Agreement or any other agreement with Canon, whether entered into before or after the date of this Agreement (including, without limitation, any agreement for sale of equipment to Customer) will, at the sole option of Canon, if default is not cured within ten (10) days after written notice of the default, constitute a default of this Agreement. In such event, Canon may at its option (a) suspend performance under this Agreement until all such defaults have been cured, (b) terminate this Agreement in which case Customer shall pay Canon all amounts that are due for the period prior to the termination date (or the suspension date if the Agreement was suspended prior to termination), as well as liquidated damages equal to 25% of the total service amounts payable under this Agreement for the term remaining as of the termination date (or suspension date if the Agreement was suspended prior to termination), and/or (c) exercise any other remedies allowed by law. If this Agreement is suspended, Customer will be required to pay the following as a condition to Canon resuming service: (i) all past due amounts for the period prior to the suspension, and (ii) the liquidated damages amount set forth in Section 8 above for the period of the suspension.

18. ATTORNEY'S FEES AND COSTS. In the event of any legal proceeding involving any party to this Agreement against the other relating to the subject matter of this Agreement, the prevailing party in such proceeding will be entitled to recover attorney's fees, expert fees, collection agency fees and court costs against the non-prevailing party.

19. CIRCUMSTANCES BEYOND CONTROL. Canon will not be liable for non-performance or delay in performance resulting directly or indirectly from any occurrences beyond Canon's control, including without limitation, strikes or other labor actions, Acts of God, war, accidents, fires, floods, other catastrophes, inclement weather, transportation, delays caused by Canon's suppliers, inability to obtain replacement parts, or laws, regulations, or acts of any governmental agency. The foregoing provision will apply even though such cause may occur after performance of the obligations of Canon under this Agreement has been delayed for other causes.

20. DISCLAMER OF WARRANTIES. **CANON MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY, OR WARRANTY OF FITNESS FOR PARTICULAR PURPOSE WITH RESPECT TO ANY OF THE SERVICES AND PARTS FURNISHED UNDER THIS AGREEMENT.**

21. LIMITATION OF LIABILITY AND OF REMEDY. CANON WILL NOT UNDER ANY CIRCUMSTANCES BE LIABLE FOR CONSEQUENTIAL, SPECIAL, INCIDENTAL, OR EXEMPLARY DAMAGES OR ECONOMIC LOSS ARISING OUT OF OR RELATED TO THIS AGREEMENT, EVEN IF CANON IS APPRISED OF THE LIKELIHOOD OF SUCH DAMAGES OCCURRING. THIS LIMITATION WILL NOT APPLY TO CLAIMS FOR PERSONAL INJURY OR DEATH CAUSED BY CANON.

22. EXPORT RESTRICTIONS. This Agreement involves products, and/or technical data that may be controlled under the U.S. Export Administration Regulations and may be subject to the approval of the U.S. Department of Commerce prior to export. Any export or re-export by Customer, directly or indirectly, in contravention of such Regulations is prohibited.

23. FACSIMILE SIGNATURES. This agreement may be executed in one or more counterparts, each of which shall constitute an original and all of which taken together shall constitute one and the same Agreement. Facsimile signatures (signed copies transmitted via fax or electronic file) shall be of equal effect and validity as signatures on original copies, so long as the electronically transmitted copy includes the printed name and title of the signatory of the Agreement.

24. ENTIRE AGREEMENT. This Agreement contains the entire agreement between the parties and supersedes all prior or concurrent agreements between the parties, whether oral or written, relating to its subject matter. The provisions of this Agreement may not be modified unless in writing and executed by both parties.

Canon
CANON MEDICAL SYSTEMS USA, INC.

Gateway Program Features	Gateway Gold	Gateway Platinum
Cybersecurity Protection with Remote System Diagnosis	●	✓
InnerVision® Plus is Canon Medical's "Remote Support and Diagnostics" suite, provided through a secured VPN tunnel	●	✓
Standard Firewall protection from malicious actors using port & IP filtering of network segmentation	●	✓
High-security site-to-site VPN tunnel with direct connection to Canon Medical Control Center	●	✓
Remote quantitative/qualitative analysis and inspection of image quality	●	✓
Remote application support, includes remote viewing scan technique and protocol/ sequence parameters	●	✓
Message alert system notifies CE for prevention and early detection of system problems and fast issue resolution	●	✓
Protected Health Information (PHI)	●	✓
360° Connect a self-service portal that provides account visibility and management of assets, service contracts and service cases	●	✓
Integrated, NextGen Firewall technology provides comprehensive cybersecurity protection		✓
Firewalling, Intrusion Prevention System (IPS) and Enhanced threat protection		✓
FIPS 140-2 validated standard of encryption		✓
Continuous network traffic data to Customer's Security Information and Event Management		✓
Direct on-demand reporting of network traffic and health to customer		✓
Dynamic alert notification system of network activity to customer		✓
e-Watch™ remote environmental monitoring of specific system components (temperature/humidity level and power)		✓

Capital Guide

Proposal Analysis

Potential Savings

$37,085.00

Configuration

Vendor

Canon Medical Systems USA Inc

Device

Scanning Systems, Computed Tomography

Model

Aquilion ONE GENESIS SP

Prepared For

Salinas Valley Memorial Healthcare System
Tim Eckert
Salinas - CA
Phone: 831 771-3865
Email: teckert@svmh.com

Prepared By

Alyssa Jenet
Phone: (800) 998-3274 ext 5196
Email: ajenet@ecri.org
Tuesday, July 19, 2022

If you have any questions or require additional information, please do not hesitate to call the analyst.

Work Order: 1182159

ECRI The Most Trusted Voice in Healthcare

Contents

The Bottom Line

Recommendations	
Pricing	Negotiating for the highest pre trade discount of 54.6% could save your facility $37,085.00 on this purchase.
Service Contract	The pricing your facility has been offered is consistent with pricing we have seen in our records for recent purchases of similar service contracts covering this equipment.
Hazards & Recalls	According to our Health Devices Hazards & Recalls Database, no recent hazards, recalls, or issues have been reported with this equipment.

Price Analysis

Proposal Number: 159642-3			
Total Quantity	1	**Discount Reasons**	GPO, Promotional, Trade in
Total List Price	$1,923,564.00		
Total Quoted Price	$910,383.00	**Trade-in Amount**	$45,000.00
Total Quoted Discount	52.7%	**Discount After Trade-in**	55.0%
Excluded Costs	Trade-in ($45,000) and non-discountable items ($74,000)		

In quotation 159642-3, your facility has been offered a 52.7% promotional discount on the purchase of an Aquilion ONE GENESIS SP from Canon Medical Systems. According to our PricePaid database, similar purchases of this equipment have been discounted at rates between 38.6% and 54.6%. Negotiating for the highest pre trade discount of 54.6% could save your facility $37,085.00 on this purchase.

Historical Purchases - Aquilion ONE GENESIS SP

Total Records: 3 Total Units:3

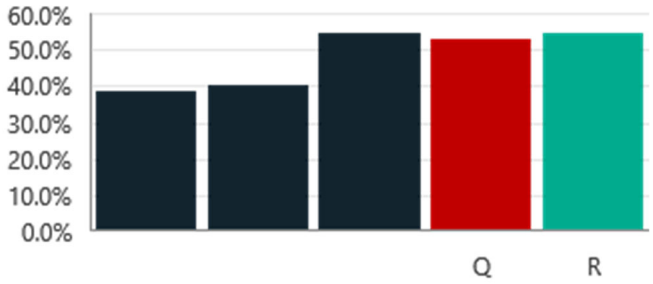
Pricing Type : Pre Trade-in Pricing

Potential Savings:

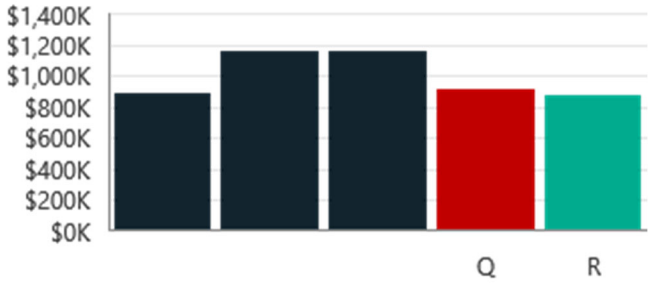
$37,085.00

	Average	High	Low	Std Dev	Quoted	Recommended
Discount:	44.4%	54.6%	38.6%	8.8%	52.7%	54.6%
Quoted Price:	$1,063,612.00	$1,152,210.00	$887,289.00	$152,700.82	$910,383.00	$873,298.00
List Price:	$1,917,976.67	$1,952,686.00	$1,877,683.00	$37,812.05	—	—

Discounts



Quoted Prices



** The records we have selected for the historical data set were chosen from the most recent records in our PricePaid Database. The equipment in these records matches your hospital's configuration as closely as possible and any significant differences have been noted below the individual records. The summary reflects the total price of each record.*

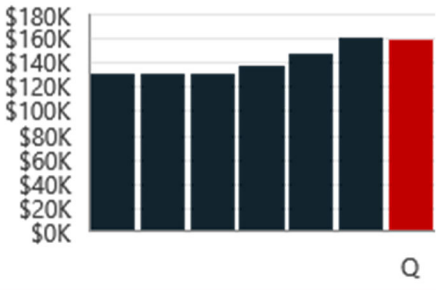
Historical Service Contracts - Aquilion ONE GENESIS SP

Total Records: 6 Total Units: 6

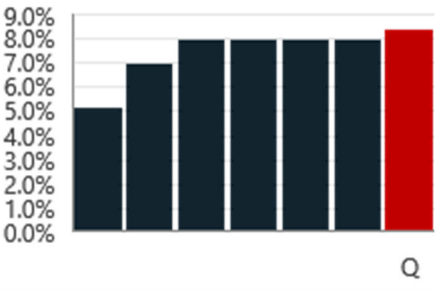
Pricing Type : Model Pricing per Year

	Average	High	Low	Std Dev	Quoted	
Discount:	0.0%	0.0%	0.0%	0.0%	—	
Quoted Price:	$139,515.00	$159,960.00	$130,950.00	$11,948.18	$159,000.00	
% of Capital Price:	7.3%	7.9%	5.1%	1.1%	8.3%	

Quoted Prices



% of Capital List Price



** The records we have selected for the historical data set were chosen from the most recent records in our PricePaid Database. The equipment in these records matches your hospital's configuration as closely as possible and any significant differences have been noted below the individual records.*

Service Price Analysis – INTOUCH FULL SERVICE

Proposal Number: 159642-3			
Total Quantity	1	**Discount Reasons**	
Total List Price			
Total Quoted Price	$954,000.00	**Service Company**	Canon Medical Systems USA Inc
Total Quoted Discount			
List Price/Year		**Level of Service**	
Quoted Price/Year	$159,000.00	**Capital List**	$1,923,564.00
List Price/Unit/Year		**Capital List Source**	Manufacturer (On the Proposal)
Quoted Price/Unit/Year	$159,000.00	**% of Capital List/Year**	8.3%
Point-Of-Sale	Yes	**Term Length**	6 Years

Quoted Cost: $159,000.00 annually

Typical Range: $130,950.00 - $159,960.00 annually

The pricing your facility has been offered is consistent with pricing we have seen in our records for recent purchases of similar service contracts covering this equipment. Service costs can depend upon the configuration of the system and/or the level of coverage being offered for equipment. It is in your best interest to negotiate a service contract at purchase time, when your leverage is maximized. Additional discounts may be available for multiple year service contracts. We recommend that the terms of the service contract contain response time, parts availability and delivery times, as well as a cancellation clause that enables you to terminate the agreement at any time, without penalties, in the event of nonperformance or if the equipment is removed from service.

Line Item Analysis

Configuration			Proposed Pricing					Historical Pricing					
Catalog Number	Item Name	Qty	List Price	List Price Per Unit	Quoted Price	Quoted Price Per Unit	Quoted Discount %	Quote Amount Avg.	Quote Amount Low	Savings @ Low	Discount % Avg.	Discount % High	Savings @ High
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	1								$0.00			$0.00
YES-SEISMIC-GENESIS/SP/2.100	YES - SITE REQUIRES GENESIS SEISMIC ANCHORING	1	$3,005.00	$3,005.00	$1,500.00	$1,500.00	50.1%			$0.00			$0.00
CA-9923C.100	[KIT] GENESIS CONFIGURATION	1	$1,659,989.00	$1,659,989.00	$828,787.00	$828,787.00	50.1%			$0.00			$0.00
AQ/PDU/G	TOSHIBA POWER DISTRIBUTION UNIT FOR GENESIS	1	$70,000.00	$70,000.00	$70,000.00	$70,000.00	0.0%			$0.00			$0.00
CT-ENCORE-AQG/PROMO-PR	ENCORE CUSTOMER LOYALTY UPGRADE	1	$0.00	$0.00	$0.00	$0.00				$0.00			$0.00
INJSYNC800-KIT.100	ISI 800 INJECTOR SYNCRONIZATION KIT	1	$24,103.00	$24,103.00	$12,034.00	$12,034.00	50.1%			$0.00			$0.00
CTF-GENESIS.100	SUREFLUORO: CT FLUORO KIT GENESIS SERIES	1	$76,924.00	$76,924.00	$38,406.00	$38,406.00	50.1%			$0.00			$0.00
CEILINGMT-580/2.100	CEILING SUSPENSION MOUNT FOR LCD MONITOR	1	$4,514.00	$4,514.00	$2,254.00	$2,254.00	50.1%			$0.00			$0.00
TS2023	Mavig 360 Column - Fixed	1	$2,450.00	$2,450.00	$1,223.00	$1,223.00	50.1%			$0.00			$0.00
CARD-ONE/GENESIS/SP.100	SURECARDIO WITH PHASEXACT FOR AQUILION ONE GENESIS SP	1	$54,319.00	$54,319.00	$27,120.00	$27,120.00	50.1%			$0.00			$0.00
CT-	Advanced	1	$4,000.00	$4,000.00	$4,000.00	$4,000.00	0.0%			$0.00			$0.00

TRAINING-301	Aquilion One/Premium Cardiac CT Course for Technologists									
CHVH-001A/2B	Varialbe Helical Pitch	1	$25,000.00	$25,000.00	$12,482.00	$12,482.00	50.1%	$0.00		$0.00
FLEX-OCS-M	MEDRAD STELLANT FLEX MEDIUM OCS DUAL FLOW INJECTOR WITH INSTALL	1	$73,260.00	$73,260.00	$36,577.00	$36,577.00	50.1%	$0.00		$0.00
Total										

The above table compares each of the line items in your quoted configuration to similar occurrences of that line item. Negotiating for an overall discount is not the only option. Using the data above provides a different approach to finding savings by identifying the best pricing for each line item in your quotation. All historical pricing is based upon the records included within this report.

The savings @low represents the extended potential savings for the quoted quantity of each item based upon the lowest unit list price. The savings @high represents the extended potential savings for the quoted quantity of each item based upon the highest line item discount. These figures do not always match because manufacturers increase their list prices from time to time.

Configuration Analysis

Configuration		▼	Detail					
Catalog Number	Item Name	Typical Config						
The Proposed Configuration			List/Unit	Quote/Unit	Discount	Config List	Config Quote	Config Discount
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	- 10 -				$1,923,564.00	$960,383.00	50.1%
YES-SEISMIC-GENESIS/SP/2.100	YES - SITE REQUIRES GENESIS SEISMIC ANCHORING	2/10	$3,005.00	$1,500.00	50.1%			
CA-9923C.100	[KIT] GENESIS CONFIGURATION	0/10	$1,659,989.00	$828,787.00	50.1%			
AQ/PDU/G	TOSHIBA POWER DISTRIBUTION UNIT FOR GENESIS	9/10	$70,000.00	$70,000.00	0.0%			
CT-ENCORE-AQG/PROMO-PR	ENCORE CUSTOMER LOYALTY UPGRADE	0/10	$0.00	$0.00				
INJSYNC800-KIT.100	ISI 800 INJECTOR SYNCRONIZATION KIT	2/10	$24,103.00	$12,034.00	50.1%			
CTF-GENESIS.100	SUREFLUORO: CT FLUORO KIT GENESIS SERIES	1/10	$76,924.00	$38,406.00	50.1%			
CEILINGMT-580/2.100	CEILING SUSPENSION MOUNT FOR LCD MONITOR	0/10	$4,514.00	$2,254.00	50.1%			
TS2023	Mavig 360 Column - Fixed	0/10	$2,450.00	$1,223.00	50.1%			
CARD-ONE/GENESIS/SP.100	SURECARDIO WITH PHASEXACT FOR AQUILION ONE GENESIS SP	4/10	$54,319.00	$27,120.00	50.1%			
CT-TRAINING-301	Advanced Aquilion One/Premium Cardiac CT Course for Technologists	6/10	$4,000.00	$4,000.00	0.0%			
CHVH-001A/2B	Varialbe Helical Pitch	6/10	$25,000.00	$12,482.00	50.1%			
FLEX-OCS-M	MEDRAD STELLANT FLEX MEDIUM OCS DUAL FLOW INJECTOR WITH INSTALL	1/10	$73,260.00	$36,577.00	50.1%			
Additional Items Purchased by Other Facilities			Quote Amount			Discount %		
			High	Low	Avg.	High	Low	Avg.
CSNP-002A/2B	* 4-D Neuro Perfusion Package with SureSubtraction for Console	10/10	$28,048.00	$28,048.00	$28,048.00	55.0%	55.0%	55.0%
T/ASSIST/GENESIS.100	* TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS	7/10						
CA-9823E.100	* [KIT] AQUILION ONE GENESIS	6/10	$746,995.00	$746,995.00	$746,995.00	55.0%	55.0%	55.0%

	EDITION SP 640 CT SCANNER WITH AIDR 3D AND HIGH CAPACITY EXTENDED COUCH (/6-V10) **OSP PENDING**							
UPS-GENESIS-CONSOLE-U10K.100	* CONSOLE UPS FOR AQUILION ONE GENESIS	6/10	$23,500.00	$23,500.00	$23,500.00	0.0%	0.0%	0.0%
CGAP-001A/1B	* AREA FINDER KIT FOR AQUILION ONE GENESIS SERIES	4/10						
CA-9825E.100	* [KIT] AQUILION ONE GENESIS EDITION SP 640 FAST CT SCANNER WITH 0.275 ROTATION AND AIDR 3D AND HIGH CAPACITY EXTENDED COUCH (/6-V10)	4/10						
2036/305A6SPEC.000	* TSX-305A/6 SPECTRAL UPGRADE KIT	3/10	$338,153.00	$338,153.00	$338,153.00	55.0%	55.0%	55.0%
APPS-ONSITE-16	* Additional On-Site Applications Training - 16 Hours	3/10	$4,000.00	$4,000.00	$4,000.00	0.0%	0.0%	0.0%
INJSYNC900-KIT.100	* ISI 900 MEDRAD SYNCRONIZATION KIT	3/10	$24,505.00	$24,505.00	$24,505.00	55.0%	55.0%	55.0%
TRAINING-ADD-IR-T	* ADDITIONAL CLINICAL APPLICATIONS - IRVINE, CA (TUITION ONLY)	2/10						
CAFS-007A/2B	* REAR FOOTSWITCHES	1/10						
CARD-ONE/GENESIS.100	* SURECARDIO WITH PHASEXACT	1/10						
APPS-ONSITE-32	* Additional On-Site Applications Training - 32 Hours	1/10						
DIGITAL-SERVICES-PR.100	* [KIT] DIGITAL SERVICES PROMOTION	1/10						
AQ/PDU	* Toshiba Power Distribution Unit	1/10						
TRAINING-ADD-IR	* Additional Clinical Applications - Irvine, CA	1/10						
AMPCS235TPOS	* Patient Observation System w color ccamera and LCD monitor	1/10						
AQ-SYNC/INJECT/RXL.100	* TOSHIBAS INJECTOR SYNCHRONIZATION SOFTWARE FOR RXL, PRIME & ONE-VISION	1/10						
	* AI ADVANCED IMAGING (AI) PACKAGE PROMOTION	1/10						
FLEX--OCS--S	* MEDRAD STELLANT FLEX SHORT OCS DUAL FLOW INJECTOR WITH INSTALL	1/10						
CSCS-001A/2B	* SURECARDIO SCORING ON	1/10						

	CONSOLE	
YES-SEISMIC1-GENESIS/SP/2.100	* YES - SITE REQUIRES GENESIS SEISMIC ANCHORING	1/10
SURECARDONES/2.100	* SureCardio with PhaseExact for Aquilion One	1/10
UPS-GENESIS-CONSOLE1-U10K.100	* [KIT] CONSOLE UPS FOR AQUILION ONE GENESIS (NOT AVAILABLE IN OSHPD CA)	1/10
TRAINING-ONE-IR	* Additional Aquilion One Applications Training	1/10
APPS-VIT-ONSITE-16	* ADDITIONAL ON-SITE APPLICATIONS TRAINING FOR VITREA - 16 HOURS	1/10
TRNG-PREFPRO-PREFERRED UPGRADE	* PERFORMANCE PRO - PREFERRED	1/10
CT-ENCORE-AQG/PROMO1-PR	* ENCORE CUSTOMER LOYALTY UPGRADE	1/10
21600104	* REMOTE CONTROL PANEL RMC-2010 FOR WESEMANN UPS U10K	1/10
TRADE-IN	* Trade-in	1/10
VLO-4DBPEF/LU	* VITREA 4-D CT BRAIN PERFUSION OPTION	1/10
590441	* Rollstand for model -7800	1/10
CSMC-001A/1B	* Adaptive Motion Correction (Aquilion One)	1/10

The above table shows your quoted configuration as compared to the configurations previously purchased by other members. The "Typical Config" column is a ratio of how many times the component was purchased with this model compared to how many purchases of the model are on record. For example, "2/8" indicates that 2 out of the 8 most recent purchases of this model include this component. The line items with a "*" are not currently included in your purchase but occurred in previous purchases.

Appendix

Historical Purchases - Aquilion ONE GENESIS SP

Record ID# 1147494

Date: Q4 2021	List Price: $1,877,683.00	Quoted Price: $1,152,210.00			Discount: 38.6%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Aquilion ONE GENESIS SP and Components	1	$1,152,210.00	$1,152,210.00	38.6%
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	1			
CA-9823E.100	[KIT] AQUILION ONE GENESIS EDITION SP 640 CT SCANNER WITH AIDR 3D AND HIGH CAPACITY EXTENDED COUCH (/6-V10) **OSP PENDING**	1			
UPS-GENESIS-CONSOLE-U10K.100	CONSOLE UPS FOR AQUILION ONE GENESIS	1			
AQ/PDU	Toshiba Power Distribution Unit	1			
21600104	REMOTE CONTROL PANEL RMC-2010 FOR WESEMANN UPS U10K	1			
CSNP-002A/2B	4-D Neuro Perfusion Package with SureSubtraction for Console	1			
CGAP-001A/1B	AREA FINDER KIT FOR AQUILION ONE GENESIS SERIES	1			
CHVH-001A/2B	Varialbe Helical Pitch	1			
T/ASSIST/GENESIS.100	TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS	1			
CAFS-007A/2B	REAR FOOTSWITCHES	1			
APPS-ONSITE-32	Additional On-Site Applications Training - 32 Hours	1			
TRAINING-ONE-IR	Additional Aquilion One Applications Training	4			
VLO-4DBPEF/LU	VITREA 4-D CT BRAIN PERFUSION OPTION	1			

APPS-VIT-ONSITE-16	ADDITIONAL ON-SITE APPLICATIONS TRAINING FOR VITREA - 16 HOURS	1			
Total	All Models and Components	---		$1,152,210.00	38.6%
	None Indicated	---		---	
Grand Total	All Models and Components After Discounts	1		$1,152,210.00	38.6%
Notes:	(1) Aquilion ONE GENESIS SP No itemized pricing N/D $94,900 excluded				
Vendor:	Canon Medical Systems USA Inc				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
None Indicated	---	---

Record ID# 1153654

Date: Q4 2021	List Price: $1,923,561.00	Quoted Price: $1,151,337.00			Discount: 40.1%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Aquilion ONE GENESIS SP and Components	1	$1,151,337.00	$1,151,337.00	40.1%
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	1			
CA-9823E.100	[KIT] AQUILION ONE GENESIS EDITION SP 640 CT SCANNER WITH AIDR 3D AND HIGH CAPACITY EXTENDED COUCH (/6-V10) **OSP PENDING**	1			
AQ/PDU/G	TOSHIBA POWER DISTRIBUTION UNIT FOR GENESIS	1			
CSNP-002A/2B	4-D Neuro Perfusion Package with SureSubtraction for Console	1			
T/ASSIST/GENESIS.100	TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS	1			
CTF-GENESIS.100	SUREFLUORO: CT FLUORO KIT GENESIS SERIES	1			
CARD-ONE/GENESIS.100	SURECARDIO WITH PHASEXACT	1			
CT-TRAINING-301	Advanced Aquilion One/Premium Cardiac CT Course for Technologists	1			
Total	All Models and Components	---		$1,151,337.00	40.1%

	None Indicated	---		---	
Grand Total	All Models and Components After Discounts	1		$1,151,337.00	40.1%
Notes:	$81,000 Training excluded				
Vendor:	Canon Medical Systems USA Inc				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
None Indicated	---	---

Record ID# 1132951

Date: Q3 2021	List Price: $1,952,686.00	Quoted Price: $887,289.00			Discount: 54.6%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Aquilion ONE GENESIS SP and Components	1	$887,289.00	$887,289.00	54.6%
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	1			
CA-9823E.100	[KIT] AQUILION ONE GENESIS EDITION SP 640 CT SCANNER WITH AIDR 3D AND HIGH CAPACITY EXTENDED COUCH (/6-V10) **OSP PENDING**	1			
UPS-GENESIS-CONSOLE1-U10K.100	[KIT] CONSOLE UPS FOR AQUILION ONE GENESIS (NOT AVAILABLE IN OSHPD CA)	1			
AQ/PDU/G	TOSHIBA POWER DISTRIBUTION UNIT FOR GENESIS	1			
CT-ENCORE-AQG/PROMO 1-PR	ENCORE CUSTOMER LOYALTY UPGRADE	1			
CSNP-002A/2B	4-D Neuro Perfusion Package with SureSubtraction for Console	1			
CHVH-001A/2B	Varialbe Helical Pitch	1			
CSMC-001A/1B	Adaptive Motion Correction (Aquilion One)	1			
T/ASSIST/GENESIS.100	TECH ASSIST LATERAL TABLE SLIDE FOR AQUILION ONE GENESIS	1			

AMPCS235TPOS	Patient Observation System w color ccamera and LCD monitor	1			
AQ-SYNC/INJECT/RXL.100	TOSHIBAS INJECTOR SYNCHRONIZATION SOFTWARE FOR RXL, PRIME & ONE-VISION	1			
SURECARDONES/2.100	SureCardio with PhaseExact for Aquilion One	1			
CT-TRAINING-301	Advanced Aquilion One/Premium Cardiac CT Course for Technologists	1			
590441	Rollstand for model -7800	1			
TRAINING-ADD-IR	Additional Clinical Applications - Irvine, CA	2			
Total	All Models and Components	---		$887,289.00	54.6%
	GPO	---		---	
	Promotional	---		---	
Grand Total	All Models and Components After Discounts	1		$887,289.00	54.6%
Notes:	Non-discountable items excluded ($104,500)				
Vendor:	Canon Medical Systems USA Inc				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Promotional	---	---

Historical Service Contracts - Aquilion ONE GENESIS SP

Record ID# 1119160

Date: Q2 2021

Totals for Term		**Term**	6 Years
List Price		**Payment Interval**	1 Year
Quoted Price	$959,760.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$159,960.00	**Discount Reasons**	GPO

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$159,960.00	$159,960.00		$2,293,372.00	7.0%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
AQ-ONE-GENESIS-SP/3.000	Aquilion ONE GENESIS SP	1			$159,960.00	$159,960.00		$2,293,372.00	7.0%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		30 Minute(s)	M-F 8-5		
Preventative Maintenance			M-F 8-5		

Notes: 98% Uptime Guarantee

Record ID# 1132511

Date: Q3 2021

Totals for Term		**Term**	1 Year
List Price		**Payment Interval**	1 Year
Quoted Price	$130,950.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$130,950.00	**Discount Reasons**	None Indicated

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	Aquilion ONE GENESIS SP	1			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		1 Hour(s)	M-F 8-5		
Preventative Maintenance			M-F 8-5		

Notes: 98% Uptime Guarantee

Record ID# 1132512

Date: Q3 2021

Totals for Term		**Term**	1 Year
List Price		**Payment Interval**	1 Year
Quoted Price	$130,950.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$130,950.00	**Discount Reasons**	None Indicated

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	Aquilion ONE GENESIS SP	1			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		1 Hour(s)	M-F 8-5		
Preventative Maintenance			M-F 8-5		

Notes: 98% Uptime Guarantee

Record ID# 1132513

Date: Q3 2021

Totals for Term		**Term**	1 Year
List Price		**Payment Interval**	1 Year
Quoted Price	$130,950.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$130,950.00	**Discount Reasons**	None Indicated

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	Aquilion ONE GENESIS SP	1			$130,950.00	$130,950.00		$1,659,989.00	7.9%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		1 Hour(s)	M-F 8-5		
Preventative Maintenance			M-F 8-5		

Notes: 98% Uptime Guarantee

Record ID# 1115619

Date: Q2 2021

Totals for Term		**Term**	6 Years
List Price		**Payment Interval**	1 Year
Quoted Price	$819,450.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$136,575.00	**Discount Reasons**	

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$136,575.00	$136,575.00		$2,671,935.00	5.1%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
AQ-ONE-GENESIS-SP.000	Aquilion ONE GENESIS SP	1			$136,575.00	$136,575.00		$2,671,935.00	5.1%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		30 Minute(s)			
Preventative Maintenance			M-F 8-5		

Notes: Uptime Guarantee 98%

Record ID# 1049787

Date: Q3 2020

Totals for Term		**Term**	6 Years
List Price		**Payment Interval**	1 Year
Quoted Price	$886,230.00	**Level of Coverage**	
Discount		**Point-of-Sale**	No
Totals per Year			
List Price		**Discount Amount**	
Quoted Price	$147,705.00	**Discount Reasons**	GPO

Service Contract

Catalog No.	Item Name	Service Company	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
	INTOUCH FULL SERVICE	Canon Medical Systems USA Inc			$147,705.00	$147,705.00		$1,860,681.00	7.9%

Capital Items

Catalog No.	Description	Qty	Payment List/Unit	List /Unit/Year	Payment Quoted/Unit	Quoted /Unit/Year	Discount %	Capital List Price/Unit	Svc Cost % Unit/ Year
AQ-ONE-GENESIS-SP.000	Aquilion ONE GENESIS SP	1			$147,705.00	$147,705.00		$1,860,681.00	7.9%

Coverage

Service Type	Rate Type	Response Time	Coverage Time	Rate	Limit
On Site		4 Hour(s)	M-F 8-5		
Telephone (Technical)		30 Minute(s)	M-F 8-5		
Preventative Maintenance			M-F 8-5		

Notes: 98% Uptime
Rotation count: up to 250,000/usage fee $1.25

Disclaimer

The member agrees to hold in strict confidence Capital Guide Custom Analyses, as well as the content of the other Products and Services offered under the Capital Guide Agreement, using them only for their intended purpose and within its own institution, and shall not transmit them to or share them with third parties without the prior written permission of ECRI in each instance. The provisions of this clause shall survive expiration or termination of this Agreement. In the event that member uses or attempts to use the Custom Analysis, or other Capital Guide Products and Services, in a manner that is contrary to the terms of the Capital Guide Agreement, it may result in an automatic termination of the usage rights granted herein and will give ECRI the right (in addition to any such remedies available to it) to injunctive relief enjoining those acts, it being acknowledged that legal remedies are inadequate.

THE IMAGING CONNECTION
BRIDGING THE GAP BETWEEN BUYERS AND SUPPLIERS

DATE: 8/10/22
TO: Gina Ramirez
CO: Salinas Valley Memorial Healthcare
FROM: Gail Spinner

I am submitting a quotation for mobile CT scanner coverage for your project. I work with Advanced Imaging Services out of Lathrop, CA for my Toshiba mobile CT scanners. Please review the summary of features below. Should you decide to move forward please contact me for a formal quotation. If you have any questions, please contact me by phone or e-mail. Thank you for considering us your imaging equipment needs.

EQUIPMENT QUOTED -- -- Toshiba Aquilion CX 128 slice

START DATE -- -- TBD (approx. April 2023)

QUOTED PRICE INCLUDES -- -- Service on CT and Trailer for Lease
-- On Site Assistance during start up
-- CT Injector

LEASE TERM QUOTED -- -- 6 mo.

LOCATION -- -- Salinas, CA

PRICING -- -- $25,500 per mo.

TRANSPORTATION-- --$3500 (subject to change)

PRO RATA EXTENSIONS -- -- Available upon Request

All units are quoted subject to availability.

gailspinner@gmail.com 909-367-8370
www.theimagingconnection.com
8235 Kinlock Ave. Rancho Cucamonga, CA 91730

Board Paper: Finance Committee

Agenda Item:	Consider Recommendation for Board of Directors Approval of (i) Project Budget for the SVMH Nuclear Medicine Equipment Replacement, (ii) Award of Contract to GE Healthcare for the Nuclear Medicine Equipment System and Service Agreement, and (iii) Award of Contract to The Imaging Connection for the Nuclear Medicine Mobile Lease
Executive Sponsor:	Clement Miller, Chief Operating Officer Earl Strotman, Director Facilities Management & Construction Gina Ramirez, Director Imaging Services Dave Sullivan, Project Manager
Date:	August 1, 2022

Executive Summary

The gold standard for Nuclear Medicine imaging is SPECT/CT. The NM/CT 850 SPECT/CT system has the ability to perform three-dimensional Nuclear Medicine imaging while utilizing CT imaging technology for anatomical information and attenuation correction. The ability to combine Nuclear Imaging, which focuses on functional or physiologic processes with CT, greatly enhances the diagnostic capability of Nuclear medicine exams being performed. The system will also allow us to offer new and emerging Nuclear Medicine procedures due to the systems technological advantages over the older technology. The new scanner will provide improved small lesion detectability, reduced scan times, and decreased patient dose.

Background/Situation/Rationale

The Nuclear Medicine equipment replacement project calls for upgrades to structural, electrical, and mechanical components to comply with current building codes, support the equipment, renovate, and expand the suite, and add a new restroom. This project will upgrade and modernize SVMH's Nuclear Medicine facilities, remove barriers to accessibility, and comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI.

Our current GE Spect NM cameras were installed in 2004. They are at "end of life" status and will no longer be supported by GE after 9/30/23. We have experienced numerous downtime events over the last year due to the age of the equipment, which has caused delay in patient care and staff overtime. The current technology has improved with the addition of CT and offers improved workflow and reduced exam times.

SVMH will be responsible for securing HCAI approvals necessary to execute the work. Several design and planning meetings were completed to review and analyze the various solutions from multiple vendors. The design team will continue to prepare plans for HCAI review and approval.

During construction, an interim mobile Nuc Med trailer will be installed on an existing equipment pad to offer continuity of SVMH Nuclear Medicine services during the project.

Ancillary improvements necessary to implement the Project include fire rated barriers, structural reinforcement upgrades, and upgrades to HVAC systems.

Strategic Plan Alignment

To provide high quality Nuclear Medicine imaging and improved throughput while reducing radiation dose to our patients

Pillar/Goal Alignment

✓ **Service** ☐ **People** ✓ **Quality** ☐ **Finance** ☐ **Growth** ☐ **Community**

Financial Implications

The essential terms of the proposed Contract with the Nuclear Medicine equipment supplier include:

Key Contract Terms	GE Precision Healthcare
1. Proposed effective date	Issuance of Notice to Proceed anticipated in August 2022
2. Term of agreement	6 years – First year warranty and 5 years on a Service Agreement with GE
3. Renewal terms	After the end of the Initial Warranty Term, the term of the Service Agreement may be extended for successive terms (each, a "Renewal Term") each equal to the Initial Term. However, a party may terminate this agreement on the last day of the Initial Term or any Renewal Term (each, an "Expiration Date") by giving the other party a notice of termination at least 12 months before the Expiration Date.
4. Cost	Reference Below
5. Budgeted (indicate y/n)	Yes, FY22 Approved Budget for Nuc Med = $250,000 (YTD Spend = $47,044) FY23 Approved Budget for Nuc Med = $2,250,000 Partial spends in Fiscal Years 2023 and 2024

Capital Expense	FY2023	FY2024	Total
Direct and Indirect Construction *	$ 1,116,139.00	$ 1,045,079.00	$ 2,161,218.00
GE Equipment	$ 713,335.00		$ 713,335.00
Rental Equipment	$ 66,000.00	$ 61,500.00	$ 127,500.00
	$ 1,895,474.00	$ 1,106,579.00	**$ 3,002,053.00**

**Includes $103,648 in project contingency which shall be reserved for use by SVMHS.*

Operational Expense	FY2023	FY2024 -FY2028	Total
GE Service Agreement	Warranty	$ 53,563.00	**$267,815.00**

Project Cost Total = $3,002,053 + $267,815 = $3,269,868

Schedule: August 2022 – Commence procurement of onsite equipment, and HCAI permitting documents for interim and permanent equipment.
February 2023 – Commission procurement of interim onsite equipment
April 2023 – Commence construction of permanent onsite renovations

Budget: As currently programmed, the Nuclear Medicine equipment replacement project cost estimate is $3,269,868. The project cost estimate includes design and engineering fees, permitting, project contingency, design-assistance from GE, equipment lease, program management, and construction services required to complete the project.

Procurement: SVMHS solicited for product agreement services to qualified medical equipment suppliers. Various proposals were received by SVMHS with multiple arrangements and pricing. Each of the responses was reviewed by Nuclear Medicine, Materials Management and Facilities Management to compare initial capital construction costs and product supply agreement arrangements. After evaluating all proposals, SVMHS determined that GE Precision Healthcare provided the most effective solution.

Recommendation

Consider recommendation for Board of Directors (i) to approve the total estimated project cost for the SVMH Nuclear Medicine Equipment Replacement project in the budgeted amount of $3,269,868, (ii) award equipment and service contract to GE Precision Healthcare for the terms and conditions in the proposed agreements in the amount of $981,150, and (iii) award mobile lease contract to The Imaging Connection in the amount of $127,500.

Attachments

- Attachment 1: Estimated Project Budget
- Attachment 2: Quote for GE 850 SPECT/CT
- Attachment 3: Quote for GE 850 SPECT/CT Service Contract
- Attachment 4: ECRI Reports for GE NM/CT 850 SPECT/CT
- Attachment 5: Draft Proposal for The Imaging Connection mobile lease

Salinas Valley Memorial Healthcare System (10348)

Project Cost Summary: Nuclear Medicine Equipment Replacement, Room Expansions, with Restroom
Architect: HMC Architects
Budget Generated During Concept Phase/Start of Design Development
Date Printed: 8/10/2022

BOGARD CONSTRUCTION, INC. Since 1947

BUDGET SUMMARY

Line Item		Description	Original Budget	Notes	Cash Flow FY23 Projection	Cash Flow FY24 Projection
	1	**Construction**				
0100		Construction Contract	$1,036,483	Single Prime Delivery Method	$518,241	$518,241
		Phasing and Sequencing	$103,648	Phasing and Sequencing	$51,824	$51,824
		Unforeseen Conditions	$85,000	Undiscovered or Unforeseen Conditions	$42,500	$42,500
0102		Owner Construction Contingency	$103,648	Owner Held Contingency	$51,824	$51,824
	2	**Design**				
0200		Professional Fees - Fixed	$275,000	Architectural & Consulting Engineers	$206,250	$68,750
	3	**Inspections and Consultation**				
0300		Inspector of Record	$50,000	Agency Required Inspections	$25,000	$25,000
0301		Special Inspections	$30,000	Agency Required Inspections	$15,000	$15,000
0303		Testing and Monitoring(Hazardous Materials)	$13,000	Hazardous Material Testing and Monitoring	$6,500	$6,500
	4	**AHJ Fees**				
0400		OSHPD	$50,000	Agency Fees	$25,000	$25,000
	5	**Soft Costs**				
0502		Construction Management - PM/CM	$348,000	Program Management	$174,000	$174,000
	7	**FF&E**				
0701		Medical Equipment	$713,335	NM Equipment	$713,335	$0
		Medical Equipment Service Agreement	$267,815	NM Equipment Service Agreement	$0	$267,815
		Medical Equipment Lease	$127,500	NM Equipment Rental	$66,000	$61,500
	99	**Contingency**				
9900		Contingency	$66,439	Project Contingency	$0	$66,439
Totals			**$3,269,868**		**$1,895,475**	**$1,374,394**

GE Healthcare

August 2, 2022
Quote Number: **2006630923.8**
Customer ID: **1-23RLYL**
Agreement Expiration Date: **09/01/2022**

Salinas Valley Memorial Hospital
450 E Romie Ln
Salinas, CA 93901-4029

This Agreement (as defined below) is by and between the Customer and the GE Healthcare business ("GE Healthcare"), each as identified below for the sale and purchase of the Products and/or Services identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is this Quotation and either: (i) the Governing Agreement identified below; or (ii) if no Governing Agreement is identified, the GE Healthcare Terms and Conditions and Warranties that apply to the Products and/or Services identified in this Quotation. In the event of conflict, the Quotation supersedes.

GE Healthcare can withdraw this Quotation at any time before Customer: (i) signs and returns this Quotation or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare ("Quotation Acceptance"). On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Products and/or Services identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except an indication of the form of payment, Customer purchase order number and signatures on the signature blocks below) are void.

Governing Agreement:	Novation Vizient Supply LLC
Terms of Delivery	FOB Destination
Billing Terms	80% on Delivery / 20% on Acceptance
Billing Frequency(Subscriptions)	Annually
Payment Terms	45 Net
Total Quote Net Selling Price	$713,335.36
Sales and Use Tax Exemption	No Certificate on File
Catalog + Subscription Initial Payment	$713,335.36

IMPORTANT CUSTOMER ACTIONS:

Please select your planned source of funds. Source of funds is assumed to be cash unless you choose another option. Once equipment has been shipped, source of funds changes cannot be allowed.

___ Cash

___ GE HFS Loan ___ GE HFS Lease

___ Other Financing Loan ___ Other Financing Lease Provide Finance Company Name _____

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Salinas Valley Memorial Hospital

Signature: _____

Print Name: _____

Title: _____

Date: _____

_____
Purchase Order Number, if applicable

GE Precision Healthcare LLC, a GE Healthcare business

Signature: Jenelle Vay

Title: Account Manager, IMG

Date: August 2, 2022

August 2, 2022
Quote Number: **2006630923.8**
Customer ID: **1-23RLYL**
Agreement Expiration Date: **09/01/2022**

To Accept This Quotation

Please sign and return this quotation together with your Purchase Order to:

Name: Jenelle Vay
Email jenelle.roullier@ge.com
Phone: +1 4155189843
Fax:

Name:
Email:
Phone:
Fax:

Payment Instructions

Please **remit** payment for invoices associated with this quotation to:

GE Precision Healthcare LLC
P.O. Box 96483
Chicago, IL 60693

FEIN: 83-0849145

Salinas Valley Memorial Hospital **Addresses:**

Bill To:	SALINAS VALLEY MEMORIAL HOSPITAL	SALINAS VALLEY MEM HOSP, ACCOUNTS PAYABLE PO BOX 3827 SALINAS CA, 93912
Ship To:	SALINAS VALLEY MEMORIAL HOSPITAL	HOSPITAL 450 E ROMIE LN CA,93901-4029

To Accept This Quotation

- Please sign the quote and any included attachments (where requested).
- If requested, please indicate your form of payment.
- If you include a purchase order, please make sure it references the following information:
  - The correct Quote number and Version number above
  - The correct Remit To information as indicated in **"Payment Instructions"** above
  - Your correct SHIP TO and BILL TO site name and address
  - The correct Total Price as indicated above

Upon submission of a purchase order in response to this quotation, GE Healthcare requests the following to evidence agreement to contract terms: Signature page on quote filled out with signature and P.O. number **** OR**** Verbiage on the purchase order must state one of the following:

(i)Per the terms of Quotation # _____, (ii) Per the terms of GPO #_____; (iii) Per the terms of MPA# _____: or (iv) Per the terms of SAA # _____.

Include applicable quote/agreement number with the reference on the purchase order. In addition, Source of Funds (choice of Cash/Third Party Load or GE HFS Lease Loan or Third Party Lease through _____), must be indicated, which may be done on the Quote Signature Page (for signed quotes), or the Purchase Order (where quotes are not signed) or via a separate written source of funds statement (if provided by GE Healthcare)."

Catalog Item Details

Line	Qty.	Catalog	
1	**1.00**	**Y0000LC**	**Pricing Non-Disclosure Language**

This CONFIDENTIAL offer may not be shared with any third parties, buying evaluation groups or anyone not directly employed by customer. This offer is being extended in relation to a national show-site agreement, research partnership, or other non-standard transaction. If required for publishing, GE will happily provide a list price quote.

Line	Qty.	Catalog	
2	**1.00**	**S3907AD**	**NM/CT 850 3/8 inch Detector**

NM/CT 850 system is a hybrid SPECT/CT imaging system combining a nuclear imaging camera with a hybrid-dedicated low-dose CT subsystem. It has an all-purpose, dual-detector, free-geometry integrated nuclear imaging camera that features the advanced Elite NXT detector technology, slim gantry, cantilevered patient table, an Acquisition station and Smart Console digital processing workstation, now combined with a Revolution ACTs CT that has been adapted for low-dose hybrid-dedicated use within the NM/CT 850 imaging system.
The Elite NXT detectors feature 3/8" or 5/8" thick detectors for all-purpose nuclear imaging.
The adapted low-dose hybrid-dedicated Revolution ACTs is an 8-Slice CT with short geometry designed gantry and New Clarity panel detector HiLight™ scintillator with DAS on detector (DoD) and other advanced OptiDose* dose management features.
Key features of the free-geometry NM/CT 850 design include:
• Slim-profile, wide-bore, robotic gantry design
• 180° and 90° orientations of the NM detectors for high SPECT and WB scanning efficiency
• Rapid, simultaneous multi-axis gantry motions
• Upright and horizontal detector orientations for exceptional clinical versatility, including patients that are in a hospital bed, standing or sitting during scan
• Multi-functional, dual-axis imaging table
• Automatic "home" positioning enables easy setup of the gantry and the table using pre-programmed detector geometries and imaging modes
• Real-time automatic body contouring
• User-friendly, intuitive Linux-based user interface
• CT imaging sub-system for low-dose Hybrid SPECT/CT applications including attenuation correction and localization
• Smart Console™ provides automated processing, connectivity, and user collaboration tools, for enhanced workflow and accessibility.
• Ignite integrated workflow with Xeleris processing and review workstation designed to help enhance departmental productivity

The Evolution for Bone SPECT Camera License enables the acquisition of Evolution for Bone SPECT data sets on 800 series cameras. The Evolution for Bone SPECT algorithm models the collimator-detector response, improves Bone SPECT resolution, signal to noise ratios and reduces noise variability. Evolution for Bone SPECT enables improved resolution of bone SPECT studies acquired over standard acquisition time or non-inferior image quality with up to 50% reduction in count density, achieved by either imaging at ½ acquisition time or injecting with ½ dose (or any combination of the two) when compared to standard bone SPECT imaging protocols. The Evolution for Bone reconstruction is an additional module within the Q.Volumetrix MI application.
The Evolution for Planar Bone Camera License enables the acquisition of Evolution for Planar Bone data sets on the 800 series cameras. The Evolution for Planar Bone includes a noise reduction algorithm that preserves the finest structures in the image using well-suited pixel size and optimal energy window settings. This Adaptive Structure Matching Non-Local Filter enables improved planar image quality for the same scan time, shorter planar scan time while preserving image quality, or reduced injected dose with the same scan time while preserving image quality. The Evolution for Planar Bone reconstruction is an additional module within the Whole Body Bone and Spots Review application.
The Evolution for Cardiac Camera License enables the acquisition of Evolution for Cardiac data sets on the 800 series cameras. The Evolution for Cardiac resolution recovery algorithm models the collimator-detector response, improves cardiac SPECT resolution, signal to noise ratios and reduces noise variability. Evolution for Cardiac provides non-inferior image quality with up to 50% reduction in count density, achieved by either imaging at ½ the acquisition time or injecting with ½ the dose (or any combination of the two) when compared to standard MPI protocols. The Evolution for Cardiac reconstruction is an additional module within the Myovation application.
The Evolution Tool Kit Camera License enables the acquisition of Evolution Tool Kit data sets on the 800 series cameras. The Evolution Tool Kit is a package enabling improved resolution and reduced noise for SPECT studies of Tc99m, I123, In111 and Ga67 by using the Evolution reconstruction technique with resolution recovery. Compared to standard FBP or iterative

reconstruction, Evolution Tool Kit can enable improved visual clarity. Evolution Tool Kit includes Poisson and Angular re-sampling tools to for imaging simulation of various levels of count densities to test the impact of time or dose reduction on image quality. Evolution Tool Kit reconstruction is an additional module within the Q.Volumetrix MI application.

Line	Qty.	Catalog	
3	**1.00**	**H3909AD**	**NM LEHRS coll with cart (including SwiftScan)**

NM 800 Low Energy High Resolution and sensitivity Collimators includes two collimators and a dedicated collimator cart.

Line	Qty.	Catalog	
4	**1.00**	**H2506TC**	**NM MEGP Collimators with Cart**

NM Medium Energy General Purpose Collimators includes two collimators and a dedicated collimator cart

Line	Qty.	Catalog	
5	**1.00**	**H2506TE**	**NM HEGP Collimators with Cart**

NM High Energy General Purpose Collimators includes two collimators and a dedicated collimator cart

Line	Qty.	Catalog	
6	**1.00**	**H3100PF**	**QC Flood Source Holder Kit**

A large plate mounted at a small distance above the NM detector on which the flood source is positioned in order to perform acquisition of flood studies for QA/QC purposes.

Line	Qty.	Catalog	
7	**1.00**	**H3100PE**	**QC Point Source Holder**

An L-shaped metal plate attachable to the wall with an opening for a syringe in order to acquire point source-based flood acquisition at a few meters distance from vertically positioned detector for QA purposes.

Line	Qty.	Catalog	
8	**1.00**	**H3602SL**	**QA COR Source Holder**

Center of rotation source holder for Quality assurance, easily attached to Infinia or Ventri table.

Line	Qty.	Catalog	
9	**1.00**	**H3909DY**	**QC Bar Phantom**

Bar phantom for spatial resolution and linearity tests of gamma cameras. The phantom consists of four quadrants with different bar specification:
For each of the quadrant, bar spacing is 2.5mm, 3.2mm, 3.5mm 4.0mm

Line	Qty.	Catalog	
10	**1.00**	**B7999ZB**	**2 Phase Uninterruptible Power Supply**

Vertiv Uninterruptible Power Supply with custom designed cables to interconnect with GE scanners. The UPS Primarily Backs Up the System Computer Functions.

Bridges Short Power Outages and Provides Time for Crossover from Normal Main Power to Emergency Power. Must be Located Within Eight Feet of the PDU.

Line	Qty.	Catalog	
11	**1.00**	**H3100YT**	**UPS fixtures for 480V UPS for NM SPECT/CT**

A set of cables and components required for use with E4502JJ Eaton 6 kVa UPS - for DLX and DX Digital X-Ray system consoles and Nuclear products that provide partial emergency backup power supply for completion of NM scans and gantry motion.

Line	Qty.	Catalog	
12	**1.00**	**H3100TZ**	**Flat Floor Plate**

A streamlined floor plate designed to facilitate collimator exchange on the NM 600/800 series cameras to aid hospital bed and stretcher imaging.

Line	Qty.	Catalog	
13	**1.00**	**H3100PG**	**600/800 Series Pallet Extender**

The patient pallet extender for NM 600/800 Series products can be used to extend the table top for multi-FOV SPECT, SPECT/CT and whole body studies to take advantage of the full scan range capabilities. Length is 600mm; Width is 391mm; 300mm extension Note - The use of the extender requires more space between the camera and the back wall of the scan room. Consult with GE Healthcare project manager for minimum room size requirements.

Line	Qty.	Catalog	
14	**1.00**	**H3100NW**	**Axial Head Holder**

Ergonomically designed holder to position patient's head outside of the patient tabletop pallet, enabling brain SPECT orbiting as close as possible to the patient's skull with maximal coverage of the target tissue

Line	Qty.	Catalog	
15	**1.00**	**H2506KR**	**NORAV Integrated ECG Gating**

NORAV ECG GATING

A compact ECG gating device for Discovery 630 gated cardiac studies, embedded in the Patient table in order to simplify operation.

Line	Qty.	Catalog	
16	**1.00**	**H2506TR**	**600/800 Series Detector Removal**

Detector dismount for shipment of system without detectors attached, must be reassembled in final location

Line	Qty.	Catalog	
17	**1.00**	**B77292CA**	**CT Service Cabinet**

Service cabinet for system accessories storage

Line	Qty.	Catalog	
18	**1.00**	**H3100CJ**	**Seismic Kit for H3100YT UPS Fixtures**

Line	Qty.	Catalog	
19	**1.00**	**H3909CY**	**System Seismic Option**

Seismic kit for NM/CT 850 and NM/CT 860 systems

Line	Qty.	Catalog	
20	**1.00**	**B73602CA**	**Brivo CT Gantry Dolly**

Dolly dedicated to Brivo CT

Line	Qty.	Catalog	
21	**1.00**	**S3906AX**	**Q.SPECT camera license**

S3906AX Includes the Q.SPECT camera license functionality on GE SPECT/CT Scanners. In addition to tagging camera data to be used in Xeleris quantitation applications, this license enables functionality used with Smart Console.

Line	Qty.	Catalog	
22	**1.00**	**R12023AC**	**Standard Service License**

GE Healthcare has reclassified its service tools, diagnostics and documentation into various classes (please refer to the Service Licensing Notification statement at the beginning of this Quotation). The Standard License provides access to service tools used to perform basic level service on the Equipment and is included at no charge for the warranty period.

Line	Qty.	Catalog	
23	**1.00**	**E4502JJ**	**6 KVA UPS for Nuclear Medicine**

NOTES:
• Customer is responsible for rigging and arranging for installation with a qualified party
• ITEM IS NON-RETURNABLE AND NON-REFUNDABLE
• Removal/disposal of the old unit is the customer's responsibility.
FEATURES/BENEFITS
• The use of uninterruptible power enables the system imaging to be completed after the loss of supply power, and allows for saving of valuable data and orderly system shutdown
• The Online Double Conversion UPS eliminates all power anomalies such as noise, transients, overvoltage and undervoltage, which could damage the imaging system's sensitive computer components
• Improves imaging system reliability, reduces service costs, and increases system uptime
• Cell Saver Technology provides conditioned power even during severe brownout conditions without depleting battery resources
• System monitoring via: LanSafe III / FailSafe III software, (2) RS-232 Ports
• PowerPass Module further enhances reliability through Maintenance Bypass Switch which performs maintenance or upgrade your UPS without powering down your critical systems

SPECIFICATIONS
• Dimensions (H x W x D): 33.6” x 9.9” x 15.8”
• Weight: 218 lbs.
• Input Voltage: 200 - 240 VAC
• Output Voltage: 120/240, 120/208 VAC
• Frequency: 45-65 Hz

COMPATIBILITY
• Maxxus NM

Line	Qty.	Catalog	
24	**1.00**	**E4502YB**	**Seismic Kit for E4502JJ and E4503MM UPS**

Line	Qty.	Catalog	
25	**1.00**	**E4502AG**	**90A A1 Main Disconnect Panel and UPS Control**

NOTES:
• Customer is responsible for arranging for installation with a qualified party
• ITEM IS NON-RETURNABLE AND NON-REFUNDABLE

Line	Qty.	Catalog	
26	**1.00**	**E8500NA**	**Butterfly Armrest**

Butterfly (R-Made) Armrest Designed to support a patient's arms during cardiac SPECT and other imaging procedures. Armrest offers new solution to motion artifact caused by the discomfort and pain of prolonged upper extremity hyperextension and abduction. Fast and easy to use, can be mounted and removed in one piece. and is tightly secured by adjustable mounting straps. Polyethylene construction is durable, nonbreakable, and easily learned. Measures 18 in. L x 14 in. W x 8 in. H; weighs 2.5 lb. Recommended for use with GE Optima Systems. Warranty Code H

Line	Qty.	Catalog	
27	**1.00**	**E8500NB**	**Patient Arm Support System for Nuclear, PET/CT, MRI**

Padded Arm Rest combines total arm support and passive restraint, increasing patient comfort during extended procedures. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H

Line	Qty.	Catalog	
28	**1.00**	**E8500NC**	**Patient Leg Rest for Nuclear, PET/CT, MRI**

Contoured Leg Rest prevents low back stress and pain that occurs during supine imaging and treatment, measures 7 in. H x 17 in. D x 13 in. W. Designed to accommodate virtually all patients. Compatible with most Nuclear Imaging systems and can also be used in MRI, CT and PET applications. Constructed with a comfortable, full support polyfoam with a seamless coated finish. Warranty Code: H

Line	Qty.	Catalog	
29	**1.00**	**W0302NM**	**TIP SPECT/CT System Training Program** **This training program is designed for customers purchasing a GEHC SPECT/CT system.**

This training program is designed for customers purchasing a GEHC SPECT/CT system. GEHC will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings, to include TiP Virtual Assist, the GEHC Answerline and available on-demand courses (“Virtual Inclusions”). This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development.

This program may contain:
- Onsite training (generally 12 days)
- Virtual Inclusions may include:
- Remote instructor-led training: Instructor leads a remote training session one-on-one or in a group, typically for 1 hour
- Answerline Support-Access to GEHC experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console
- Tip Virtual Assist-Direct interactive access to a GEHC expert for enhanced support.
- On Demand courses-On healthcare learning system. Self-paced courses and webinars (CE and non-CE).

Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends), are subject to availability and generally will not exceed 17 days.This training program has a term of

twelve (12) months commencing on Acceptance, where all onsite training must be scheduled and completed within twelve (12) months of Acceptance and all Virtual Inclusions also expire at the end of such twelve (12) month period. Additional onsite days may be available for purchase separately.
All GEHC "Training" terms and conditions apply. Given the unique nature of this program, if this program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, this program shall take precedence over any conflicting training deliverables set forth therein.

Line	Qty.	Catalog	
30	**1.00**	**H3905GX**	**Xeleris V DaTQUANT**

DaTQUANT application allows visual evaluation and quantification of Ioflupane (123I) images.
DaTQUANT advanced quantification may provide additional information that would not be revealed by visual reading alone.

DaTQUANT includes:
•Automated non-rigid registration with predefined Ioflupane (123I) template followed by manual adjustment and confirmation
•Fast Ioflupane (123I) SPECT image quantitative analysis: computation of uptake values in the striatum, striatal binding ratios, putamen/caudate ratios, and left/right asymmetry
•Repeatable and more accurate analysis
•Easy and consistent reporting (PDF format) for referring physicians

Note: DaTQUANT is available for sale only for countries where Ioflupane (I123) pharmaceutical is approved for use.

Line	Qty.	Catalog	
31	**1.00**	**H3905AN**	**Xeleris V Quantification Package**

Xeleris V Quantification Package, including:
• Q.Volumetrix AI
• Q.Lung AI

Q.Volumetrix AI
Optional software for Volumetrix MI that enables advanced segmentation empowered AI and quantitation capabilities for SPECT/CT and PET/CT data. Enables routine quantitative SPECT results in the form of MBq/ml and SPECT SUV (Standard Uptake Value) without workflow impediments for both base line and longitudinal studies, especially where relative quantitation is insufficient Utilizes advanced quantitative reconstruction with compensation for Attenuation, Resolution and Scatter. Patient demographics and dose information are incorporated to provide accurate quantitative results. Quantitative SPECT/PET results are further enhanced with advanced segmentation tools providing 2D and 3D organ and lesion characterization. The Q.Volumetrix AI option provides quantitative patient follow-up.
Supports data from GE Healthcare 600's Hybrid products using the following isotopes: 99mTc, 201Tl, 111,In, 123I, 131I, 67Ga, Lu177 and collimators: NaI: LEHRS, LEHR, LEHS, ELEGP, MEGP, HEGP, CZT: WEHR, MEHRS

Q.Lung AI
Provides diagnosis of Pulmonary Embolism (PE), Chronic Obstructive Pulmonary Disease (COPD), Emphysema and other lung deficiencies.
Assess the fraction of total lung function provided by a lobe or whole lung for Lung cancer resection requiring removal of an entire lobe, bilobectomy or pneumonectomy.
Q.Lung AI introduces lung lobe segmentation based on CT structures, using Deep Learning technology for lung fissure automatic detection.

Line	Qty.	Catalog	
32	**1.00**	**H3905EH**	**Xeleris V Q.Liver**

Q.Liver is a comprehensive application that provides processing, quantification, and multidimensional review of Liver SPECT/PET and CT for display and segmentation. The application provides the user with tools to calculate a therapeutic dose for Selective Internal Radiation Therapy (SIRT) treatment.

Subscriptions and other Term-Based Purchases

Summary of Term-Based Purchases		
Fee Type	**Net Price Annual**	**Net Price Total**
Non-recurring Fees		**$65,100.00**
Recurring Fees	**$0.00**	**$0.00**
Subscription Total Contract Value		**$65,100.00**

Non-recurring Fees:

Line	Qty.	Catalog	Description	
1	1	H3905AA	Xeleris V SW Only	
				Total Net Price
				$65,100.00

Xeleris™ V is a molecular imaging virtual processing, analysis, and review software solution for molecular imaging (Nuclear Medicine, PET, NM/CT, and PET/CT), designed to remove the restraints of a dedicated processing and review station. Xeleris V transforms the way nuclear medicine works. Xeleris V is mobile in the enterprise, scalable, accessible and intelligent . Designed to leverage the latest SPECT quantitative applications for routine clinical use, and including new AI- Powered clinical applications, it accelerates workflow and improves diagnostic confidence.
Xeleris V introduces the optimal solution for the enterprise, deployed on a virtual server and providing a scalable solution with up to 10 simultaneous users of Xeleris applications on zero footprint clients across the enterprise.

Xeleris V SW Only is a Virtual server solution that is installed on the site's environment (minimum hardware and software requirements apply). It supports up to 3 concurrent users.

Total Quote Subtotal:	**$713,735.36**

Qty.	Credits and Adjustments	
1.00	**Trade-in**	**$-400.00**
1.00	**Trade-in**	**$0.00**
1.00	**Trade-in**	**$0.00**

Catalog+Subscription Initial Payment	***$713,335.36***
Total Quote Net Selling Price:	***$713,335.36***

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at:
https://securityupdate.gehealthcare.com/en/products

Optional Items

Please initial the Catalogs you wish to purchase

Catalog Number	Qty.	Description	Net Price	Initial
H2506TF	**1.00**	**Pinhole Collimator with Cart** NM Pinhole Collimator includes one collimator with 3 inserts and a dedicated collimator cart	**$26,000.00**	_____

Catalog Number	Qty.	Description	Net Price	Initial
H2506TL	**1.00**	**Bilateral Motion For Pinhole** The Bilateral Pinhole Motion enhancement option enables NM600 Series cameras to perform pinhole collimated imaging of both sides of a patient on the imaging table without moving the patient in procedures such as imaging of bilateral hips anteriorly or bilateral kidneys posteriorly.	**$4,000.00**	_____

Catalog Number	Qty.	Description	Net Price	Initial
W0303NM	**1.00**	**TIP Molecular Imaging Post Processing Training Package** **This training program is designed for customers purchasing an Xeleris Workstation, or XFL.** This training program is designed for customers purchasing an Xeleris Workstation, or XFL. GEHC will work with the designated Customer contact to agree upon a reasonable training schedule for a pre-defined group of core technologists that will leverage blended content delivery and may include a combination of onsite days and virtual offerings, to include TiP Virtual Assist, the GEHC Answerline and available on-demand courses ("Virtual Inclusions"). This blended curriculum with multiple delivery platforms promotes learner retention and allows for an efficient and effective skill development. This program may contain: • Onsite training (generally 3 days) • Virtual Inclusions may include: • Remote instructor-led training: Instructor leads a remote training session one-on-one or in a group, typically for 1 hour • Answerline Support-Access to GEHC experts for clinical, non-emergency applications assistance via phone or by using the iLinq button on the imaging console • Tip Virtual Assist-Direct interactive access to a GEHC expert for enhanced support. • On Demand courses-On healthcare learning system. Self-paced courses and webinars (CE and non-CE). Training will be delivered at a mutually agreed upon time between the customer and GE Healthcare (excluding GE Healthcare holidays and weekends), are subject to availability and generally will not exceed 6 days. This training program has a term of twelve (12) months commencing on Acceptance, where all onsite training must be scheduled and completed within twelve (12) months of Acceptance and all Virtual Inclusions also expire at the end of such twelve (12) month period. Additional onsite days may be available for purchase separately. All GEHC "Training" terms and conditions apply. Given the unique nature of	**$21,429.00**	_____

this program, if this program is purchased as part of a purchase under a Governing Agreement, including any Master Purchase Agreement, Group Purchasing Organization Agreement, or Strategic Alliance Agreement, this program shall take precedence over any conflicting training deliverables set forth therein.

Trade-in Addendum to GE Healthcare Quotation

This Trade-In Addendum ("Addendum"), effective on **August 2, 2022,** between the GE Healthcare business identified on the Quotation and **Salinas Valley Memorial Hospital** ("Customer"), is made a part of Quotation # **2006630923.8** ^ dated **August 2, 2022** ("Quotation") and modifies it as follows:

A. Customer: (i) certifies that it has full legal title to the equipment and/or mobile vehicle ("mobile vehicles" are defined as any systems requiring a vehicle title) listed in Section E ("Trade-In Equipment"), free and clear of all liens and encumbrances; (ii) conveys title and, if applicable, registration and license documents to GE Healthcare effective on the date of removal or receipt of the Trade-In Equipment (mobile vehicles will not be removed from Customer site until GE Healthcare has received a clean title signed over to GE Healthcare); and (iii) affirms that the Trade-In Equipment has never been used on or to provide care to animals. If GE Healthcare removes the Trade-In Equipment, it will do so at its expense at a mutually agreed time. Trade-In Equipment shall be removed no later than thirty days following installation of Customer's new system, unless explicitly otherwise agreed to by the parties in writing.

Mobile vehicles must include the VIN# on this trade-in addendum: VIN# [insert Vin #]. Mobile vehicles must have a valid DOT sticker and be road worthy at the time GE Healthcare is to take possession of them in order for GE Healthcare to accept a mobile vehicle on trade-in. Any and all logos or hospital affiliation stickers must be removed (outside and inside) by Customer and Customer shall clean the mobile vehicle of all debris and medical supplies prior to removal of the mobile vehicle by GE Healthcare.

B. Customer is responsible for: (i) providing timely, unrestricted access to the Trade-In Equipment in a manner that affords GE Healthcare, or third-party purchaser of the Equipment through GE Healthcare, the ability to complete Equipment inspection and testing, and the ability to complete an operating system back-up prior to de-installation within the timeframe required by GE Healthcare or said third-party purchaser, failure of which to provide may result in termination of this Trade-in Addendum and related credits and/or payments; (ii) ensuring that the Trade-In Equipment and the site where it is located are clean and free of bodily fluids; (iii) informing GE Healthcare of site-related safety risks; (iv) properly managing, transporting and disposing of hazardous materials located on site in accordance with applicable legal requirements; (v) rigging, construction, demolition or facility reconditioning expenses, unless expressly stated otherwise in the Quotation; and (vi) risk of loss and damage to the Trade-In Equipment until safety risks are remediated and the Trade-In Equipment is removed or returned.

C. Prior to removal or return to GE Healthcare, Customer must: (i) remove all Protected Health Information as such term is defined in 45 C.F.R. § 160.103 ("PHI") from the Trade-In Equipment; and (ii) indemnify GE Healthcare for any loss resulting from PHI not removed. GE Healthcare has no obligation in connection with PHI not properly removed.

D. GE Healthcare may in its sole discretion reduce the trade-in amount or decline to purchase the Trade-In Equipment and adjust the total purchase price of the Quotation accordingly if: (i) the terms of this Addendum are not met; (ii) Customer fails to provide access to the Trade-In Equipment as required herein; or (ii) the Trade-In Equipment is missing components or is inoperable and/or non-functioning when removed or returned – Customer is required to confirm for GE Healthcare the operability of the Trade-In Equipment prior to the deinstallation of the Equipment. All other terms and conditions of the Quotation remain in full force and effect.

E. Trade-In Equipment:

Trade-In Equipment Mfr.	Model & Description	Quantity	System ID*	Trade-In Amount ($)
	Millennium MG W/WS Trade-in	1.00	831759MG2	$-400.00
	NM XELERIS 2 UPGRADE Trade-in	1.00	831759ENT1	$0.00
GENERAL ELECTRIC	Millennium MG W/WS Trade-in	1.00	831759MG1	$0.00

This Addendum is executed when: (i) signed by the parties below; (ii) Customer receives this Addendum and signs the Quotation that references the Trade-In Equipment; or (iii) Customer receives this Addendum and issues a purchase order identifying either the terms of the Quotation (which includes a reference to the Trade-In Equipment) or the Governing Agreement identified on the Quotation as governing the order (PO# _____)†.

Salinas Valley Memorial Hospital

Signature: _____

Print Name: _____

Title: _____

Date: _____

GE Healthcare

Signature: _____

Print Name: _____

Title: _____

Date: _____

^ A Quotation number must be provided on this document.

***** In the event the Trade-In Equipment does not have a System ID, please record the serial number of each component that comprises the Trade-In Equipment.

† If you are relying upon the purchase order to reflect acceptance of the terms contained herein, please update this document with the applicable PO number upon receipt of the PO. Failure to do so may result in delays surrounding deinstallation of the System(s).

GPO Agreement Reference Information

Customer:	Salinas Valley Memorial Hospital
Contract Number:	Novation Vizient Supply LLC
Billing Terms:	80% on Delivery / 20% on Acceptance
Payment Terms:	45 Net
Shipping Terms	FOB DESTINATION

Offer subject to the Terms and Conditions of the applicable Group Purchasing Agreements currently in effect between GE Healthcare and Novation Vizient Supply LLC

If applicable, for more information on this devices' operating system, please visit GE Healthcare's product security portal at:
https://securityupdate.gehealthcare.com/en/products

This product offering is made per the terms and conditions of Vizient /GE Healthcare GPO Agreements as follows:

Imaging:
XR0882-MR, XR0702-Card./Vasc., XR0673-CT, XR0342-Mammo, XR0895-PET-CT, XR0362-Nuc Med, XR0715-R&F/RAD & XR0592-ICAR-EP/HEMO, XR0692-BMD

Ultrasound:
XR0431-Ultrasound

LCS:
CE2512 (Anesthesia), CE3033 (Monitoring), CE3333 (Infant Care), CE2881 (DCAR) and CE0351 (EP).

Vizient: Please login to the Vizient Marketplace Website. If you require assistance or are experiencing issues, please contact Vizient for support: Email: Connect@VizientInc.com and Phone: 866-600-0618.

GE Healthcare Service Quotation

AGREEMENT# _____ **ACCOUNT# 129456** **QUOTATION ID# 34D5344**

Customer Information: Name: SALINAS VALLEY MEMORIAL
Address: HOSPITAL 450 E ROMIE LN
City: SALINAS State: CA Zip: 93901

Service Billing Option (choose one)

☐ **HFS Combined Billing** (Service payments billed through Healthcare Financial Services equipment financing agreement)**:**

By selecting this box & signing below, the payments related to this service agreement will be administered through GE Healthcare Financial Services. See HFS Equipment Financing agreement for Service billing details. See rest of Agreement (as defined below) for remainder of terms and conditions.

If not selecting HFS Combined Billing option, please complete the remainder of the agreement below in its entirety.

☐ **Standard:**

Term: 60 months
Billing Frequency: Monthly - Advance
Payment Terms: Net 30 days of invoice date
Payment Schedule:** _
The following payments have non-calendar effective dates, billed Monthly - Advance:

Effective	Through	Product Schedule Rows	Monthly - Advance
End of Warranty	End of Agreement	2-rows, ranging from $262.42 to $4,201.20	$4,463.62

Agreement Start Date*: End of Warranty
Quotation Expiration Date: October 01, 2022
PO Requirement: ☐ **Yes** (hardcopy PO required) ☐ **No**
PO #: _____ PO Expiration Date: _____
Sales And Use Tax Status: No Exemption Certification on file

Customer Billing Information: Name: SALINAS VALLEY MEMORIAL HOSP
Address: 450 E ROMIE LN
City: SALINAS State: CA Zip: 93901

Is the above billing address correct? ☐ Yes ☐ No If no, please provide the correct billing address below:

Customer Billing Information: Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Please provide the contact name and email address of the following person(s):

	Contact Name:	Email address:
1. **To be notified when this Agreement is processed:**		
2. **To receive all invoices electronically via email:**		

Service Sales Rep.: Madison White Phone: 4145249246 Email: Madison.White@ge.com

***Agreement Start Date:** The "Agreement Start Date" begins on: (a) the above date if Customer signs and returns this Agreement within 30 calendar days of that date; or (b) the date of signature if Customer does not sign and return this Agreement within 30 calendar days of the above date.

Annual Charges: See Product Schedule for annual charges, offerings, coverage, and start dates for each Product. Charges are based on Product inventory, offerings, and coverage as of the Agreement Start Date and may change to reflect inventory and coverage modifications, variable charges and other adjustments as specified in this Agreement. If this Agreement's annual charges are less than $12,000, GE Healthcare reserves the right to enforce automatic bill payment (via ACH or credit card).

****Payment Schedule:** Charges are payable in installments as set forth above plus applicable taxes. These charges may change based on Product additions/deletions, inflation adjustments or other modifications permitted by this Agreement. Customer will be billed beginning on the Agreement Start Date. Payment is due the first of each month. If the Agreement Start Date is not the first of the month, the first and last payments will be prorated.

Agreement: This Agreement is between the "Customer" identified above and the GE Healthcare business identified below ("GE Healthcare"), for the sale and purchase of the Services and/or the Subscription identified in this Quotation, together with any applicable schedules referred to herein ("Quotation"). "Agreement" is defined as the GE Healthcare: (1) Quotation; (2) Product Schedule; (3) Statement of Service Deliverables; and (4) Service Terms & Conditions, that apply to the Products, Services and/or Subscription identified in this Quotation. In the event of conflict, the order of precedence is as listed. GE Healthcare can withdraw this Quotation at any time before "Quotation Acceptance", which occurs when Customer either: (i) signs and returns this Quotation; or (ii) provides evidence of Quotation acceptance satisfactory to GE Healthcare. On Quotation Acceptance, this Agreement is the complete and final agreement of the parties relating to the Services and/or Subscription identified in this Quotation. There is no reliance on any terms other than those expressly stated or incorporated by reference in this Agreement and, except as permitted in this Agreement, no attempt to modify will be binding unless agreed to in writing by the parties. Modifications may result in additional fees and cannot be made without GE Healthcare's prior written consent.

Handwritten or electronic modifications on this Agreement (except signatures on the signature blocks below) are void. This Agreement is not part of an umbrella or other group purchasing agreement unless otherwise indicated.

The parties have caused this Agreement to be executed by their authorized representative as of the last signature date below.

Customer	**GE Precision Healthcare LLC, a GE Healthcare business**
Signature:	Signature:
Print Name:	Print Name: Madison White
Title:	Title: Healthcare Services Account Manager
Date:	Date: 8/2/2022

Service Contract Automatic Payment Form

IF ELECTING AUTOPAYMENT, PLEASE FILL OUT THE FOLLOWING FORM IN ITS ENTIRETY UNLESS LEASING THROUGH GE HFS, LLC.

I _____ authorize GE Healthcare to charge my bank account or credit card
(Full Name)
as indicated below for 34D5344 each time my GEHC Service Contract is invoiced.
(Quote/Contract Number)

Billing Information:

Contact Name: _____ Phone: _____

Email: _____

☐ ACH Bank Transfer:

☐ Checking ☐ Savings

Account Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

☐ I would like to provide my bank transfer information directly to a GE Healthcare Representative who will enter it directly into the GE Healthcare Secure Payment Portal. Please be sure to provide the appropriate contact information above.

Please add GE Healthcare ACH ID#3751469926 as an approved ACH Filter in your bank account, to ensure all payments are approved.

☐ Credit Card Payment:

Please do not write down any credit card information on this form. Please be sure to provide the appropriate contact information above so a GE Healthcare Representative can call you directly to obtain your card information and enter it directly into the GE Healthcare Secure Payment Portal.

By entering my routing and account number above I authorize my payments for Quote/Contract Number above to be processed each time a new invoice is generated as electronic funds transfers (EFT) or drafts drawn from my checking or savings account as indicated above and, if necessary, electronic credits to my account to correct erroneous debits. I understand that my payment will be processed in advance of the invoice due date. If any of my payments return unpaid, I authorize you or your service provider to collect the returned payment and my state's return item fee for each such payment by EFT(s) or draft(s) drawn from my account. To view your state's returned item fee, please visit the following website: https://merchants.fiserv.com/en-us/customer-center/merchants/telecheck-returned-check-fees/

I understand that this authorization will remain in full force and effect until I notify you to revoke it by calling 1 (800) 581-5600 and allowing you reasonable opportunity to act on my notice.

SIGNATURE: _____ DATE: _____
(Account Holder's Signature)

SALINAS VALLEY MEMORIAL HOSPITAL

Support and prices quoted below are valid provided the customer signs and returns this quote to GE Healthcare by 10/1/2022

Equipment Identifiers	Trans. Type	Equipment	Effective Date	Offering	Options	Features	Annual Amount
System ID: NM850TBD Phy Loc Acct: 129456 Cost Center:	ADD POS	GE NM DISCOVERY NM/CT 850 (NMH974)	End of Warranty through End of Agreement	AssurePoint Standard	INCLUDED: • ACQUISITION PROCESSOR • CRYSTAL COVERAGE • ILINQ RESPONSE TIME: 30 MIN. • Table • TUBE COVERAGE EXCLUDED: • Continuity • PERIPHERAL DEVICES • UNINTERRUPTED POWER SUPPLY • WORKSTATION	• FE Coverage Weekdays: MON-FRI, 8AM-5PM • FE Coverage Weekend: NO COVERAGE HRS • FE Onsite Response Time: 4-Hours • InSite Response: 30 • InSite/Tech Phone Support • MyGEHealthcare Equipment • PM Coverage HOURS/DAYS: MON-FRI, 8AM-5PM • Repair Parts: Included, Next Day 10:30 AM LST-NUC • Software and Quality Updates • Third Party Software: Excluded • TiP Answer Line • Uptime Commitment: 97%	$50,414
System ID: XELERISTBD Phy Loc Acct: 129456 Cost Center:	ADD POS	GE WORKSTATION XELERIS V (Software-Only and Subscription Configurations) (N#240A)	End of Warranty through End of Agreement	AssurePoint Standard	INCLUDED: • ILINQ RESPONSE TIME: 30 MIN.	• FE Coverage Weekdays: MON-FRI, 8AM-5PM • FE Coverage Weekend: NO COVERAGE HRS • FE Onsite Response Time: 4-Hours • InSite Response: 30 • InSite/Tech Phone Support • MyGEHealthcare Equipment • PM Coverage HOURS/DAYS: MON-FRI, 8AM-5PM • Repair Parts: Excluded • Software and Quality Updates • Third Party Software: Excluded • TiP Answer Line • Uptime Commitment: 95%	$3,149

NET ANNUAL VALUE:	$53,563

1. Definitions. As identified in this Agreement, "Equipment" is hardware and embedded software that is licensed with the purchase of the hardware delivered to Customer in GE Healthcare's packaging and with its labeling; "Software" is software developed by GE Healthcare and/or delivered to Customer in GE Healthcare's packaging and with its labeling, and Documentation associated with the software; "Third Party Software" and "Third Party Equipment" are respectively software developed by a third party, and hardware and embedded software that is licensed with the purchase of the hardware, that is delivered to Customer in the third party's packaging and with its labeling (collectively, "Third Party Product"); "Product" is Equipment, Software and Third Party Product; "Services" are Product support or professional services; and "Subscription" is a limited-term, non-transferable license to access and use a Product (except Healthcare Digital Products), including any associated support Services. "Healthcare Digital Products" are: (i) Software identified in the Quotation as "Centricity"; (ii) Third Party Software licensed for use in connection with Centricity Software; (iii) hardware used to operate Centricity or Third Party Software; (iv) Services provided for implementation, installation or support and maintenance of Centricity or Third Party Software licensed for use in connection with Centricity Software; and/or (v) any Product or Service that is identified in a Healthcare Digital Quotation. "Specifications" are GE Healthcare's written specifications and manuals as of the date the Equipment shipped. "Documentation" is the online help functions, user instructions and manuals regarding the installation and operation of the Product as made available by GE Healthcare to Customer.

2. Term and Termination. Services and/or Subscriptions will have individual term lengths identified in the Quotation. If there is a material breach of this Agreement that is not cured by the breaching party within 60 days from receipt of written notice, the non-breaching party can terminate this Agreement. Other than as set forth in this Agreement, neither party can unilaterally terminate this Agreement. Any remaining undisputed, unpaid fees become immediately due and payable on expiration or termination.

3. Inventory. GE Healthcare will complete an inventory of Products and provide an updated Product schedule ("Product Schedule"). Products must be in safe, normal operating condition and comply with original equipment manufacturer ("OEM") specifications in order to be added to the Product Schedule, and GE Healthcare is not liable or responsible for any preexisting defect, malfunction or necessary repairs.

4. Product Removal. Product sold (excluding an assignment of this Agreement) or scrapped by Customer may be removed from this Agreement with 60 days' prior written notice to GE Healthcare, and fees will be adjusted on the later of the end of the notice period or the date the Product is sold or scrapped. Customer has no right to remove a Product at its convenience.

5. Warranty. GE Healthcare warrants that its Service will be performed by trained individuals in a professional, workman-like manner. GE Healthcare will re-perform non-conforming Service as long as Customer provides prompt written notice to GE Healthcare. NO OTHER EXPRESS OR IMPLIED WARRANTIES, INCLUDING IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE, WILL APPLY. DOCUMENTATION IS PROVIDED "AS IS".

6. Loaner Units. GE Healthcare may provide a loaner unit during extended periods of Service. If a loaner unit is provided: (i) it is for Customer's temporary use at the location identified in the Quotation; (ii) it will be returned to GE Healthcare within 5 days after the Product is returned to Customer, and if it is not, GE Healthcare may repossess it or invoice Customer for its full list price; (iii) it, and all programs and information pertaining to it, remain GE Healthcare property; (iv) risk of loss is with Customer during its possession; (v) Customer will maintain and return it in proper condition, normal wear and tear excepted, in accordance with GE Healthcare's instructions; (vi) it will not be repaired except by GE Healthcare; (vii) GE Healthcare will be given reasonable access to it; (viii) Customer is not paying for its use, and Customer will ensure charges or claims submitted to a government healthcare program or patient are submitted accordingly; and (ix) prior to returning it to GE Healthcare, Customer will delete all information, including PHI, from it and its accessories, in compliance with industry standards and instructions provided by GE Healthcare.

7. License Registration. Online registration as a licensee may be required for receipt of Software and Documentation.

8. Customer Responsibilities. Customer must: (i) maintain power quality, grounding, temperature, humidity and repairs due to power anomalies, all as necessary for Products to operate within OEM specifications; (ii) ensure labeling that is on and accompanying the Equipment covered under this Agreement is not altered or removed and complies with regulations; (iii) provide Third Party Product warranty and operating and maintenance manuals, maintenance and service requirements (e.g., software, tools, phantoms), or pay GE Healthcare for acquiring these materials; (iv) repair accessories unless the item is identified on the Product Schedule; (v) replace accessories, supplies and consumables; (vi) dispose of accessories, supplies and consumables unless GE Healthcare is legally required to take the item back; (vii) update Third Party Product; (viii) maintain licenses, permits and other approvals required to receive or use radioactive sources and provide the sources needed for calibration and performance checks; (ix) provide access to Products during Service coverage hours; and (x) if required by GE Healthcare, sign an agency authorization letter to provide Services. Service for Products not maintained to OEM specifications may result in additional charges. Customer cannot stockpile replacement parts.

9. End of Support. If GE Healthcare determines that: (i) a Product or component thereof has been declared end of life/support by the OEM; (ii) its ability to Service or maintain a Product or component thereof is hindered due to the unavailability of parts or trained personnel; or (iii) it can no longer Service or maintain the Product in a safe or effective manner, then GE Healthcare may, upon notice: (a) remove the item from this Agreement and adjust fees without otherwise affecting this Agreement, or (b) move the item to "end of service life" coverage.

10. Return for Repair. Prior to shipping Product to GE Healthcare for repair, Customer will back up and remove data stored on the Product. Customer is responsible for damage during shipment to GE Healthcare. GE Healthcare may remove data stored on the Product prior to sending it back to Customer and will provide standard shipping.

11. Exclusions. Unless identified on the Product Schedule, this Agreement does not cover: (i) tubes, detectors, probes, chillers, crystals, batteries, accessories, consumables, user-replaceable items, supplies, cosmetic upgrades or parts used to correct/enhance Product appearance; (ii) a defect, deficiency or repairs due to improper storage or handling, failure to maintain Product according to OEM

instructions/specifications, inadequate backup or virus protection, cyber-attacks, or any cause external to the Product or beyond GE Healthcare's control; (iii) payment/reimbursement of facility costs arising from repair/replacement of Product; (iv) adjustment, alignment, calibration, or planned maintenance; (v) Third Party Product that was not commercially available from the OEM on the date the item was installed; (vi) OEM warranty service or recalls; (vii) Product upgrades, certification surveys and relocations; (viii) consultation, training or assistance with use, development, or modification of items/materials (e.g., software and protocols); (ix) installation and reusing existing facilities for testing, training and other purposes; (x) MR-related defect from failure of a Customer water chiller system or service to water chiller system; (xi) Healthcare Digital Products; and (xii) non-GE Healthcare network/antenna installations/troubleshooting.

12. Existing Service Arrangements. This Agreement does not apply to Products covered by arrangements/warranties from other vendors until the end or termination of those arrangements/warranties. If Products covered by another arrangement/warranty are added to this Agreement, they will be added on the day following the end or termination of the other arrangement/warranty.

13. Hourly Billed Services. Services not covered by this Agreement are hourly-billed services and may have a 2-hour minimum charge.

14. Inflation. After the first year of this Agreement, but no more than annually and with 60 days' prior notice provided in the same manner as Customer's invoices, GE Healthcare may increase fees by an amount no more than the prior 12-month increase in the U.S. Bureau of Labor Statistics ("BLS") Employment Cost Index for "Service-providing industries: Natural resources, construction, and maintenance (not seasonally adjusted, total compensation)" or any replacement index as determined by BLS.

15. Product Specific Service Terms.

15.1. Tube Support (Excluding C-Arms). If tube support/coverage is identified on the Product Schedule, GE Healthcare will provide tubes, on an exchange basis, to replace failed tubes. Customer will: (i) maintain a Product maintenance and repair program, including tube warm up, in accordance with GE Healthcare planned maintenance and repair requirements; (ii) repair the Product with repair parts that meet OEM specifications; and (iii) protect Product configuration against alteration except as authorized by GE Healthcare. Product must have an operational tube on the Agreement Start Date (as defined in the Quotation). No credit will be provided to Customer for the tube. Tubes provided under tube support/coverage are on an "AS IS" basis with no warranties of any kind. Claims reported after expiration or termination of tube support/coverage are not covered even if a tube failure occurred prior to such expiration or termination.

15.2. Magnetic Resonance ("MR").

15.2.1. Magnet Maintenance.

15.2.1.1 If magnet maintenance for MR systems with Lhe/Ln and shield cooler-configured magnets and condenser-configured magnets (K4 technology) is identified on the Product Schedule, GE Healthcare will: (i) adjust, repair, or replace covered components (i.e., MR magnet, cryostat, coldhead, cryo-cooler compressor, shim coils); (ii) monitor cryogen levels within the magnet cryostat, based on Customer cryostat meter readings; and (iii) perform magnetic field homogeneity adjustments to the extent required by magnet ramping or covered component adjustment, repair or replacement. Customer will ensure that the Product's cryo-cooler system and water chiller system used with the cryo-cooler system (including in vans or trailers in transit) are operational at all times and maintained, and immediately notify GE Healthcare if it is not.

15.2.1.2. If magnet maintenance for MR systems with permanent magnets is identified on the Product Schedule, GE Healthcare will perform magnetic field homogeneity adjustments to the extent required by a covered component adjustment, repair or replacement.

15.2.2. Remote Magnet Monitoring for non-GE Healthcare Systems. If remote magnet monitoring for non-GE Healthcare systems is identified on the Product Schedule, GE Healthcare will: (i) remotely monitor operating parameters of the MR magnet refrigeration system; (ii) oversee installation of remote monitoring hardware; and (iii) maintain the hardware. Customer will provide power, access and remote connectivity as needed for remote magnet monitoring.

15.2.3. Cryogen Coverage. If cryogens for GE Healthcare MR systems are identified on the Product Schedule as included in the Service for the Equipment, GE Healthcare will provide: (i) monitoring of cryogen levels; and (ii) cryogen delivery and transfill service Monday-Friday, between 9pm-6am local time (excluding GE Healthcare holidays), to replenish cryogen losses resulting from (a) the normal operation of the Equipment in accordance with Specifications, or (b) GE Healthcare's failure to maintain the Equipment in accordance with Specifications. Notwithstanding the foregoing, if Customer's failure to maintain or use the Equipment in accordance with Specifications results in cryogen loss, Customer will be billed for resulting lost liquid helium liters (whether or not a refill was immediately required to replace lost liters) at GE Healthcare's then-current rates. Subject to the foregoing, if cryogens are identified on the Product Schedule as included in the Service for the Equipment, cryogen delivery and transfill service will be provided either: (1) on an unlimited (as needed) basis, or (2) if the cryogens are at the required target fill level, on a 1 cryogen liter per contract year basis. See Product Schedule and AssurePoint Reserve terms and conditions (if applicable) for details. Customer will inform GE Healthcare of its authorized cryogen representative who will provide GE Healthcare accurate cryostat meter readings and receive notifications relative to cryogen quantity and delivery schedules (for Lhe/Ln and shield cooler configured magnets only); and provide a delivery dock and storage facility. GE Healthcare is not responsible or liable for: cryogen loss or transfer efficiency during transfer to the cryostat; cryogens if cryogens are identified on the Product Schedule as excluded; or service needed on Equipment due to cryogen transfill service not otherwise provided by GE Healthcare.

15.2.4. Cryogen Cost Increases. If GE Healthcare's cryogen cost increases by more than 12%, as measured against its cost as of the Agreement Start Date (as defined in the Quotation) or its cost on the date of the most recent adjustment, GE Healthcare may increase Service fees in an amount equal to such cost increase.

15.3. Cyclotron. GE Healthcare will work in accordance with its health and safety rules and applicable radiation and radioactive materials safety laws and regulations, whichever is more stringent, including assessment and management of radiation dose in accordance with the As Low As Reasonably Achievable ("ALARA") standard. Customer will follow all ALARA guidelines to maintain and control the radiation exposures as far below the dose limits as possible. Customer will: (i) if requested by GE Healthcare, remove targets prior to Service; (ii) place targets in an appropriately shielded area/container during Service; (iii) replace targets following Service; (iv) provide at least 24 hours of

Product downtime prior to planned maintenance; (v) provide GE Healthcare with Customer's emergency and site-specific safety procedures; (vi) ensure that a Customer representative is available in the work area during Service; (vii) confirm that GE Healthcare personnel and their tools and accessories are free from contamination prior to leaving Customer's facility; and (viii) store and dispose of waste generated by Service in compliance with applicable laws and regulations. GE Healthcare reserves the right not to enter areas with dose rates in excess of 2 mSv/hour. Other radiation exposure limits may apply to Service, including daily or personal cumulative dose limits, and local requirements, which could prevent Service of the cyclotron until radiation levels are reduced.

16. General Terms.

16.1. Confidentiality. Each party will treat this Agreement and the other party's proprietary information as confidential, meaning it will not use or disclose the information to third parties unless permitted in this Agreement or required by law. Customers are not prohibited from discussing patient safety issues in appropriate venues.

16.2. Governing Law. The law of the state where the Product is installed, Service is provided, or Subscription is accessed will govern this Agreement.

16.3. Force Majeure. Performance time for non-monetary obligations will be reasonably extended for delays beyond a party's control.

16.4. Assignment; Use of Subcontractors. Neither party may assign this Agreement or any rights, interests or obligations provided by this Agreement without the prior written consent of the other party; provided, however, that either party may assign this Agreement and any or all rights and obligations under this Agreement to any of its affiliates upon prior written notice to the other party; provided, further, that no such assignment shall release either party from any liability under this Agreement. Notwithstanding anything to the contrary in this Agreement, GE Healthcare may assign this Agreement and all of its rights, interests and obligations under this Agreement to a GE Healthcare Subsidiary (as defined below), subject to the GE Healthcare Subsidiary agreeing to be bound by all of the terms and conditions of this Agreement and assuming all of the rights, interests and obligations of GE Healthcare under this Agreement. Immediately upon such assignment and assumption, automatically and without the requirement of any further action by any person or entity, (i) all references in this Agreement to GE Healthcare shall instead apply to GE Healthcare Subsidiary unless the context otherwise requires and (ii) GE Healthcare shall be unconditionally and irrevocably released and discharged from any and all liabilities and obligations under or in connection with this Agreement. "GE Healthcare Subsidiary" means a majority owned direct or indirect subsidiary of GE Healthcare Parent. "GE Healthcare Parent" means an entity that (a) has at the time of such assignment and assumption (or concurrently therewith) an investment-grade unsecured corporate credit rating issued by each of Standard & Poor's Ratings Services, a Standard & Poor's Financial Services LLC business (or any successor thereto), and Moody's Investors Service, Inc. (or any successor thereto), and (b) has succeeded to ownership, directly or indirectly, of substantially all of the assets formerly owned by the GE Healthcare business of the General Electric group of companies. Notwithstanding anything to the contrary in this Agreement, in the event of any change of direct or indirect ownership of GE Healthcare in connection with the previously-announced separation of the General Electric group of companies, regardless of the form such separation takes, the other party hereby acknowledges and consents to the change of ownership of GE Healthcare as part of such separation. GE Healthcare may hire subcontractors to perform work under this Agreement but will remain responsible for its obligations.

16.5. Waiver; Survival. If any provision of this Agreement is not enforced, it is not a waiver of that provision or of a party's right to later enforce it. Terms in this Agreement related to intellectual property, compliance, data rights and terms that by their nature are intended to survive will survive the Agreement's expiration or termination.

16.6. Intellectual Property. GE Healthcare owns all rights to the intellectual property in GE Healthcare's Products, Services, Documentation, Specifications, and statements of work related to a Quotation or otherwise. Customer may provide GE Healthcare with feedback related to Products, Services, and related Documentation, and GE Healthcare may use it in an unrestricted manner.

17. Compliance.

17.1. Generally. Each party will comply with applicable laws and regulations. Customer is only purchasing or licensing Products for its own medical, billing and/or non-entertainment use in the United States or for the purposes of renting or leasing the Products for medical, billing and/or non-entertainment purposes through a mobile system or modular building where Customer maintains title to the Products. GE Healthcare will not deliver, install, service or train if it discovers Products have been or are intended to be used contrary to this Agreement. This Agreement is subject to GE Healthcare's ongoing credit review and approval. Customer is aware of its legal obligations for cost reporting, including 42 C.F.R. § 1001.952(g) and (h), and will request from GE Healthcare any information beyond the invoice needed to fulfill Customer's cost reporting obligations. GE Healthcare will provide safety-related updates for Equipment and Software required by applicable laws and regulations at no additional charge.

17.2. Security. GE Healthcare is not responsible for: (i) Customer's passwords or password management; (ii) securing Customer's network; (iii) preventing unauthorized access to Customer's network or the Product; (iv) backup management; (v) data integrity; (vi) recovery of lost, corrupted or damaged data, images, software or equipment; (vii) third party operating systems, unless specifically provided in the Quotation; or (viii) providing or validating antivirus or related IT safeguards unless sold to Customer by GE Healthcare. NEITHER PARTY WILL BE LIABLE TO THE OTHER PARTY FOR DAMAGES CAUSED BY UNAUTHORIZED ACCESS TO THE NETWORK OR PRODUCTS REGARDLESS OF A PARTY'S COMPLIANT SECURITY MEASURES.

17.3. Environmental Health and Safety ("EHS"). GE Healthcare personnel may stop work without penalty due to safety concerns. Customer must: (i) comply with GE Healthcare's EHS requirements; (ii) provide a safe environment for GE Healthcare personnel; (iii) tell GE Healthcare about chemicals or hazardous materials that might come in contact with Products or GE Healthcare personnel; (iv) perform decommissioning or disposal at Customer facilities; (v) obtain and maintain necessary permits; (vi) thoroughly clean Products before Service; (vii) provide radioactive materials required for testing Products; and (viii) dispose of waste related to Products and installations.

17.4. Parts and Tubes. GE Healthcare: (i) recommends the use of parts it has validated for use with the Product; (ii) is not responsible for the quality of parts supplied by third parties to Customer; and (iii) cannot assure Product functionality or performance when non-validated

parts are used. Certain Products are designed to recognize GE Healthcare-supplied tubes and report the presence of a non-GE Healthcare tube; GE Healthcare is not responsible for the use of, or effects from, non-GE Healthcare supplied tubes.

17.5. Training. GE Healthcare's training does not guarantee that: (i) Customer trainees are fully trained on Product use, maintenance or operation; or (ii) training will satisfy any licensure or accreditation. Customer must ensure its trainees are fully qualified in the use and operation of the Product. Unless otherwise identified in the training catalog, Customer will complete training within 12 months of: (a) the date of Product delivery for a Product purchase; (b) the respective start date for Services or Subscription for purchase of Service or Subscription; or (c) the date training is ordered for training-only purchases. If not completed within this time period, other than because of GE Healthcare's fault, training expires without refund. Recording of GE Healthcare training sessions is prohibited.

17.6. Medical Diagnosis and Treatment. All clinical and medical treatment, diagnostic and/or billing decisions are Customer's responsibility.

17.7. Connectivity. If a Product has remote access capability: (i) Customer will provide GE Healthcare with, and maintain, a GE Healthcare-validated remote access connection to service the Product; or (ii) GE Healthcare reserves the right to charge Customer for onsite support at GE Healthcare's then-current billing rate. This remote access and collection of machine data (e.g., temperature, helium level) will continue after the end of this Agreement unless Customer requests in writing that GE Healthcare disable it.

17.8. Use of Data.

17.8.1. Protected Health Information. If GE Healthcare creates, receives, maintains, transmits or otherwise has access to Protected Health Information (as defined in 45 C.F.R. § 160.103) ("PHI"), GE Healthcare may use and disclose the PHI only as permitted by law and by the Business Associate Agreement. Before returning any Product to GE Healthcare, Customer must ensure that all PHI stored in it is deleted.

17.8.2. Data Rights. GE Healthcare may collect, prepare derivatives from and otherwise use non-PHI data related to Products and/or Services for such things as training, demonstration, research, development, benchmarking, continuous improvement and facilitating the provision of its products, software and services. GE Healthcare will own all intellectual property and other rights that could result from this collection, preparation and use. The non-PHI data will not be used to identify Customer or sold by GE Healthcare without Customer's consent.

17.9. Customer Policies. GE Healthcare will use reasonable efforts to respect Customer-provided policies that apply to GE Healthcare and do not materially contradict GE Healthcare policies. Failure to respect Customer policies is not a material breach unless it is willful and adversely affects GE Healthcare's ability to perform its obligations.

17.10. Insurance. GE Healthcare will maintain coverage in accordance with its standard certificate of insurance.

17.11. Excluded Provider. To its knowledge, neither GE Healthcare nor its employees performing Services under this Agreement have been excluded from participation in a Federal Healthcare Program. If an employee performing Services under this Agreement is excluded, GE Healthcare will replace that employee within a reasonable time; if GE Healthcare is excluded, Customer may terminate this Agreement upon written notice to GE Healthcare.

18. Disputes and Arbitration.

18.1. Binding Arbitration. Other than collection matters and actions seeking injunctive relief to prevent or cease a violation of intellectual property rights related to Products or Services, the parties agree to submit all disputes arising under or relating to this Agreement to the American Arbitration Association ("AAA") office closest to the largest metropolitan area of the location where the Product is installed or the Service is provided for binding arbitration conducted in accordance with AAA's then-current Commercial Arbitration Rules. Costs, including arbitrator fees and expenses, will be shared equally, and each party will bear its own attorneys' fees. The arbitrator will have authority to award damages only to the extent available under this Agreement. Nothing in this Section shall allow either party to arbitrate claims of any third-party not a party to this Agreement. The parties further agree to keep confidential: (i) the fact that any arbitration occurred; (ii) the results of any arbitration; (iii) all materials used, or created for use, in the arbitration; and (iv) all other documents produced by another party in the arbitration and not otherwise in the public domain.

19. Liability and Indemnity.

19.1. Limitation of Liability. GE HEALTHCARE'S LIABILITY FOR DIRECT DAMAGES TO CUSTOMER UNDER THIS AGREEMENT WILL NOT EXCEED: (I) FOR PRODUCTS, THE PRICE FOR THE PRODUCT THAT IS THE BASIS FOR THE CLAIM; OR (II) FOR SERVICE OR SUBSCRIPTIONS, THE AMOUNT OF SERVICE OR SUBSCRIPTION FEES FOR THE 12 MONTHS PRECEDING THE ACTION THAT IS THE BASIS FOR THE CLAIM. THIS LIMITATION WILL NOT APPLY TO GE HEALTHCARE'S DUTIES TO INDEMNIFY CUSTOMER UNDER THIS AGREEMENT.

19.2. Exclusion of Damages. NEITHER PARTY WILL HAVE ANY OBLIGATION FOR: (I) CONSEQUENTIAL, PUNITIVE, INCIDENTAL, INDIRECT OR REPUTATIONAL DAMAGES; (II) PROFIT, DATA OR REVENUE LOSS; OR (III) CAPITAL, REPLACEMENT OR INCREASED OPERATING COSTS.

19.3. IP Indemnification. GE Healthcare will indemnify, defend and hold Customer harmless from third-party claims for infringement of United States intellectual property rights arising from Customer's use of the Equipment or Software in accordance with the Specifications, Documentation and license.

19.4. General Indemnification.

19.4.1. GE Healthcare will indemnify, defend and hold Customer harmless for losses which Customer becomes legally obligated to pay arising from third party claims brought against Customer for bodily injury or damage to real or tangible personal property to the extent the damage was caused by GE Healthcare's: (i) design or manufacturing defect; (ii) negligent failure to warn, negligent installation or negligent Services; or (iii) material breach of this Agreement.

19.4.2. Customer will indemnify, defend and hold GE Healthcare harmless for losses which GE Healthcare becomes legally obligated to pay arising from third party claims brought against GE Healthcare for bodily injury or damage to real or tangible personal property to the extent the damage was caused by Customer's: (i) medical diagnosis or treatment decisions; (ii) misuse or negligent use of the Product; (iii) improper storage of the Product; (iv) modification of the Product; or (v) material breach of this Agreement.

19.5. Indemnification Procedure. For all indemnities under this Agreement: (i) the indemnified party must give the other party written notice before claiming indemnification; (ii) the indemnifying party will control the defense; (iii) the indemnified party may retain counsel at its own expense; and (iv) the indemnifying party is not responsible for any settlement without its written consent.

20. Payment and Finance.

20.1. Late Payment. Customer must raise payment disputes before the payment due date. For any undisputed late payment, GE Healthcare may: (i) suspend performance under this Agreement until all past due amounts are paid; (ii) charge interest at a rate no more than the maximum rate permitted by applicable law; and (iii) use unapplied funds due to Customer to offset any of Customer's outstanding balance. If GE Healthcare suspends performance, any downtime will not be included in the calculation of any uptime commitment. If Customer fails to pay when due: (a) GE Healthcare may revoke its credit and designate Customer to be on credit hold; and (b) all subsequent shipments and Services must be paid in full on receipt.

20.2. Taxes. Prices do not include applicable taxes, which are Customer's responsibility.

21. Notices. Notices will be in writing and considered delivered when received if sent by certified mail, postage prepaid, return receipt requested, by overnight mail, or by fax. Notice to Customer will be directed to the address on this Agreement, and notice to GE Healthcare to General Counsel, 9900 W Innovation Dr., Wauwatosa, WI 53226.

This Statement of Service Deliverables Full Service Options applies to the following GE Healthcare AssurePoint ("AP") service offerings: Standard, Rapid, Access, PM, Limited, Select, Performance, Advance, and Remote Connect.

	Standard	Rapid	Access	PM	Limited	Select	Performance	Advance	Remote Connect
Corrective Maintenance *	•	•	•		°	°	•	•	•
Planned Maintenance	•	•	•	•	•	•	•	•	
Replacement Parts	•	•	•	•	•	•	•	•	
Software Updates	•	•	•	•	•	•	•	•	•
Phone Clinical Applications Support	•	•	•		•	•	•	•	•
TiP Options #	°	°	°		°	°	°	°	
MyGEHealthcare Equipment *	°	°	°				°	°	°
Remote Diagnostic Service *	°	°	°	°	°	°	°	°	°
Uptime Performance *	°	°	°				°	°	
Specialty Component Options (Complete, Reserve, Pro) #	°	°	°	°	°	°	°	°	
No Charge Special Parts Handling	°	°						°	
Quality Assurance Activities							°	°	
Refresh #	°	°	°	°	°	°	°	°	
Remote Console * #	°	°	°				•	•	
OnWatch * #	°	°						°	
Tube Watch * #	°	°						°	
Continuity * #	°	°	°				°	°	
Supplemental Services During Warranty	°	°					°	°	
Overtime Hours Allowance	°	°	°	°	°	°	°	°	

• Included (to the extent provided herein) ° Optional (if available/identified on the Product Schedule)

* Requires Connectivity (if Product has remote access capability) # See supplemental terms of offering

1. Corrective Maintenance. GE Healthcare or its agents will use commercially reasonable efforts to resolve any verifiable and reproducible service issue of the Product (defined as the Product not substantially meeting original equipment manufacturer ("OEM") published specifications) in a reasonable period of time after notification by Customer, through remote or on-site services. Technical phone support is available 24 hours per day, 7 days per week (excluding GE Healthcare holidays, extent of phone support may differ by product type). On-site support is identified on the Product Schedule (if not listed, 8am to 5pm local time). GE Healthcare will use reasonable efforts to meet the response time for on-site support as identified on the Product Schedule. Corrective maintenance outside of coverage hours, on GE Healthcare holidays, or expedited beyond the response time (at Customer's request) will be billed at GE Healthcare's then-current rates. Corrective maintenance includes corrective maintenance-related Replacement Parts (subject to availability).

- AP PM. Corrective maintenance and corrective maintenance-related Replacement Parts are excluded.

- AP Limited and AP Select. GE Healthcare will provide a limited number of corrective maintenance events as identified on the Product Schedule. Each Customer call/request for corrective maintenance will be applied to the limited number of corrective maintenance events, unless Customer purchases service separately at GE Healthcare's then-current rates at the time it contacts GE Healthcare for such service.

- AP Remote Connect. On-site corrective maintenance is excluded. If the service issue cannot be resolved remotely, GE Healthcare will provide on-site corrective maintenance at GE Healthcare's then-current rates. Replacement Parts are excluded. Technical phone support is available Monday-Friday, 7am to 7pm CST (unless otherwise identified on the Product Schedule), excluding GE Healthcare holidays. Extent of phone support may differ by product type.

2. Planned Maintenance. GE Healthcare or its agents will provide planned maintenance service ("PM") pursuant to OEM recommended frequencies and published specifications as set forth in the OEM service manuals (where available), or pursuant to documented alternate PM frequencies and specifications based on GE Healthcare's risk-based assessment. PM will be performed at mutually agreed upon times during PM coverage hours (excluding weekends and GE Healthcare holidays unless otherwise specified) as identified on the Product Schedule. PM includes PM-related Replacement Parts (subject to availability). PM and PM-related Replacement Parts for PM activities with a frequency of 7 years or greater are excluded.

3. Replacement Parts. "Replacement Parts" mean the lowest level component repair part available that will bring the Product to OEM published specifications. GE Healthcare will provide subassemblies or assemblies if a lower replacement part is not available. Accessories and supplies are not Replacement Parts. Replacement Parts may be provided on a new or refurbished/repaired (exchange) basis, at GE Healthcare's sole discretion. If an exchange part is provided, the original part becomes GE Healthcare property and GE Healthcare will remove it from Customer's site or Customer must return it to GE Healthcare within a reasonable timeframe of replacement to avoid being billed for the non-returned part. Replacement Parts are shipped freight included (excluding "Special Order" parts, which are not stocked by GE Healthcare due to low demand). If delivery priority is identified on the Product Schedule, it will be subject to shipment cut-off times for the applicable distribution center. Expedited parts delivery is available for an additional fee.

- AP PM and AP Remote Connect. Corrective maintenance-related Replacement Parts are excluded.

4. Software Updates and Upgrades. Software updates consist of any error correction or modification to Equipment that maintain existing software features and functionality made generally available to GE Healthcare's installed customer base. Software updates may be installed during PM, or as otherwise agreed to by the parties. Software updates do not include any separately licensed software modules which provide additional functionality related to an application or feature for the hardware or software. Software upgrades are not included, which consist of any revision or enhancement to the Software by GE Healthcare that improve or expand existing software features or functionality that are made generally available for purchase. Additional hardware and/or software (including upgrades to third party software or operating system software) required for software updates or software upgrades, training, project management, and integration services are excluded.

- Ultrasound Equipment under AP Standard, AP Select, AP Performance, and AP Remote Connect. Software updates will be available: (i) for Customer download using the Equipment (if the Equipment has remote download capability); or (ii) by Customer accessing GE Healthcare's ecommerce/service web portal. Otherwise, software updates will be installed at Customer's site at GE Healthcare's then-current rates. Customer must provide and maintain a GE Healthcare-validated remote access connection to the Equipment at all times during this Agreement.

5. Phone Clinical Applications Support.

- All Products. GE Healthcare will provide clinical applications support by telephone, Monday-Friday, 8am to 5pm CST (unless otherwise identified on the Product Schedule), excluding OEM holidays.

- Equipment. Only available for Customer personnel trained by GE Healthcare to use the Equipment.

- Third Party Product. Only provided if identified on the Product Schedule and available via the OEM.

6. TiP Options. Not all TiP options are available with all Products or with all GE Healthcare service options. See Product Schedule for a list of TiP options included in the Agreement.

-TiP Answer Line. Not available for Third Party Product. Provides toll-free access to GE Healthcare application staff. Hours of operation based on product type (times available upon request).

-TiP-Ed Online. Continuing education training and business programming for healthcare professionals. See TiP-Ed Online Statement of Service Deliverables for additional terms and conditions.

-TiP Elevate. Training credits which can be used for trainings conducted at Customer's facility, via remote training sessions and at GE Healthcare's Healthcare Institute for the following diagnostic imaging products: MR, CT, Mammography, PET, Nuclear Medicine, Vascular and XR. See TiP Elevate Statement of Service Deliverables for additional terms and conditions.

7. MyGEHealthcare Equipment. MyGEHealthcare Equipment is a cloud-based asset maintenance and management software application that provides data and analytics on Product status, location, service and maintenance history, and Equipment utilization ("MyGEHealthcare Equipment"). If identified on the Product Schedule, GE Healthcare grants Customer during this Agreement a non-exclusive, non-transferable, non-sublicensable, limited subscription license to access and use MyGEHealthcare Equipment for the Products covered under this Agreement only for Customer's internal business operations in the United States. Customer must ensure its employee users maintain individually-assigned confidential user identifications and control mechanisms to access MyGEHealthcare Equipment, and notify GE Healthcare immediately of unauthorized access to or use of a username, password or other breach of security. MyGEHealthcare Equipment and the information therein are provided on an "AS IS" and "AS AVAILABLE" basis. NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING IMPLIED WARRANTIES OF NON-INFRINGEMENT, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, SYSTEM INTEGRATION, OR DATA ACCURACY, APPLY. GE Healthcare may monitor use of MyGEHealthcare Equipment for purposes including, but not limited to, ensuring appropriate use, product and service enhancements, performance monitoring and marketing. GE Healthcare may upgrade, modify, suspend, replace or disable MyGEHealthcare Equipment or portions thereof at any time. Customer cannot: (i) modify, reverse engineer, decompile, disassemble, copy or create derivative works of MyGEHealthcare Equipment; (ii) modify markings, labels or notices of proprietary rights; or (iii) make MyGEHealthcare Equipment or the information therein available to third-parties. GE Healthcare retains all ownership and intellectual property rights to MyGEHealthcare Equipment. No rights are granted except as expressly provided herein.

8. Remote Diagnostic Services. If identified on the Product Schedule as included, the Agreement includes GE Healthcare's then-current InSite, iLinq, or iLinq Diagnostic tools. Not available on all Products. Hours of operation based on product type.

9. Uptime Performance. If a Product fails to meet GE Healthcare's uptime commitment identified on the Product Schedule during any year of the Agreement, GE Healthcare will provide the applicable remedy listed below (which is Customer's sole and exclusive remedy). Uptime is calculated as follows: (Uptime-Downtime)/Uptime, with Uptime measured as the coverage hours identified on the Product Schedule (hours per day x days per week x 52 weeks). Downtime is measured as the number of hours the Product is inoperable and out of service. PM time and software update/upgrade installation are excluded from downtime calculation. Product is considered down from the time the service request is received by GE Healthcare until it is turned over to Customer for operation/use. Product is considered in service if Customer fails to give GE Healthcare immediate and unencumbered access to it or continues to obtain scans from it after notifying GE Healthcare of Product failure. Product is considered out of service if it is unavailable for scanning patients and diagnosing images on the display console or operator's console. Peripheral equipment (e.g., remote console, magnetic tape drive, hard copy devices, multi-format, laser cameras) are excluded. Services required for anything other than Product failure, and damage or inoperability beyond GE Healthcare's control, are excluded. Customer is responsible for tracking and calculating uptime. To be eligible for the remedy, Customer must maintain a performance log that includes data required to calculate downtime.

Offering	**Remedy**
AssurePoint Standard AssurePoint Rapid AssurePoint Access AssurePoint Performance AssurePoint Advance	Reduction in the amount of the then-current annual charge for the affected Product during the following contract year, at the following amounts: % Less Than Uptime Commitment — Reduction % .1% - 5% — 5% 5.1% -10% — 10% >10% — 15%

10. Specialty Component Coverage. Customer may separately purchase specialty component coverage for tubes, probes and detectors, including AP Complete, AP Reserve, or AP Pro. See applicable Statement of Service Deliverables for additional terms and conditions.

11. No Charge Special Parts Handling. GE Healthcare will provide no charge special handing of critical parts in Product hard down situations. Critical parts are Replacement Parts required for sufficient functionality of the Product to reasonably resume patient scanning and diagnosing images on the display or operator's console. Special handling is expedited delivery beyond Replacement Parts delivery priority identified on the Product Schedule.

12. Quality Assurance Activities. Upon Customer request, GE Healthcare will provide quality assurance activities (e.g., Product and image quality control testing, calibrations, functional testing) to measure whether Product is performing according to Customer-determined standards.

13. AP Refresh. For AP Refresh, Customer is entitled to a pre-defined 1-time Equipment hardware and/or software upgrade at the beginning of the Agreement, with the cost of such upgrade paid over the full or partial term of the Agreement. See AP Refresh Statement of Service Deliverables for additional terms and conditions. 36-month minimum Agreement is required.

14. **Full Service Riders.** If the Product Schedule includes ultrasound products, Remote Console, OnWatch, Tube Watch, AP GlassPro or Maxi-Ray GlassPro, see applicable Statement of Service Deliverables Rider for additional terms and conditions.

15. Supplemental Services During Warranty. If identified on the Product Schedule, Customer is entitled to additional services for the Equipment as listed on the Product Schedule for the remaining term of the Equipment Warranty (as defined in the GE Healthcare "Warranty Statement"). The fees for the services are identified on the Product Schedule and will apply if Customer signs and returns this Agreement before delivery of the Equipment. Additional fees (i.e., in addition to the fees identified on the Product Schedule) will apply if Customer signs and returns this Agreement after delivery of the Equipment (contact GE Healthcare). During the Equipment Warranty, Customer's remedies for the services are those described in the Warranty Statement or Product Terms and Conditions. If Customer terminates this Agreement prior to its expiration date, Customer is responsible for amounts owed under this coverage (i.e., the value of services performed on a prorated basis), and will pay the amounts within 30 days following Agreement termination.

16. Product Usage Allowance/Level. Where Service charges are based on an estimate of annual total patient exam volume as identified on the Product Schedule, if Product usage in any contract year exceeds the volume level/band level identified on the Product Schedule by greater than 5%, GE Healthcare may: (i) increase charges for the following contract year based on the prior year's annual total patient exam volume by 10% for CT, Nuclear and PET, and 20% for MR, for each volume level/band level increase; and (ii) charge for the prior year's overage at a per patient rate of $38 for CT, Nuclear and PET, and $65 for MR. The overage charge will not exceed the new volume level/band level charge increase by more than 10%.

17. Overtime Hours Allowance. If identified on the Product Schedule, corrective maintenance or PM service will be provided outside the coverage hours identified on the Product Schedule (if not listed, 8am to 5pm local time) up to the number of overtime hours identified on the Product Schedule. The number of overtime hours identified on the Product Schedule are valid for 12 months, commencing on the signature date of the Agreement or its anniversary date, as applicable. Service hours that exceed the number of overtime hours will be billed at GE Healthcare's then-current rates. Unused hours will not roll over to the following contract year and are forfeited without refund or credit.

18. Exclusions. Products are excluded from coverage under the Agreement and Customer is not entitled to any remedy (including uptime remedy) if GE Healthcare's failure to provide Service is due to: (i) Customer cancellation, rescheduling, or inability of GE Healthcare to access the Product; (ii) Customer's default; (iii) improper care of the Product; or (iv) any cause beyond GE Healthcare's control. Unless identified on the Product Schedule, this Agreement does not cover: stand-alone workstations, sensors, transmission pin sources, transducers, non-GE Healthcare supplied coils, MR surface coils on Third Party Product (other than the body coil), MR magnet, cryostat, coldhead, cryo-cooler compressor, shim and gradient coils, and cryogens. GE Healthcare is not responsible for providing system database maintenance for Customer, including but not limited to, activities related to backup, new users, user privileges, physician list updates, and archive/data entry.

Capital Guide

Proposal Analysis

Potential Savings

$63,086.90

Configuration

Vendor

GE Healthcare

Device

Workstations, Gamma Camera/Single Photon Emission Tomography; Scanning Systems, Computed Tomography/Single Photon Emission Computed Tomography

Model

Xeleris, NM/CT 850

Prepared For

Salinas Valley Memorial Healthcare System
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Salinas - CA
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Prepared By

Cecelia D'Andrea
Phone: (800) 998-3274 ext 5561
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Wednesday, August 03, 2022

If you have any questions or require additional information, please do not hesitate to call the analyst.

Work Order: 1183413

ECRI The Most Trusted Voice in Healthcare

Contents

The Bottom Line

Recommendations	
Pricing	Negotiating for a 56.6% discount on the NM/CT 850 and Xeleris can potentially save your facility $63,086.90.
Hazards & Recalls	A search of ECRI's Alerts database identified recent hazards, recalls, or problems with this equipment. Please see the Hazards/Recalls section of this analysis for more information.

Price Analysis

Proposal Number: 2006630923.8			
Total Quantity	2	**Discount Reasons**	GPO, Trade in
Total List Price	$1,499,190.00		
Total Quoted Price	$713,735.36	**Trade-in Amount**	$400.00
Total Quoted Discount	52.4%	**Discount After Trade-in**	52.4%
Excluded Costs	None		

In quotation 2006630923.8, your facility has been quoted $713,735.36 for the NM/CT 850 and Xeleris from GE Healthcare. You are receiving a 52.4% discount off the list prices. According to our PricePaid database, quoted pricing for the NM/CT 850 and Xeleris has ranged from $472,557.97 to $747,171.00, varying upon configurations, with discounts ranging from 48.2% to 56.6%. Therefore, negotiating for a 56.6% discount can potentially save your facility $63,086.90.

Historical Purchases - NM/CT 850 and Xeleris

Total Records: 14 Total Units:14

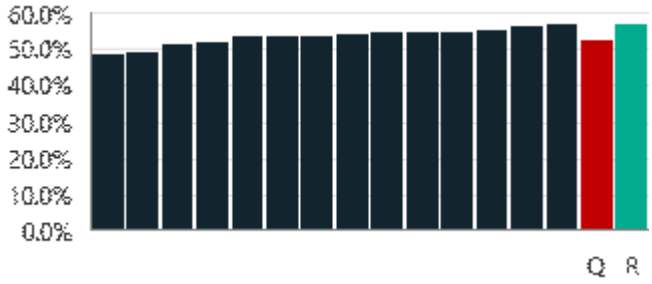
Pricing Type : Pre Trade-in Pricing

Potential Savings:

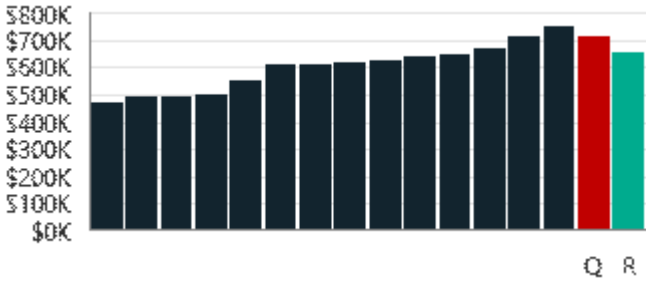
$63,086.90

	Average	High	Low	Std Dev	Quoted	Recommended
Discount:	53.3%	56.6%	48.2%	2.4%	52.4%	56.6%
Quoted Price:	$598,142.27	$747,171.00	$472,557.97	$85,202.38	$713,735.36	$650,648.46
List Price:	$1,279,720.93	$1,598,207.00	$1,071,328.00	$163,058.88	—	—

Discounts



Quoted Prices



** The records we have selected for the historical data set were chosen from the most recent records in our PricePaid Database. The equipment in these records matches your hospital's configuration as closely as possible and any significant differences have been noted below the individual records. The summary reflects the total price of each record.*

Line Item Analysis

Configuration			Proposed Pricing					Historical Pricing				
Catalog Number	Item Name	Qty	List Price	List Price Per Unit	Quoted Price	Quoted Price Per Unit	Quoted Discount %	Quote Amount			Discount %	
								Avg.	Low		Avg.	High
S3907AD	NM/CT 850	1	$925,000.00	$925,000.00				$420,214.17	$379,250.00		54.6%	59.0%
H3909AD	NM800 LEHRS coll with cart	1	$30,000.00	$30,000.00				$13,628.57	$12,300.00		54.6%	59.0%
H2506TC	MEGP Collimators with Cart	1	$24,000.00	$24,000.00				$10,960.00	$10,800.00		54.3%	55.0%
H2506TE	High Energy Collimators	1	$24,000.00	$24,000.00				$10,959.99	$10,799.98		54.3%	55.0%
H3100PF	QC Flood Source Holder Kit	1	$450.00	$450.00				$204.43	$184.50		54.6%	59.0%
H3100PE	QC Point Source Holder	1	$100.00	$100.00				$45.43	$41.00		54.6%	59.0%
H3602SL	QA COR Source Holder	1	$450.00	$450.00				$203.25	$184.50		54.8%	59.0%
H3909DY	QC Bar Phantom	1	$5,000.00	$5,000.00								
B7999ZB	2 Phase Uninterruptible Power Supply	1	$18,600.00	$18,600.00				$14,322.00	$14,322.00		23.0%	23.0%
H3100YT	UPS fixtures for 480V UPS for D670	1	$8,107.00	$8,107.00								
H3100TZ	Flat Floor Plate	1	$4,000.00	$4,000.00				$1,860.00	$1,800.00		53.5%	55.0%
H3100PG	Pallet Extender	1	$400.00	$400.00				$176.00	$164.00		56.0%	59.0%
H3100NW	Axial Head Holder	1	$3,500.00	$3,500.00				$1,621.67	$1,575.00		53.7%	55.0%
H2506KR	NORAV Integrated ECG Gating	1	$4,400.00	$4,400.00				$2,002.00	$1,804.00		54.5%	59.0%
H2506TR	NM600 Detectors Dismount	1	$5,520.00	$5,520.00				$2,507.66	$2,263.20		54.6%	59.0%
B77292CA	CT Service Cabinet	1	$1,293.00	$1,293.00				$581.85	$581.85		55.0%	55.0%

H3100CJ	SEISMIC KIT FOR NM600 PAR	1	$770.00	$770.00					
H3909CY	System Seismic Option	1	$35,000.00	$35,000.00					
B73602CA	Brivo CT Gantry Dolly	1	$2,330.00	$2,330.00	$1,058.49	$955.30		54.6%	59.0%
S3906AX	Q.SPECT camera license	1	$0.00	$0.00					
R12023AC	Standard Service License	1	$0.00	$0.00	$0.00	$0.00			
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$5,581.00	$5,581.00	$4,440.88	$4,297.37		20.4%	23.0%
E4502YB	Seismic Kit for E4502JJ A	1	$799.00	$799.00					
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$6,457.00	$6,457.00	$5,137.93	$4,971.89		20.4%	23.0%
E8500NA	Butterfly Armrest	1	$814.00	$814.00	$645.10	$626.78		20.8%	23.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$675.00	$675.00	$536.63	$519.75		20.5%	23.0%
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1	$230.00	$230.00	$181.70	$177.10		21.0%	23.0%
W0302NM	TIP SPECT/CT System Training Program	1	$73,714.00	$73,714.00	$30,222.74	$30,222.74		59.0%	59.0%
	Xeleris	1							
H3905GX	Xeleris V DaTQUANT	1	$35,000.00	$35,000.00					
H3905AN	Xeleris V Quantification Package	1	$78,000.00	$78,000.00	$32,760.00	$32,760.00		58.0%	58.0%
H3905EH	Xeleris V Q.Liver	1	$50,000.00	$50,000.00					
H3905AA	Xeleris V SW Only	1	$155,000.00	$155,000.00	$65,100.00	$65,100.00		58.0%	58.0%
Total									

The above table compares each of the line items in your quoted configuration to similar occurrences of that line item. Negotiating for an overall discount is not the only option. Using the data above provides a different approach to finding savings by identifying the best pricing for each line item in your quotation. All historical pricing is based upon the records included within this report.

The savings @low represents the extended potential savings for the quoted quantity of each item based upon the lowest unit list price. The savings @high represents the extended potential savings for the quoted quantity of each item based upon the highest line item discount. These figures do not always match because manufacturers increase their list prices from time to time.

Configuration Analysis

Configuration		▼	Detail					
Catalog Number	Item Name	Typical Config						
The Proposed Configuration			List/Unit	Quote/Unit	Discount	Config List	Config Quote	Config Discount
S3907AD	NM/CT 850	- 18 -	$925,000.00			$1,181,190.00		
H3909AD	NM800 LEHRS coll with cart	17/18	$30,000.00					
H2506TC	MEGP Collimators with Cart	9/18	$24,000.00					
H2506TE	High Energy Collimators	6/18	$24,000.00					
H3100PF	QC Flood Source Holder Kit	17/18	$450.00					
H3100PE	QC Point Source Holder	17/18	$100.00					
H3602SL	QA COR Source Holder	14/18	$450.00					
H3909DY	QC Bar Phantom	3/18	$5,000.00					
B7999ZB	2 Phase Uninterruptible Power Supply	3/18	$18,600.00					
H3100YT	UPS fixtures for 480V UPS for D670	2/18	$8,107.00					
H3100TZ	Flat Floor Plate	12/18	$4,000.00					
H3100PG	Pallet Extender	12/18	$400.00					
H3100NW	Axial Head Holder	8/18	$3,500.00					
H2506KR	NORAV Integrated ECG Gating	16/18	$4,400.00					
H2506TR	NM600 Detectors Dismount	16/18	$5,520.00					
H3100CJ	SEISMIC KIT FOR NM600 PAR	1/18	$770.00					
H3909CY	System Seismic Option	1/18	$35,000.00					
B73602CA	Brivo CT Gantry Dolly	16/18	$2,330.00					
S3906AX	Q.SPECT camera license	2/18	$0.00					
R12023AC	Standard Service License	12/18	$0.00					
E4502JJ	6 KVA UPS for Nuclear Medicine	16/18	$5,581.00					
E4502YB	Seismic Kit for E4502JJ A	1/18	$799.00					
E4502AG	90A A1 Main Disconnect Panel And UPS Control	16/18	$6,457.00					
E8500NA	Butterfly Armrest	6/18	$814.00					
E8500NB	Patient Arm Support System for	12/18	$675.00					

	Nuclear, PET/CT, MRI								
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	7/18	$230.00						
W0302NM	TIP SPECT/CT System Training Program	7/18	$73,714.00						
B77292CA	CT Service Cabinet	6/18	$1,293.00						
Additional Items Purchased by Other Facilities			Quote Amount			Discount %			
			High	Low	Avg.	High	Low	Avg.	
H3100NP	* Straps and Pads Kit	15/18	$1,300.00	$1,025.00	$1,160.71	59.0%	48.0%	53.6%	
H3100YT	* Cables and Components for use with Eaton UPS	15/18	$6,485.60	$3,323.87	$4,712.19	59.0%	20.0%	41.9%	
H3100PL	* NM 600 Series Bar Phantom	6/18	$2,350.00	$2,350.00	$2,350.00	53.0%	53.0%	53.0%	
W0301NM	* TIP SPECT Camera System Training Program	5/18	$36,857.00	$13,637.09	$21,868.49	63.0%	0.0%	40.7%	
E8500NC	* Patient Leg Rest	5/18	$184.00	$184.00	$184.00	20.0%	20.0%	20.0%	
R12023AC	* SVC PACK A3 WARRANTY	4/18							
H3100PL	* QC Bar Phantom	4/18	$2,300.00	$2,250.00	$2,266.67	55.0%	54.0%	54.7%	
E8500NC	* Pinestar Patient Leg Rest	4/18							
E8500NB	* Pinestar Patient Arm Support System	4/18	$540.00	$540.00	$540.00	20.0%	20.0%	20.0%	
B7999ZA	* 2 Phase Uninterruptible Power Supply	3/18	$18,600.00	$18,600.00	$18,600.00	0.0%	0.0%	0.0%	
H3100XK	* QC Bar Phantom (without CE mark)	3/18	$2,450.00	$2,250.00	$2,350.00	55.0%	51.0%	53.0%	
H2506TL	* NM600 Pinhole Bilateral	3/18	$1,960.00	$1,800.00	$1,880.00	55.0%	51.0%	53.0%	
SV_NUC_EXT_WARR	* Service Extended Warranty	2/18							
R0201NM	* NM Proficient Svc Trng	2/18	$25,185.00	$25,185.00	$25,185.00	0.0%	0.0%	0.0%	
H3909CX	* Pinhole & LEHR Collimator Cart	2/18	$14,100.00	$13,500.00	$13,800.00	55.0%	53.0%	54.0%	
H3904AW	* X4 DR English Language Kit	2/18							
H3602SL	* Center of Rotation Source holder	2/18	$211.50	$211.50	$211.50	53.0%	53.0%	53.0%	
H2506TO	* Q.Metrix	2/18	$21,150.00	$21,150.00	$21,150.00	53.0%	53.0%	53.0%	
H2401AF	* Software Package	2/18	$31,850.00	$31,850.00	$31,850.00	51.0%	51.0%	51.0%	
S8390AH	* X4 DR WS SPECTCT	2/18							
B7888WF	* WideView Software Option	2/18	$22,050.00	$22,050.00	$22,050.00	51.0%	51.0%	51.0%	
H2506TD	* D670 ELEGP COLL 2 W/Cart	2/18	$11,280.00	$11,280.00	$11,280.00	53.0%	53.0%	53.0%	
H3901P	* Cedars BPGS 1st or 2nd	1/18							

H3903CP	* VMX IR (NM/PET) and 3F Fusion	1/18	$20,000.00	$20,000.00	$20,000.00	60.0%	60.0%	60.0%
H3903DX	* X4 4DM-SPECT	1/18						
E8003S	* Child Positioner	1/18						
H2506TF	* Pinhole Collimator	1/18	$12,740.00	$12,740.00	$12,740.00	51.0%	51.0%	51.0%
H3100NP	* Long Table Pad and Straps	1/18	$1,125.00	$1,125.00	$1,125.00	55.0%	55.0%	55.0%
Non-Listed	* Non-Listed Service/Product	1/18						
H3909EA	* Q. AC	1/18						
B77292CA	* Service Cabinet	1/18						
H3909EB	* Wide View SW option	1/18						
W0303NM	* TIP Molecular Imaging Post Processing Training Package	1/18	$8,785.89	$8,785.89	$8,785.89	59.0%	59.0%	59.0%
H3602PW	* Dosimetrix Camera License	1/18						
H3602SL	* Center of Rotation Source Holder for Quality Assurance	1/18						
H3901RH	* Cedars Suite	1/18						
H3903DE	* DATQUANT LICENSE	1/18						

Configuration		▼	Detail					
Catalog Number	Item Name	Typical Config						
The Proposed Configuration			List/Unit	Quote/Unit	Discount	Config List	Config Quote	Config Discount
	Xeleris	- 79 -				$318,000.00		
H3905GX	Xeleris V DaTQUANT	0/79	$35,000.00					
H3905AN	Xeleris V Quantification Package	2/79	$78,000.00					
H3905EH	Xeleris V Q.Liver	1/79	$50,000.00					
H3905AA	Xeleris V SW Only	8/79	$155,000.00					
Additional Items Purchased by Other Facilities			Quote Amount			Discount %		
			High	Low	Avg.	High	Low	Avg.
H3904AW	* X4 DR English Language Kit	54/79	$212.00	$102.92	$172.59	74.3%	47.0%	56.9%
H3901RH	* Cedars Suite	31/79	$11,845.50	$5,750.66	$9,442.72	74.3%	47.0%	57.8%
H3903CM	* Xeleris 4 Evolution Bundle Software License for a single Xeleris 4 workstation	28/79	$7,200.00	$5,550.00	$6,511.16	63.0%	52.0%	56.6%
S8390AJ	* Xeleris 4 DR SPECT molecular imaging workstation	24/79	$52,800.00	$40,700.00	$46,923.53	63.0%	52.0%	57.3%

NI_NUC_INSTALLATION	* Rigging, De-installation, Installation Charges	19/79	$8,350.00	$3,500.00	$5,745.56	50.0%	0.0%	5.6%
W0303NM	* TIP Molecular Imaging Post Processing Training Package	16/79	$10,714.50	$7,928.73	$9,276.62	63.0%	50.0%	56.7%
H3903CS	* Alcyone Myovation Image Processing & Review	14/79	$0.00	$0.00	$0.00			
S8390AH	* X4 DR WS SPECTCT	12/79	$74,200.00	$36,022.00	$58,584.40	74.3%	47.0%	58.2%
S8390BE	* X4 DR from X4.0 or X3.1 Z420	10/79	$13,250.00	$12,000.00	$12,750.00	52.0%	47.0%	49.0%
W0301NM	* TIP SPECT Camera System Training Program	8/79	$18,428.50	$13,637.09	$15,725.65	63.0%	50.0%	57.3%
	* Logistics Surcharge	8/79	$28,639.43	$1,045.50	$11,503.80	0.0%	0.0%	0.0%
H3903CZ	* Motion Detection & Correction	7/79	$8,200.00	$8,200.00	$8,200.00	59.0%	59.0%	59.0%
H3903DR	* X4 DUAL Monitor and License	6/79	$3,840.00	$3,200.00	$3,413.33	60.0%	52.0%	57.3%
H3905AG	* Xeleris V - 5 users (4th and 5th)	6/79	$19,264.00	$16,800.00	$18,032.00	58.0%	51.8%	54.9%
H3903CF	* X4 XFL 2nd Client	5/79	$19,200.00	$16,400.00	$17,866.67	59.0%	52.0%	55.3%
S8390AK	* X4 DR WS Cardiac	5/79	$29,008.00	$29,008.00	$29,008.00	63.7%	63.7%	63.7%
S8390BG	* Xeleris 4 DR Hardware and Software Upgrade for Xeleris 3.0	5/79	$26,950.00	$22,550.00	$24,750.00	59.0%	51.0%	55.0%
H3905AH	* Xeleris V - 10 users (6th to 10th)	5/79	$19,264.00	$19,264.00	$19,264.00	51.8%	51.8%	51.8%
H3905BW	* Xeleris V Smart Subscription - US	4/79	$0.00	$0.00	$0.00			
H3905EM	* MI Smart Subscription Implementation	4/79	$6,000.00	$6,000.00	$6,000.00	0.0%	0.0%	0.0%
H3905DX	* Xeleris V Cedars SPECT Deluxe - 10 users (6th to 10th)	4/79	$15,750.00	$15,750.00	$15,750.00	0.0%	0.0%	0.0%
S8390AL	* Xeleris 4 DR SPECT/CT Server	4/79	$100,800.00	$84,000.00	$95,550.00	60.0%	52.0%	54.5%
H3905BL	* XV Exini Bone	4/79	$15,750.00	$15,750.00	$15,750.00	0.0%	0.0%	0.0%
H3905AL	* Xeleris V Cardio Package	4/79	$12,040.00	$10,000.00	$11,020.00	60.0%	51.8%	55.9%
H3901RP	* Cedars XFL	4/79	$5,267.52	$4,499.34	$4,901.72	59.0%	52.0%	55.3%
H3901RN	* Cedars XFL	4/79	$13,345.44	$11,121.20	$12,163.81	60.0%	52.0%	56.3%
H3903CK	* X4 XFL Remote Office	4/79	$7,050.00	$6,000.00	$6,700.00	60.0%	53.0%	55.3%
H3903DX	* X4 4DM-SPECT	4/79	$8,736.09	$8,605.20	$8,670.65	59.0%	58.4%	58.7%

The above table shows your quoted configuration as compared to the configurations previously purchased by other members. The "Typical Config" column is a ratio of how many times the component was purchased with this model compared to how many purchases of the model are on record. For example, "2/8" indicates that 2 out of the 8 most recent purchases of this model include this component. The line items with a "*" are not currently included in your purchase but occurred in previous purchases.

Appendix

Historical Purchases -

Record ID# 1165404

Date: Q1 2022	List Price: $1,087,871.00	Quoted Price: $472,557.97			Discount: 56.6%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1	$3,200.00	$3,200.00	60.0%
	Xeleris	1			
H3903DR	X4 DUAL Monitor and License	1	$3,200.00	$3,200.00	60.0%
Subtotal	NM/CT 850 and Components	1	$469,357.97	$469,357.97	56.5%
S3907AD	NM/CT 850	1	$379,250.00	$379,250.00	59.0%
H3909AD	NM800 LEHRS coll with cart	1	$12,300.00	$12,300.00	59.0%
H3100PF	QC Flood Source Holder Kit	1	$184.50	$184.50	59.0%
H3100PE	QC Point Source Holder	1	$41.00	$41.00	59.0%
H3602SL	QA COR Source Holder	1	$184.50	$184.50	59.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$3,323.87	$3,323.87	59.0%
H3100PG	Pallet Extender	1	$164.00	$164.00	59.0%
H3100NP	Straps and Pads Kit	1	$1,025.00	$1,025.00	59.0%
H2506KR	NORAV Integrated ECG Gating	1	$1,804.00	$1,804.00	59.0%
H2506TR	NM600 Detectors Dismount	1	$2,263.20	$2,263.20	59.0%
B73602CA	Brivo CT Gantry Dolly	1	$955.30	$955.30	59.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%
E8500NA	Butterfly Armrest	1	$651.20	$651.20	20.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$540.00	$540.00	20.0%
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1	$184.00	$184.00	20.0%
W0301NM	TIP SPECT Camera System Training Program	1	$36,857.00	$36,857.00	0.0%
H3903CP	VMX IR (NM/PET) and 3F Fusion	1	$20,000.00	$20,000.00	60.0%
Total	All Models and Components	---		$472,557.97	56.6%

	Strategic Alliance	---		---	
	Trade in	---		$0.00	
	Bundle	---		---	
Grand Total	All Models and Components After Discounts	2		$472,557.97	56.6%
Notes:	(1) NM/CT 850 (1) Xeleris Trade-In Credit $0				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
Strategic Alliance	---	---
Trade in	---	$0.00
Bundle	---	---

Record ID# 1180935

Date: Q1 2022	List Price: $1,457,571.00	Quoted Price: $636,216.87			Discount: 56.4%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1	$135,660.00	$135,660.00	58.0%
	Xeleris	1			
H3905AA	Xeleris V SW Only	1	$65,100.00	$65,100.00	58.0%
H3905AG	Xeleris V - 5 users (4th and 5th)	1	$16,800.00	$16,800.00	58.0%
H3905AN	Xeleris V Quantification Package	1	$32,760.00	$32,760.00	58.0%
H3905AS	Xeleris V Dosimetry Package - USA	1	$21,000.00	$21,000.00	58.0%
H3905BL	XV Exini Bone	1	$15,750.00	$15,750.00	0.0%
Subtotal	NM/CT 850 and Components	1	$520,556.87	$520,556.87	54.1%
S3907AD	NM/CT 850	1	$416,250.00	$416,250.00	55.0%
H3909AD	NM800 LEHRS coll with cart	1	$13,500.00	$13,500.00	55.0%
H2506TC	MEGP Collimators with Cart	1	$10,800.00	$10,800.00	55.0%
H2506TE	High Energy Collimators	1	$10,800.00	$10,800.00	55.0%
H3909CX	Pinhole & LEHR Collimator Cart	1	$13,500.00	$13,500.00	55.0%
H2506TL	NM600 Pinhole Bilateral	1	$1,800.00	$1,800.00	55.0%
H3100PF	QC Flood Source Holder Kit	1	$202.50	$202.50	55.0%
H3100PE	QC Point Source Holder	1	$45.00	$45.00	55.0%
H3602SL	QA COR Source Holder	1	$202.50	$202.50	55.0%
H3100XK	QC Bar Phantom (without CE mark)	1	$2,250.00	$2,250.00	55.0%
B7999ZB	2 Phase Uninterruptible Power Supply	1	$14,322.00	$14,322.00	23.0%
H3100YT	Cables and Components for use with	1	$6,242.39	$6,242.39	23.0%

	Eaton UPS				
H3100NW	Axial Head Holder	1	$1,575.00	$1,575.00	55.0%
H3100PG	Pallet Extender	1	$180.00	$180.00	55.0%
H3100NP	Long Table Pad and Straps	1	$1,125.00	$1,125.00	55.0%
H2506TR	NM600 Detectors Dismount	1	$2,484.00	$2,484.00	55.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,048.50	$1,048.50	55.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,297.37	$4,297.37	23.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$4,971.89	$4,971.89	23.0%
E8500NA	Butterfly Armrest	1	$626.78	$626.78	23.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$519.75	$519.75	23.0%
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1	$177.10	$177.10	23.0%
W0301NM	TIP SPECT Camera System Training Program	1	$13,637.09	$13,637.09	63.0%
Total	All Models and Components	---		$656,216.87	55.0%
	Promotional	---		-$20,000.00	
	Bundle	---		---	
	Trade in	---		$0.00	
Grand Total	All Models and Components After Discounts	2		$636,216.87	56.4%
Notes:	$15,750 non-discountable items excluded $20K Nuclear Customer Loyalty				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
Promotional	---	$20,000.00
Bundle	---	---
Trade in	---	$0.00

Record ID# 1135182

Date: Q3 2021	List Price: $1,224,557.00	Quoted Price: $551,252.14			Discount: 55.0%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1			
	Xeleris	1			
S8390AH	X4 DR WS SPECTCT	1			

H3904AW	X4 DR English Language Kit	1			
NI_NUC_INSTALLATION	Rigging, De-installation, Installation Charges	1			
Subtotal	NM/CT 850 and Components	1			
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H2506TC	MEGP Collimators with Cart	1			
H3100PL	NM 600 Series Bar Phantom	1			
H3602SL	QA COR Source Holder	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100TZ	Flat Floor Plate	1			
B7999ZB	2 Phase Uninterruptible Power Supply	1			
H3100NW	Axial Head Holder	1			
H3100PG	Pallet Extender	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B73602CA	Brivo CT Gantry Dolly	1			
R12023AC	SVC PACK A3 WARRANTY	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
W0301NM	TIP SPECT Camera System Training Program	1			
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1			
E8500NC	Patient Leg Rest	1			
Total	All Models and Components	---			
	GPO	---		---	
	Trade in	---		$0.00	
Grand Total	All Models and Components After Discounts	2		$551,252.14	
Notes:	Y000LC NM/CT 850 and Xeleris $4,500 n/d excluded				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Trade in	---	$0.00

Record ID# 1075184

Date: Q4 2020	List Price: $1,355,225.00	Quoted Price: $613,360.00			Discount: 54.7%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	NM/CT 850 and Components	1	$613,360.00	$613,360.00	54.7%
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H3602SL	Center of Rotation Source Holder for Quality Assurance	1			
H3100PL	NM 600 Series Bar Phantom	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B77292CA	Service Cabinet	1			
B73602CA	Brivo CT Gantry Dolly	1			
R12023AC	SVC PACK A3 WARRANTY	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NB	Pinestar Patient Arm Support System	1			
E8500NC	Pinestar Patient Leg Rest	1			
W0302NM	TIP SPECT/CT System Training Program	1			
S8390AH	X4 DR WS SPECTCT	1			
H3903DX	X4 4DM-SPECT	1			
H3904AW	X4 DR English Language Kit	1			
SV_NUC_EXT_WARR	Service Extended Warranty	1			
Non-Listed	Non-Listed Service/Product	1			

SV_NUC_EXT_WARR	Service Extended Warranty	1			
Total	All Models and Components	---		$613,360.00	54.7%
	Strategic Alliance	---		---	
Grand Total	All Models and Components After Discounts	1		$613,360.00	54.7%
Notes:	*Y0000LC (1) NM/CT 850				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
Strategic Alliance	---	---

Record ID# 1077283

Date: Q1 2021	List Price: $1,375,588.00	Quoted Price: $624,581.83			Discount: 54.6%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1	$113,421.20	$113,421.20	60.0%
	Xeleris	1			
S8390AL	Xeleris 4 DR SPECT/CT Server	1	$84,000.00	$84,000.00	60.0%
H3903CK	X4 XFL Remote Office	1	$6,000.00	$6,000.00	60.0%
H3901RH	Cedars Suite	1	$8,940.00	$8,940.00	60.0%
H3901RN	Cedars XFL	1	$11,121.20	$11,121.20	60.0%
H3903DR	X4 DUAL Monitor and License	1	$3,200.00	$3,200.00	60.0%
H3904AW	X4 DR English Language Kit	1	$160.00	$160.00	60.0%
Subtotal	NM/CT 850 and Components	1	$511,160.63	$511,160.63	53.2%
S3907AD	NM/CT 850	1	$416,249.91	$416,249.91	55.0%
H3909AD	NM800 LEHRS coll with cart	1	$13,500.00	$13,500.00	55.0%
H2506TC	MEGP Collimators with Cart	1	$10,800.00	$10,800.00	55.0%
H3100PL	QC Bar Phantom	1	$2,250.00	$2,250.00	55.0%
H3602SL	QA COR Source Holder	1	$202.50	$202.50	55.0%
H3100PF	QC Flood Source Holder Kit	1	$202.50	$202.50	55.0%
H3100PE	QC Point Source Holder	1	$45.00	$45.00	55.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$6,485.60	$6,485.60	20.0%
H3100TZ	Flat Floor Plate	1	$1,800.00	$1,800.00	55.0%
H3100PG	Pallet Extender	1	$180.00	$180.00	55.0%
H3100NW	Axial Head Holder	1	$1,575.00	$1,575.00	55.0%

H3100NP	Straps and Pads Kit	1	$1,125.00	$1,125.00	55.0%
H2506KR	NORAV Integrated ECG Gating	1	$1,980.00	$1,980.00	55.0%
H2506TR	NM600 Detectors Dismount	1	$2,484.00	$2,484.00	55.0%
B77292CA	CT Service Cabinet	1	$581.85	$581.85	55.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,048.50	$1,048.50	55.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%
E8500NB	Pinestar Patient Arm Support System	1	$540.00	$540.00	20.0%
E8500NC	Patient Leg Rest	1	$184.00	$184.00	20.0%
W0301NM	TIP SPECT Camera System Training Program	1	$15,111.37	$15,111.37	59.0%
R0201NM	NM Proficient Svc Trng	1	$25,185.00	$25,185.00	0.0%
Total	All Models and Components	---		$624,581.83	54.6%
	GPO	---		---	
	Bundle	---		---	
Grand Total	All Models and Components After Discounts	2		$624,581.83	54.6%
Notes:	Y0000LC NM/CT 850 and Xeleris				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Bundle	---	---

Record ID# 1136968

Date: Q3 2021	List Price: $1,077,871.00	Quoted Price: $491,868.05			Discount: 54.4%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1			
	Xeleris	1			
H3903CM	Xeleris 4 Evolution Bundle Software License for a single Xeleris 4 workstation	1			
NI_NUC_INSTALLATION	Rigging, De-installation, Installation Charges	1			
Subtotal	NM/CT 850 and Components	1			

S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H2506TC	MEGP Collimators with Cart	1			
H3602SL	QA COR Source Holder	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
H3100PL	QC Bar Phantom	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100TZ	Flat Floor Plate	1			
H3100PG	Pallet Extender	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B73602CA	Brivo CT Gantry Dolly	1			
R12023AC	Standard Service License	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NA	Butterfly Armrest	1			
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1			
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1			
W0301NM	TIP SPECT Camera System Training Program	1			
Total	All Models and Components	---			
	GPO	---		---	
	Trade in	---		$0.00	
Grand Total	All Models and Components After Discounts	2		$491,868.05	
Notes:	Y0000LC NM/CT 850 and Xeleris Trade-In Credit $0 no itemized pricing $7,500 n/d excluded				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %	Discount Reasons	Amount %	Amount $

No Data	GPO	---	---
	Trade in	---	$0.00

Record ID# 1089046

Date: Q1 2021	List Price: $1,071,328.00	Quoted Price: $493,802.56			Discount: 53.9%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	NM/CT 850 and Components	1	$493,802.56	$493,802.56	53.9%
S3907AD	NM/CT 850	1	$425,500.00	$425,500.00	54.0%
H3909AD	NM800 LEHRS coll with cart	1	$13,800.00	$13,800.00	54.0%
H3100PE	QC Point Source Holder	1	$46.00	$46.00	54.0%
H3100PF	QC Flood Source Holder Kit	1	$207.00	$207.00	54.0%
H3602SL	QA COR Source Holder	1	$207.00	$207.00	54.0%
H3100PL	QC Bar Phantom	1	$2,300.00	$2,300.00	54.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$3,729.22	$3,729.22	54.0%
H3100NP	Straps and Pads Kit	1	$1,150.00	$1,150.00	54.0%
H2506KR	NORAV Integrated ECG Gating	1	$2,024.00	$2,024.00	54.0%
H2506TR	NM600 Detectors Dismount	1	$2,539.20	$2,539.20	54.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,071.80	$1,071.80	54.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%
E8500NA	Butterfly Armrest	1	$651.20	$651.20	20.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$540.00	$540.00	20.0%
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1	$184.00	$184.00	20.0%
W0302NM	TIP SPECT/CT System Training Program	1	$30,222.74	$30,222.74	59.0%
Total	All Models and Components	---		$493,802.56	53.9%
	None Indicated	---		---	
	Trade in	---		-$400.00	
	GPO	---		---	
Grand Total	All Models and Components After Discounts	1		$493,402.56	53.9%
Notes:	Y0000LC pricing non-disclosure language $400 trade-in credit excluded				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
None Indicated	---	---
Trade in	---	$400.00
GPO	---	---

Record ID# 1080035

Date: Q1 2021	List Price: $1,308,871.00	Quoted Price: $606,447.78			Discount: 53.7%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	NM/CT 850 and Components	1	$606,447.78	$606,447.78	53.7%
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H2506TC	MEGP Collimators with Cart	1			
H3100PL	NM 600 Series Bar Phantom	1			
H3602SL	QA COR Source Holder	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
B7999ZA	2 Phase Uninterruptible Power Supply	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100PG	Pallet Extender	1			
H3100NW	Axial Head Holder	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B77292CA	CT Service Cabinet	1			
B73602CA	Brivo CT Gantry Dolly	1			
R12023AC	Standard Service License	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NA	Butterfly Armrest	1			
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1			
E8500NC	Pinestar Patient Leg Rest	1			
S8390AH	X4 DR WS SPECTCT	1			
H3901RH	Cedars Suite	1			

H3901P	Cedars BPGS 1st or 2nd	1			
H3903DE	DATQUANT LICENSE	1			
H3904AW	X4 DR English Language Kit	1			
W0302NM	TIP SPECT/CT System Training Program	1			
Total	All Models and Components	---		$606,447.78	53.7%
	Trade in	---		$0.00	
Grand Total	All Models and Components After Discounts	1		$606,447.78	53.7%
Notes:	$0 trade-in NM/CT 850 and Xeleris				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
Trade in	---	$0.00

Record ID# 1077284

Date: Q1 2021	List Price: $1,073,107.00	Quoted Price: $500,422.02	Discount: 53.4%

Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	NM/CT 850 and Components	1	$500,422.02	$500,422.02	53.4%
S3907AD	NM/CT 850	1	$416,249.28	$416,249.28	55.0%
H3909AD	NM800 LEHRS coll with cart	1	$13,499.98	$13,499.98	55.0%
H2506TE	High Energy Collimators	1	$10,799.98	$10,799.98	55.0%
H3100PL	QC Bar Phantom	1	$2,250.00	$2,250.00	55.0%
H3602SL	QA COR Source Holder	1	$202.50	$202.50	55.0%
H3100PF	QC Flood Source Holder Kit	1	$202.50	$202.50	55.0%
H3100PE	QC Point Source Holder	1	$45.00	$45.00	55.0%
H3100TZ	Flat Floor Plate	1	$1,800.00	$1,800.00	55.0%
H3100PG	Pallet Extender	1	$180.00	$180.00	55.0%
H3100NP	Straps and Pads Kit	1	$1,125.00	$1,125.00	55.0%
H2506KR	NORAV Integrated ECG Gating	1	$1,980.00	$1,980.00	55.0%
H2506TR	NM600 Detectors Dismount	1	$2,484.00	$2,484.00	55.0%
B77292CA	CT Service Cabinet	1	$581.85	$581.85	55.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,048.50	$1,048.50	55.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%

E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$540.00	$540.00	20.0%
E8500NC	Patient Leg Rest	1	$184.00	$184.00	20.0%
W0303NM	TIP Molecular Imaging Post Processing Training Package	1	$8,785.89	$8,785.89	59.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$3,648.14	$3,648.14	55.0%
R0201NM	NM Proficient Svc Trng	1	$25,185.00	$25,185.00	0.0%
Total	All Models and Components	---		$500,422.02	53.4%
	GPO	---		---	
Grand Total	All Models and Components After Discounts	1		$500,422.02	53.4%
Notes:	*Y0000LC (1) NM/CT 850				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---

Record ID# 1052832

Date: Q3 2020	List Price: $1,598,207.00	Quoted Price: $747,171.00	Discount: 53.2%

Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1			
	Xeleris	1			
W0302NM	TIP SPECT/CT System Training Program	1			
S8390AH	X4 DR WS SPECTCT	1			
H3901NE	Dosimetry Toolkit	1			
H3904AN	Q.Volumetrix	1			
H3903DE	DATQUANT LICENSE	1			
H3903DM	Q.LUNG License	1			
H3904AW	X4 DR English Language Kit	1			
NI_NUC_INSTALLATION	Rigging, De-installation, Installation Charges	1			
Subtotal	NM/CT 850 and Components	1			
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H2506TC	MEGP Collimators with Cart	1			

H2506TE	High Energy Collimators	1			
H3100PL	NM 600 Series Bar Phantom	1			
H3602SL	QA COR Source Holder	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
B7999ZA	2 Phase Uninterruptible Power Supply	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100TZ	Flat Floor Plate	1			
H3100PG	Pallet Extender	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B77292CA	CT Service Cabinet	1			
B73602CA	Brivo CT Gantry Dolly	1			
H2506TO	Q.Metrix	1			
H3602PW	Dosimetrix Camera License	1			
H2401AF	Software Package	1			
B7888WF	WideView Software Option	1			
R12023AC	SVC PACK A3 WARRANTY	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NB	Pinestar Patient Arm Support System	1			
E8500NC	Pinestar Patient Leg Rest	1			
Total	All Models and Components	---			
	GPO	---		---	
	Trade in	---		---	
Grand Total	All Models and Components After Discounts	2		$747,171.00	
Notes:	NM/CT 850 and Xeleris No itemized pricing Philips - Forte Trade-in ($0) excluded $5,500 n/d rigging excluded				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Trade in	---	---

Record ID# 1103907

Date: Q1 2021	List Price: $1,396,614.00	Quoted Price: $670,806.39			Discount: 52.0%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1	$105,938.00	$105,938.00	53.0%
	Xeleris	1			
S8390AL	Xeleris 4 DR SPECT/CT Server	1	$98,700.00	$98,700.00	53.0%
H3903CK	X4 XFL Remote Office	1	$7,050.00	$7,050.00	53.0%
H3904AW	X4 DR English Language Kit	1	$188.00	$188.00	53.0%
Subtotal	NM/CT 850 and Components	1	$564,868.39	$564,868.39	51.8%
S3907AD	NM/CT 850	1	$434,750.00	$434,750.00	53.0%
H3909AD	NM800 LEHRS coll with cart	1	$14,100.00	$14,100.00	53.0%
H2506TC	MEGP Collimators with Cart	1	$11,280.00	$11,280.00	53.0%
H2506TD	D670 ELEGP COLL 2 W/Cart	1	$11,280.00	$11,280.00	53.0%
H2506TE	High Energy Collimators	1	$11,280.00	$11,280.00	53.0%
H2506TL	NM600 Pinhole Bilateral	1	$1,880.00	$1,880.00	53.0%
H3909CX	Pinhole & LEHR Collimator Cart	1	$14,100.00	$14,100.00	53.0%
H3100PL	NM 600 Series Bar Phantom	1	$2,350.00	$2,350.00	53.0%
H3602SL	Center of Rotation Source holder	1	$211.50	$211.50	53.0%
H3100PF	QC Flood Source Holder Kit	1	$211.50	$211.50	53.0%
H3100PE	QC Point Source Holder	1	$47.00	$47.00	53.0%
B7999ZA	2 Phase Uninterruptible Power Supply	1	$18,600.00	$18,600.00	0.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$3,810.29	$3,810.29	53.0%
H3100TZ	Flat Floor Plate	1	$1,880.00	$1,880.00	53.0%
H3100NP	Straps and Pads Kit	1	$1,175.00	$1,175.00	53.0%
H2506KR	NORAV Integrated ECG Gating	1	$2,068.00	$2,068.00	53.0%
H2506TR	NM600 Detectors Dismount	1	$2,594.40	$2,594.40	53.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,095.10	$1,095.10	53.0%
H2506TO	Q.Metrix	1	$21,150.00	$21,150.00	53.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%
E8500NA	Butterfly Armrest	1	$651.20	$651.20	20.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$540.00	$540.00	20.0%

E8500NC	Patient Leg Rest	1	$184.00	$184.00	20.0%
Total	All Models and Components	---		$670,806.39	52.0%
	Bundle	---		---	
Grand Total	All Models and Components After Discounts	2		$670,806.39	52.0%
Notes:	Y0000LC NM/CT 850 and Xeleris				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
Bundle	---	---

Record ID# 1203065

Date: Q2 2022	List Price: $1,248,376.00	Quoted Price: $612,339.17			Discount: 50.9%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	NM/CT 850 and Components	1	$612,339.17	$612,339.17	50.9%
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H2506TD	D670 ELEGP COLL 2 W/Cart	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
H3602SL	QA COR Source Holder	1			
H3909DY	QC Bar Phantom	1			
H3100YT	UPS fixtures for 480V UPS for D670	1			
H3100TZ	Flat Floor Plate	1			
H3100PG	Pallet Extender	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B77292CA	CT Service Cabinet	1			
H3100CJ	SEISMIC KIT FOR NM600 PAR	1			
H3909CY	System Seismic Option	1			
B73602CA	Brivo CT Gantry Dolly	1			
S3906AX	Q.SPECT camera license	1			
H3909EA	Q. AC	1			
H3909EB	Wide View SW option	1			
R12023AC	Standard Service License	1			

E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502YB	Seismic Kit for E4502JJ A	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NC	Patient Leg Rest for Nuclear, PET/CT, MRI	1			
E8003S	Child Positioner	1			
W0302NM	TIP SPECT/CT System Training Program	1			
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1			
Total	All Models and Components	---		$612,339.17	50.9%
	GPO	---		---	
Grand Total	All Models and Components After Discounts	1		$612,339.17	50.9%
Notes:	*Y0000LC				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---

Record ID# 1172398

Date: Q1 2022	List Price: $1,398,450.00	Quoted Price: $709,945.33			Discount: 49.2%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1	$145,226.00	$145,226.00	42.9%
	Xeleris	1			
S8390BG	Xeleris 4 DR Hardware and Software Upgrade for Xeleris 3.0	2	$26,950.00	$53,900.00	51.0%
H3901TW	Xeleris 23" Wide Screen Display	2	$1,715.00	$3,430.00	51.0%
H3904AW	X4 DR English Language Kit	1	$196.00	$196.00	51.0%
E4502DA	ABB non-seismic TLE UL UPS 80kW, 480V, 60Hz	1	$53,400.00	$53,400.00	20.0%
H3101AM	Swiftscan package for O640	1	$34,300.00	$34,300.00	51.0%
Subtotal	NM/CT 850 and Components	1	$564,719.33	$564,719.33	50.6%
S3907AD	NM/CT 850	1	$453,250.00	$453,250.00	51.0%
H3909AD	NM800 LEHRS coll with cart	1	$14,700.00	$14,700.00	51.0%
H2506TF	Pinhole Collimator	1	$12,740.00	$12,740.00	51.0%
H2506TL	NM600 Pinhole Bilateral	1	$1,960.00	$1,960.00	51.0%

H3100PF	QC Flood Source Holder Kit	1	$220.50	$220.50	51.0%
H3100PE	QC Point Source Holder	1	$49.00	$49.00	51.0%
H3602SL	QA COR Source Holder	1	$220.50	$220.50	51.0%
H3100XK	QC Bar Phantom (without CE mark)	1	$2,450.00	$2,450.00	51.0%
H3100YT	Cables and Components for use with Eaton UPS	1	$3,972.43	$3,972.43	51.0%
H3100NW	Axial Head Holder	1	$1,715.00	$1,715.00	51.0%
H3100TZ	Flat Floor Plate	1	$1,960.00	$1,960.00	51.0%
H3100NP	Straps and Pads Kit	1	$1,225.00	$1,225.00	51.0%
H2506KR	NORAV Integrated ECG Gating	1	$2,156.00	$2,156.00	51.0%
H2506TR	NM600 Detectors Dismount	1	$2,704.80	$2,704.80	51.0%
B73602CA	Brivo CT Gantry Dolly	1	$1,141.70	$1,141.70	51.0%
H2401AF	Software Package	1	$31,850.00	$31,850.00	51.0%
B7888WF	WideView Software Option	1	$22,050.00	$22,050.00	51.0%
R12023AC	Standard Service License	1	$0.00	$0.00	
E4502JJ	6 KVA UPS for Nuclear Medicine	1	$4,464.80	$4,464.80	20.0%
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1	$5,165.60	$5,165.60	20.0%
E8500NB	Patient Arm Support System for Nuclear, PET/CT, MRI	1	$540.00	$540.00	20.0%
E8500NC	Patient Leg Rest	1	$184.00	$184.00	20.0%
Total	All Models and Components	---		$709,945.33	49.2%
	GPO	---		---	
	Bundle	---		---	
Grand Total	All Models and Components After Discounts	2		$709,945.33	49.2%
Notes:	Y0000LC NM/CT 850 and Xeleris				
Vendor:	GE Healthcare				

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Bundle	---	---

Record ID# 1050486

Date: Q3 2020	List Price: $1,242,457.00	Quoted Price: $643,220.64			Discount: 48.2%
Catalog No.	Description	Qty	Unit Quoted Price	Quoted Price	Discount %
Subtotal	Xeleris and Components	1			

	Xeleris	1			
S8390AH	X4 DR WS SPECTCT	1			
H3903CS	Alcyone Myovation Image Processing & Review	1			
H3901RH	Cedars Suite	1			
H3904AW	X4 DR English Language Kit	1			
	Logistics Surcharge	1	$11,256.36	$11,256.36	0.0%
Subtotal	NM/CT 850 and Components	1	$643,220.64	$643,220.64	40.4%
S3907AD	NM/CT 850	1			
H3909AD	NM800 LEHRS coll with cart	1			
H3100PL	NM 600 Series Bar Phantom	1			
H3602SL	QA COR Source Holder	1			
H3100PF	QC Flood Source Holder Kit	1			
H3100PE	QC Point Source Holder	1			
H3100YT	Cables and Components for use with Eaton UPS	1			
H3100TZ	Flat Floor Plate	1			
H3100PG	Pallet Extender	1			
H3100NW	Axial Head Holder	1			
H3100NP	Straps and Pads Kit	1			
H2506KR	NORAV Integrated ECG Gating	1			
H2506TR	NM600 Detectors Dismount	1			
B77292CA	CT Service Cabinet	1			
B73602CA	Brivo CT Gantry Dolly	1			
R12023AC	SVC PACK A3 WARRANTY	1			
E4502JJ	6 KVA UPS for Nuclear Medicine	1			
E4502AG	90A A1 Main Disconnect Panel And UPS Control	1			
E8500NB	Pinestar Patient Arm Support System	1			
E8500NC	Pinestar Patient Leg Rest	1			
W0302NM	TIP SPECT/CT System Training Program	1			
Total	All Models and Components	---		$643,220.64	48.2%
	GPO	---		---	
	Bundle	---		---	
Grand Total	All Models and Components After Discounts	2		$643,220.64	48.2%
Notes:	*Y0000LC NM/CT 850 and Xeleris No Itemized pricing				

	Logistics Surcharge $11,256.36 excluded (1.75%)
Vendor:	GE Healthcare

Discount Categories	Items	Qty	Amount %
No Data			

Discount Reasons	Amount %	Amount $
GPO	---	---
Bundle	---	---

Hazards/Recalls

Accession Number:	A36902	**ECRI Priority:**	High	**Published:**	05/19/2021
Channel:	Devices	**FDA:**	Class II	**Last Updated:**	05/20/2021

GE—NM/CT 850, NM/CT 860, and NM/CT 870 DR Systems with Smart Console: May Exhibit Shift in CT Radiation Exposure Range up to 5 cm Compared to Intended Radiation Exposure Range

Product Identifier:
[Capital Equipment]

Product	GE Healthcare Model	GTIN
Nuclear Medicine/Computed Tomography Systems with Smart Console	NM/CT 850	00840682140775
	NM/CT 860	00840682140751
	NM/CT 870 DR	00840682140836

Manufacturer(s):
GE Healthcare, 3000 N Grandview Blvd, Waukesha, WI 53188, United States

Problem:
FDA's Center for Devices and Radiological Health (CDRH) states that a problem with the above systems may cause a shift in the CT radiation exposure range of up to 5 cm compared to the intended radiation exposure range of the planned scan under specific workflows. This problem occurs only on a hybrid whole-body continuous F3 protocol with zoom <1 in which the scan range is set on the Smart Console. In some cases, this may also necessitate a re-scan of the patient, which would expose the patient to additional x-ray radiation.

Action Needed:
Identify any affected systems in your inventory. If you have affected systems, verify that you have been contacted by GE. You may continue to use affected systems by following the workaround instructions (zoom=1 for hybrid whole-body continuous F3 protocol) until a correction is provided. GE will provide a software update to all affected Smart Consoles at no charge.

For Further Information:

GE service department
Tel.: (800) 437-1171
Website: Click here

UMDNS Term(s):

Scanning Systems, Computed Tomography/Single Photon Emission Computed Tomography [24013]

Disclaimer

The member agrees to hold in strict confidence Capital Guide Custom Analyses, as well as the content of the other Products and Services offered under the Capital Guide Agreement, using them only for their intended purpose and within its own institution, and shall not transmit them to or share them with third parties without the prior written permission of ECRI in each instance. The provisions of this clause shall survive expiration or termination of this Agreement. In the event that member uses or attempts to use the Custom Analysis, or other Capital Guide Products and Services, in a manner that is contrary to the terms of the Capital Guide Agreement, it may result in an automatic termination of the usage rights granted herein and will give ECRI the right (in addition to any such remedies available to it) to injunctive relief enjoining those acts, it being acknowledged that legal remedies are inadequate.

THE IMAGING CONNECTION
BRIDGING THE GAP BETWEEN BUYERS AND SUPPLIERS

DATE: 8/10/22
TO: Gina Ramirez
CO: Salinas Valley Memorial Healthcare
FROM: Gail Spinner

I am submitting a quotation for mobile Nuc med coverage for your project. I work with Front Range Nuclear Services out of Cheyenne, WY for my Nuclear Medicine mobile rentals. They are an excellent company. Please review the summary of features below. Should you decide to move forward please contact me for a formal quotation. If you have any questions, please contact me by phone or e-mail. Thank you for considering us your imaging equipment needs.

EQUIPMENT QUOTED -- -- Siemens ecam mobile

START DATE -- -- TBD (approx. April 2023)

QUOTED PRICE INCLUDES -- -- Service on camera and Trailer
-- On Site Assistance during start up
-- Apps training

LEASE TERM QUOTED -- -- 6 mo.

LOCATION -- -- Salinas, CA

PRICING -- -- $20,500 per mo.

TRANSPORTATION-- --$4500 (subject to change)

PRO RATA EXTENSIONS -- -- Available upon Request

All units are quoted subject to availability.

gailspinner@gmail.com 909-367-8370
www.theimagingconnection.com
8235 Kinlock Ave. Rancho Cucamonga, CA 91730

Board Paper: Finance Committee

Agenda Item:	Consider Recommendation for Board of Directors Approval of Partial Project Budget for the SVMH Bulk Oxygen Project
Executive Sponsor:	Clement Miller, Chief Operating Officer Earl Strotman, Director Facilities Management & Construction Dave Sullivan, Project Manager
Date:	August 12, 2022

Executive Summary

Salinas Valley Memorial Healthcare System seeks to replace the existing bulk oxygen supply system to meet the current and future needs of the Hospital. Presently, the Hospital has an unfavorable product supply agreement with the existing supplier due to unsustainable product supply escalation fees and a rental system that has reached the end of its useful life. SVMHS solicited multiple liquid oxygen suppliers who service the greater Salinas Valley area. Several suppliers have geographic challenges to supply the hospital and require significantly larger tanks be installed. The larger tanks required significantly larger foundation systems and increased the construction costs due to ancillary components needing to be upgraded to comply with current codes. Regardless of the configuration for the replacement, an interim system must be installed ahead of the permanent replacement. This will require an interim rental supply system be in-place for the replacement construction to proceed. It is imperative for the design and engineering to commence immediately in preparation for the replacement system to be installed. The final configuration will ultimately be selected based on product supply agreement pricing, rental equipment costs, code analysis, constructability, and presumed construction costs.

Background/Situation/Rationale

The replacement oxygen storage project calls for the design and construction of the structural components of the existing structure to be upgraded to comply with current building codes, replacement of main and reserve storage tanks, replacement of vaporizer system and renovation of alarming and monitoring low voltage system. The existing bulk oxygen tank was installed in 1985 under HCAI Project # HF840004-27. The adjacent underground brine tanks were already installed at that time. The generator #3 was installed under an HCAI approved project after the installation of the tank, therefore the current location should be approved by HCAI. The objective of this project is to modernize the storage system to comply with current rules and regulations enforced by all agencies having jurisdiction including HCAI and City of Salinas Fire Department.

SVMHS will be responsible for securing HCAI approvals necessary to execute the work. Numerous design and planning meetings were completed to review and analyze the various solutions from multiple vendors. There will be two main permits required for the interim portable supply and permanent configuration. HCAI has reviewed our initial proposals and require we utilize the existing portable CT Pad to anchor the interim equipment before we can remove the existing configuration.

Ancillary improvements necessary to implement the Project will include: fire rated barriers, expansion of fencing, upgraded structural slab system, piping distribution system, crane/rigging of existing and new tank assemblies and spill pad design, which will require coordination with OSHPD and the City of Salinas.

Financial Implications

Design and Permitting Estimates:	$500,000 (initial request for temporary configuration design/permitting)
Major Equipment Cost:	To be determined following negotiation with vendors
Rental Equipment:	To be determined following negotiation with vendors
Total:	$500,000

Budget: As currently programmed, the Bulk Oxygen Project cost estimate is $2,400,000. The project cost estimate includes design and engineering fees, permitting, project contingency, design-assistance from oxygen supply vendor, equipment lease, program management, and construction services required to complete the project.

Current capital budget forecast includes:
Fiscal Year 2023 - $785,651
Fiscal Year 2024 - $1,000,000

Following completion of the product supply agreement and vendor selection, the budget will be reconciled to account for proposed configuration.

Schedule: August 2022 – Commence HCAI permitting documents for interim storage
February 2023 – Commission onsite interim portable storage, remove existing tanks
April 2023 – Anticipated commencement of permanent onsite storage
July 2023 – Anticipated commission onsite permanent storage

Budget: As currently programmed, the bulk medical storage systems project cost estimate of $2,400,000. The project cost estimate includes design fees, permitting, project contingency, design-assistance from supply vendor, equipment rental, program management, and construction services required to complete the replacement project. For the initial interim design and permitting, $500,000 is being requested to commence the design and permitting process with design professionals and engineers for the interim solution.

Procurement: SVMHS solicited for product supply agreement services to qualified local and regional medical gas suppliers. Various proposals were received by SVMHS with multiple supply arrangements and pricing. Each of the responses was reviewed by Materials Management and Facilities Management to compare initial capital construction costs and product supply agreement arrangements. SVMHS in process of evaluating the product supply agreements.

Recommendation

Consider recommendation for Board of Directors to approve the total estimated project cost for the design and permitting of the interim bulk oxygen system component of the SVMH Bulk Oxygen Storage Project in the budgeted amount of $500,000.

Attachments

- Attachment 1: Estimated Project Budget at Programming Phase

Salinas Valley Memorial Healthcare System

Project Cost Model: Bulk Oxygen Replacement

Architect: Smith Karng Architects

Subject: Conceptual Design/Programming Stage

Date Printed:	*8/12/2022*
Budget Amount:	**$0**
Budget Approved Date:	*PENDING*
Version 1	
Anticipated Completion:	**Q3 2023**

Prepared by: DS, Checked by DS

Budget Summary

			A	A1	A2
Line Item		Description	Original Budget	Budget Revisions	Current Budget
	1	**Construction**			
100		Construction - Temporary Configuration	$239,315	$0	$239,315
100		Construction - Replacement Configuration	$546,519	$0	$546,519
101		Estimating Contingency	$65,000	$0	$65,000
	2	**Design**			
200		Professional Fees	$290,000	$0	$290,000
200		Geotechnical Services	$45,000	$0	$45,000
201		Reimbursables	$15,000	$0	$15,000
202		Utility Locator Services	$8,500	$0	$8,500
	3	**Inspections and Consultation**			
300		Inspector of Record	$84,000	$0	$84,000
301		Special Inspections - Kleinfelder	$11,800	$0	$11,800
	4	**AHJ Fees**			
400		HCAI Fees	$29,017	$0	$29,017
403		City of Salinas Fees	$40,000	$0	$40,000
	5	**Soft Costs**			
502		Construction Management - Concept through CA	$285,000	$0	$285,000
504		Soft Cost Contingency	$65,000	$0	$65,000
	7	**FF&E**			
702		Vendor Installation Fee	$350,000	$0	$350,000
703		Portable Rental @ 8 Months	$96,000	$0	$96,000
704		Site Furnishings + Safety Signage	$18,500	$0	$18,500
	9				
9900		Project Contingency	$211,349	$0	$211,349
Totals			**$2,400,000**	**$0**	**$2,400,000**

PERSONNEL, PENSION AND INVESTMENT COMMITTEE

Minutes from the August 23, 2022 Meeting of the Personnel, Pension and Investment Committee will be distributed at the Board Meeting

Background information supporting the proposed recommendation from the Committee is included in the Board Packet

(REGINA M. GAGE)

a. Committee Chair Report
b. Board Questions to Committee Chair/Staff
c. Motion/Second
d. Public Comment
e. Board Discussion/Deliberation
f. Action by Board/Roll Call Vote

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Recommendation for Board Approval of (i) Contract Terms and Conditions for a Hospitalist Professional Services Agreement for Nathaniel Uchtmann, MD and (ii) Terms and Conditions for Dr. Uchtmann's COVID-19 Physician Loan Agreement**

Executive Sponsor: Allen Radner, MD, Chief Medical Officer
Stacey Callahan, Physician Services Coordinator

Date: August 10, 2022

Executive Summary

The hospitalist program for Salinas Valley Memorial Healthcare System (SVMHS) operates under Salinas Valley Medical Clinic (SVMC). The SVMC Hospitalist Program focuses on increasing patient satisfaction and referring-provider satisfaction, and improved retention of hospitalist physician staff. Due to the growth SVMHS has experienced in the adult daily census at the hospital, the need to recruit and retain hospitalists to the program remains a priority. In addition, due to the COVID-19 pandemic there is a shortage of and need for hospitalist physicians to cover the SVMHS service area. This shortage jeopardizes SVMHS' ability to provide necessary healthcare services to the inpatients at Salinas Valley Memorial Hospital. Furthermore, one of the current full-time hospitalists will be reducing to a per-diem schedule in November emphasizing the need for additional coverage.

The recommended physician, Dr. Nathaniel Uchtmann, MD received his Doctor of Medicine Degree at University of Illinois College of Medicine in 2013 then completed his Internal Medicine Residency University of Illinois College of Medicine at Peoria in 2017. Most recently, Dr. Uchtmann has been providing adult and pediatric hospitalist services at Natividad Medical Center. Dr. Uchtmann plans to join SVMC on a part-time basis in October.

Terms and Conditions of Agreements

1. **Hospitalist Professional Services Agreement** Essential Terms and Conditions:
   - Professional Services Agreement (PSA) with Standard Terms and Conditions that provides W-2 reporting of physician compensation as an independent contractor
   - Two (2) year term for the PSA
   - Physician compensation for services under the PSA in the amount of $149.96 per hour for the hours of 7am-7pm, and $159.96 per hour for the hours of 7pm-7am
   - Expectation of the fifteen (15) twelve (12) hour shifts per month and no less than one hundred eighty (180) twelve (12) hour shift per year
   - Hospitalist shifts in excess of one hundred eighty (180) twelve (12) hour shifts per year, will be compensated at an additional $70.00 per hour credited during each excess shift
   - Full-Time Equivalent (FTE) Status: 0.6 FTE
   - Eligible to participate in the Performance Incentive Program. Eligibility requirements of at least one thousand (1,000) hours worked during the measurement period and a current PSA at time of payment
   - Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
   - Access to SVMHS 403(b) and 457 retirement plans. Five percent (5%) base contribution to 403b plan that vests after three (3) years. Based on federal contribution limits this contribution is capped at fifteen thousand two hundred fifty dollars ($15,250.00) annually
   - CME Stipend. One thousand two hundred dollars ($1,200) annual stipend for Continuing Medical Education (CME)

- Professional Liability Coverage. Occurrence-based professional liability policy through BETA Healthcare Group.

2. **COVID-19 Physician Loan Agreement** Essential Terms and Conditions:

   - CMS has issued blanket waivers of sanctions under the physician self-referral law for COVID-19 Purposes. These blanket waivers provide vital flexibility for physicians and providers in the fight against COVID-19. Pursuant to these COVID-19 Blanket Waivers, SVMHS is permitted to extend a loan in the amount of fifteen thousand dollars ($15,000.00) to Dr. Uchtmann to secure his services as a Hospitalist with SVMC.
   - The COVID-19 Physician Loan is secured by a personal promissory note for the full amount of the loan. The loan is forgiven over the period of two (2) years of service provided by Dr. Uchtmann to SVMHS as permitted under the CMS COVID-19 Blanket Waivers.

Meeting our Mission, Vision, Goals

Strategic Plan Alignment

The addition of Dr. Uchtmann to the SVMC Hospitalist program is aligned with SVMHS' strategic priorities for service, quality, finance and growth pillars. We continue to develop SVMC infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

Pillar/Goal Alignment:

☒ **Service** ☐ **People** ☒ **Quality** ☒ **Finance** ☒ **Growth** ☐ **Community**

Financial/Quality/Safety/Regulatory Implications

The compensation proposed in the PSA has been reviewed by HealthWorks, an independent valuation and compensation consulting firm, to confirm that the terms contemplated are both commercially reasonable and fair market value.

Recommendation

SVMHS Administration requests that the Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following:

1. **The Contract Terms and Conditions of the Hospitalist Professional Services Agreement for Dr. Uchtmann as presented in this Board Paper.**

2. **The Contract Terms and Conditions of the COVID-19 Physician Loan Agreement for Dr. Uchtmann as presented in this Board Paper.**

Attachments

- Curriculum Vitae for Nathaniel Uchtmann, MD

NATHANIEL DAVID UCHTMANN

WORK, RESEARCH, AND VOLUNTEER EXPERIENCE

- **Pediatric and Internal Medicine Hospitalist:** 07/2017-03/2022
  - Sound Physicians, 1498 Pacific Avenue, Suite 400, Tacoma, Washington, 98402, Internal Medicine Hospitalist at Natividad Hospital (Part-Time, W-2 Employee, minimum of 7-night shifts/mo): (07/2019-03/2021)
  - US Acute Care Solutions (USACS), 4535 Dressler Rd NW, Canton, OH 44718, Internal Medicine Hospitalist at Watsonville Hospital (Part-Time, W-2 Employee): 05/2021-03/2022
  - VEP Healthcare, 1001 Galaxy Way #400, Concord, California, 94520, Internal Medicine Hospitalist at Watsonville Hospital (Part-Time, Independent Contractor): 09/2020-05/2021
  - Natividad Medical Center, 1441 Constitution Blvd Salinas, California, 93906
    - Pediatric Hospitalist (Part-Time, Independent Contractor): 07/2019-03/2022
    - Pediatric Hospitalist (Full-Time, Two 6-month blocks): 07/2017-12/2017 and 07/2018-12/2018)
    - Natividad Hospital Health Disparities Committee Member (02/2020-03/2022)
    - Natividad Hospital Code Committee Member (12/2020-03/2022)
    - Pediatric Clerkship Director for Touro University Medical Students (08/2018-12/2018)
  - UCSF Voluntary Clinical Professor of Pediatrics (02/2020-03/2022)
  - Echo Locum Tenens, 1301 Solana Blvd, Bldg 2, Suite 2200, Westlake, Texas, 76262, Internal Medicine Hospitalist (Part-Time, Independent Contractor): (11/2017-07/2019)
- **Attorney-New York State:** 05/2012-03/2022
  - New York State Bar Association, Member, 2012-2018; Environmental Law Section, Member, 2015-2018
- **Social Medicine Consortium:** 08/2019-03/2022
  - Founding Member and Chapter Representative of Monterey Chapter Campaign Against Racism
  - Uganda Social Medicine Consortium 2020 Uganda Conference Scientific Working Committee
- **International Society for Social Pediatrics and Child Health:** 08/2019-03/2022
  - Scientific Committee Member: Climate Change and Child Health Committee
- **Planetary Health Alliance:** 03/2019-03/2022
  - Partnerships Manager, Clinicians for Planetary Health
- **Teaching Assistant-Univ of IL College of Medicine, Department of Psychiatry, ¼-time**: 05/2012-05/2013
  - Clerkship Orientation, Provision of Advice and Study Resources, Assisting with Oral Exam
- **Research Assistant-Univ of IL College of Vet Med, Dept of Comparative Biosciences, ¼-time:** 09/2011-05/2012
  - Research and Writing Projects on Infectious Disease Surveillance & Global One Health Successes
- **Graduate Assistant-Univ of IL Institute of Government and Public Affairs, ¼-time**: 08/2007-05/2009
  - International Comparative Health Policy and Federalism Research Projects
- **Legal Extern in Kenya at Ufadhili Trust and Independent Medico-Legal Unit**: 05/2006-07/2006
  - Collaborated on Kenyan Constitutional Reform Project and Drafted Overview on "History of Human Rights"
- **Volunteer in Kenya—Presbyterian Church (USA) Young Adult Volunteer Program**: 08/2003-08/2004
  - Biology Teacher at Musa Gitau Secondary and 6th Grade English Teacher at Musa Gitau Primary
  - University of Nairobi Basketball Team Member in the Kenya Basketball Federation
- **AmeriCorps—900 Hours of Community Service, Carbondale Middle School:** 08/2002-08/2003
  - Tutored/Mentored Middle School Students and Participated in Various Community Service Activities

EDUCATION

University of California San Francisco, 300 Frank H. Ogawa Plaza, Suite 520, Oakland, CA 94612

- Global Health Fellowship, HEAL Initiative (Health, Equity, Action, and Leadership), 07/2017-06/2019
  - Last Mile Health, Liberia (Two 6-month blocks: 01/2018-06/2018 and 01/2019-06/2019)

University of Illinois College of Medicine at Peoria, 1 Illini Dr, Peoria, Illinois, 61605

Internal Medicine-Pediatrics Residency, 07/2013-06/2017

- Global Rural Health Internal Medicine-Pediatrics Track
- International Elective in Morogoro, Tanzania, 05/2016 and 03/2017
    - St. Thomas Kilakala Clinic and Sokoine University of Agriculture, Volunteer

University of Illinois College of Medicine, 506 S Mathews Ave, Urbana, Illinois, 61801
Doctor of Medicine, 08/2007-05/2013; Medical Scholars Program, 08/2005-05/2013

- Global Health Reading Group, Illinois Program for Research in the Humanities, Participant, 2010-12
- Avicenna Community Health Center, Clinic Volunteer, 2011-12

University of Illinois Graduate College, U of I Career Center, 801 S Wright St, Champaign, Illinois, 61820
Master of Science in Natural Resources and Environmental Sciences, 08/2009-05/2011; GPA: 3.91

- Special Project Title: "A global *community* of life"? Exploring the perils and promise of "our" interconnections and interdependencies.

University of Illinois College of Law, 504 E Pennsylvania Ave, Champaign, Illinois, 61820
Juris Doctor, 08/2005-05/2008; GPA: 3.14

- Immigration Law Society, Volunteer, 2007
- Human Rights Clinic, Participant, 2007
    - Assisted Yaaku Tribe in Kenya with Overview Document on Legal Protections for Indigenous Languages
- Public Interest Law Foundation, Participant, 2006-07
- Law Students for Social Change, Member, 2006-07

Southern Illinois University, 1263 Lincoln Dr, Carbondale, Illinois**,** 62901
Bachelor of Arts in Biological Sciences, maxima cum laude, 08/1999-05/2003; GPA: 3.83
Minors in English and Chemistry

- Abundant Health Clinic, Volunteer, 2003; AIDS Walk, 2001 and 2002; Big Brothers/Big Sisters, 2002-03
- Ballet Class for Credit, 2001; Ballroom Dance Class for Credit, 2000; Ballroom Dance Club, 2000-03
- Gymnastics, 2001 and 2003; Intramural Basketball and Volleyball, 1999 and 2000

LEADERSHIP ROLES/AWARDS/HONORS

- Pleasant Hope School Foundation, Chairman, 2010-17
    - Health Camp Organizer in Kamangu, Kenya, 2010; School Development Coordination
- Department of Pediatrics Award in Pediatrics, 2013
- American Medical Student Association, President, 2010-12
- Agricultural, Consumer and Environmental Sciences Albert Hennrich Memorial Graduate Award, 2010-12
- Foreign Languages and Area Studies Fellowship Recipient for Swahili Study, 2008-11
- International Health Society—Founder of Re-Established Chapter and President, 2007-08
- University of Illinois College of Law, Lincoln Scholarship (Full Tuition), 2005-08
- University of Illinois College of Law, Honors in Advocacy, 2006; Honors in Legal Writing, 2005
- SIUC Chancellor's Scholarship, 1999-2003; SIUC 25 Most Distinguished Seniors Award, 2003
- One of 5 Service to Southern Award Finalists (Highest Award for SIUC Seniors), 2003
    - Phi Beta Lambda, National Parliamentarian, 2000-01; Illinois Phi Beta Lambda, State President, 2001-02

PUBLICATIONS/PRESENTATIONS

- Etzel R, Ding J, Gil S, Githanga D, Goldhagen J, Gupta A, Mercer R, Mroueh S, Raman S, Rubio B, Spencer N, Uchtmann N, Waterston T."Pediatric Societies' Declaration on Responding to the Impact of Climate Change on Children". The Journal of Climate Change and Health. 4 (2021), 100038.
- Uchtmann N, Herrmann JA, Hahn EC 3rd, Beasley VR. "Barriers to, Efforts in, and Optimization of Integrated One Health Surveillance: A Review and Synthesis". Ecohealth. 2015 Jun; 12 (2): 368-84.
- Uchtmann, Nathaniel. "Water Issues from a Global, National, and Local Perspective", September 19, 2011. Global-e, Volume 5. Available at: http://global-ejournal.org/2011/09/19/water-issues-from-a-global-national-and-local-perspective/
- "A global *community* of life"? Exploring the perils and promise of "our" interconnections and interdependencies. March, 2011 at American Physician Scientists Asssociation Conference in Chicago, Illinois
- "Overview of Malaria", World Malaria Day and International Health Society Year-End Event Presentation, 2008

Board Paper: Personnel, Pension and Investment Committee

Agenda Item: **Consider Recommendation for Board Approval of (i) the Findings Supporting Recruitment of John Bonano, MD, (ii) the Contract Terms for Dr. Bonano's Recruitment Agreement, and (iii) the Contract Terms for Dr. Bonano's Orthopedic Surgery Professional Services Agreement**

Executive Sponsor: Allen Radner, MD, Chief Medical Officer
Stacey Callahan, Physician Services Coordinator

Date: August 10, 2022

Executive Summary

In consultation with members of the medical staff, hospital executive management has identified the recruitment of a physician specializing in orthopedic surgery as a recruiting priority for the hospital's service area. Based on the Medical Staff Development Plan, completed by ECG Management Consultants in October 2019, the specialty of orthopedic surgery is recommended for recruitment. Additionally, one of the full-time Salinas Valley Medical Clinic (SVMC) orthopedic surgeons has relocated out of the State.

The recommended physician, John Bonano, MD received his Doctor of Medicine degree at the University of California, San Francisco in 2017 and completed his Orthopedic Surgery residency this summer at Stanford University. Dr. Bonano is currently an Adult Reconstruction Fellow at New England Baptist Hospital in Boston. Dr. Bonano is a native of Salinas and excited to return home to reestablish roots in the community. He plans to join SVMC after completing his training in the summer 2023.

Background/Situation/Rationale

The proposed physician recruitment requires the execution of two agreements:

1. **Professional Services Agreement** Essential Terms and Conditions:
   - Professional Services Agreement (PSA) that provides W-2 relationship for IRS reporting requirements
   - Two (2) year agreement
   - Full-time: 1.0 Full-Time Equivalent (FTE)
   - Base compensation of four hundred thousand fifty dollars ($450,000) per year in addition to fair market value productivity income based on Medical Group Management Association (MGMA) Median for Western Region wRVU compensation
   - Access to SVMHS Health Plan. Physician premium is projected based on 15% of SVMHS cost
   - Access to SVMHS 403(b) and 457 retirement plans. SVMHS will make a 5% base contribution to the 403b plan that vests after 3 years. Based on federal contribution limits this contribution is capped at fifteen thousand two hundred fifty dollars ($15,250) annually
   - Four (4) weeks off for vacation
   - One (1) week off for Continuing Medical Education (CME)
   - Two thousand dollar ($2,000) annual stipend for CME
   - The physician will receive an occurrence based professional liability policy through BETA Healthcare Group

2. **Recruitment Agreement** Essential Terms and Conditions:

   - Recruitment incentive of fifty-thousand dollars ($50,000.00) which is structured as a forgivable loan over two years of service

Meeting our Mission, Vision, Goals

Strategic Plan Alignment:

The recruitment of Dr. Bonano is aligned with our strategic priorities for the growth and finance pillars. We continue to develop SVMC infrastructure that engages our physicians in a meaningful way, promotes efficiencies in care delivery and creates opportunities for expansion of services. This investment provides a platform for growth that can be developed to better meet the needs of the residents of our District by opening up access to care regardless of insurance coverage or ability to pay for services.

Pillar/Goal Alignment:

☐ Service ☐ People ☐ Quality X Finance X Growth ☐ Community

Financial/Quality/Safety/Regulatory Implications

The addition of Dr. Bonano to SVMC has been identified as a need for recruitment while also providing additional coverage for the Salinas Valley Medical Clinic Orthopedics, Podiatry, Spine & Sports Medicine practice.

The compensation proposed in these agreements have been reviewed by independent valuation and compensation consulting firms to confirm that the terms contemplated are fair market value and commercially reasonable.

Recommendation

Administration requests that the Personnel, Pension and Investment Committee recommend to the SVMHS Board of Directors approval of the following:

(i) The Findings Supporting Recruitment of John Bonano, MD,

- **That the recruitment of an orthopedic surgeon to Salinas Valley Medical Clinic is in the best interest of the public health of the communities served by the District; and**
- **That the recruitment benefits and incentives the hospital proposes for this recruitment are necessary in order to attract and relocate an appropriately qualified physician to practice in the communities served by the District;**

(ii) The Contract Terms of the Recruitment Agreement for Dr. Bonano; and

(iii) The Contract Terms of the Orthopedic Surgery Professional Services Agreement for Dr. Bonano.

Attachments

(1) Curriculum Vitae – John Bonano, MD

John Carlo Bonano, M.D.

SURGICAL TRAINING

Fellow, Adult Reconstruction Surgery — To start August 2022
New England Baptist Hospital, Boston, MA

Resident, Orthopaedic Surgery, PGY5 — July 2017 – Present
Department of Orthopaedic Surgery, Stanford University, Stanford, CA

EDUCATION

University of California, San Francisco — June 2013 – June 2017
Medical Doctor (MD)

University of Arizona, Tucson — Aug. 2008 – Dec. 2012
Bachelor of Science in Physiology, *Summa Cum Laude*
College of Medicine and Honors College
Phi Beta Kappa
Cumulative GPA - 3.927. Major GPA - 4.00

RESEARCH EXPERIENCE

Stanford, Department of Orthopaedic Surgery — July 2017 – Present
Resident Research: Focus on total joint arthroplasty and hip preservation surgery

UCSF, Department of Orthopaedic Surgery — June 2013 – June 2017
Clinical Researcher: Focus on total joint arthroplasty and spine surgery costs and clinical outcomes.

ATHLETICS

UCSF Recreational Basketball League Champions — 2013 - 2017
UCSF School of Medicine NorCal Athletics Co-ed Soccer League — 2013 – 2017
Student Athlete, University of Arizona Athletic Department — 2009 - 2012
Place kicker/Kick-off specialist, Athletic Scholarship
Dedicate over 40 hours/week to practice, workouts, games and travel
Student Athlete, Palma High School, Salinas, CA — 2004 - 2008
3-sport athlete in football, basketball, and track

LEADERSHIP AND VOLUNTEER ACTIVITIES

High School Football Coach and Mentor — 2012 - Present
Provide field goal lessons, workout plans, and recruitment advice to local high school athletes
Special Olympics Coach • AP Giannini Middle School — 2015 - 2017
Help coach students with moderate-severe disabilities participate in after-school sports
UCSF Race Medical Team — 2016
Provide medical care and documented injuries using the RaceSafe app at local marathons and races
Alisal Health Academy • Alisal High School, Salinas, CA — Fall 2015
Provide lesson plans and career counseling to underprivileged students
Developed a curriculum to encourage a continued partnership between UCSF medical students and Alisal High School
Palma High School Football Team Physician Shadowing — Fall 2015
Evaluate sports injuries with team orthopaedic surgeon
UCSF Sports Medicine PlaySafe Volunteer — Spring 2014

Provide annual physicals for high school athletes

Salinas Valley Memorial Hospital 2009 – 2012
Assist nurses and physicians with patient care in the ER and with patient discharges

Captain • University of Arizona Football Fall 2012
Provide leadership and guidance for younger players in the program
Represent team before games and in front of media

CATS Community Service 2010-2012
Visit children at UMC Diamond Children's Medical Center with the Arizona football team and give autographs and memorabilia

Pi Kappa Phi Fraternity: *Member* 2009, 2010
Coordinator of *War of Roses* philanthropy for the PUSH America Foundation
Organize week of events involving University of Arizona's sorority programs

HONORS AND AWARDS

Academic

- AAHKS 30th Annual Meeting Top 100 Poster — Nov 2020
- AAOS Top 10 Adult Reconstruction Hip Posters — 2016
- The National Society of Collegiate Scholars — 2012
- Highest Distinction in General Scholarship, University of Arizona — 2012
  Summa Cum Laude
- Phi Beta Kappa Honors Society — 2012
- National Merit Scholarship — 2008 – 2011
- Palma High School Valedictorian — 2008

Athletic

- University of Arizona Football All-Decade Team, *Arizona Daily Star* — 2019
- Pac-12 Football Scholar-Athlete of the Year — 2012
- Arizona Senior Football Scholar-Athlete Award — 2012
- Capital One Academic All District Team — 2012
- Pac-12 1st Team All-Academic Honors — 2010-2012
- Pac 12 Special Teams Player of the Week — Oct 2011, Nov 2012

PEER REVIEWED PUBLICATIONS

- **Bonano JC**, Bala A, Chen F, Amanatullah DF, Goodman SB. Notching of the Trunnion by a Constrained Acetabular Component Necessitating Femoral Component Revision: A Case Report. *Arthroplasty Today*. October 2021.
- **Bonano JC**, Aratani A, Sambare T, Goodman SB, Huddleston JH, Maloney W, Burke D, Finlay AK, Amanatullah DF. Perioperative Statin Use May Reduce Arrhythmia Rates After Total Joint Arthroplasty. *The Journal of Arthroplasty*. October 2021.
- **Bonano, JC,** Barrett, AA, Amanatullah, DF. Medial Unicompartmental Knee Arthroplasty with a Mobile-Bearing Implant. *JBJS Essent Surg Tech.* April 2021.
- **Bonano, JC,** Huddleston JI. Perioperative Medical and Surgical COVID-19 Issues: Keeping Surgeons, OR Teams, and Patients Safe. *The Journal of Arthroplasty*. February 2021.
- **Bonano JC**, Johannsen A, Mardones RM, Fithian A, Storaci MS, Tam K, Safran MR. The Effect of Resection Size in the Treatment of Cam Type Femoroacetabular Impingement in the Typical Hip Arthroscopy Patient: A Biomechanical Analysis. *American Journal of Sports Medicine*. October 2020.
- Goodnough LH, **Bonano JC**, Finlay AK, Aggarwal V, Huddleston JI, Maloney WJ, Goodman SB, Amanatullah DF. Selective Screw Fixation is Associated with Early Failure of Primary Acetabular Components for Aseptic Loosening. *Journal of Orthopaedic Research*. November 2020.
- Chona D, **Bonano JC**, Safran MR. Definitions of Return to Sport after Hip Arthroscopy: Are we speaking the same language and are we measuring the right outcome? *Orthopaedic Journal of Sports Medicine*. September 2020.

SUBMITTED PUBLICATIONS

- **Bonano JC**, Finlay AK, Amanatullah DF. Recommending Surgery Increases Total Joint Arthroplasty Patient Satisfaction. *JBJS.* (Submitted December 2021)
- **Bonano JC**, Jamero C, Segovia NA, Huddleston JI, Safran MR. Endoscopic Iliopsoas Lengthening for Treatment of Recalcitrant Iliopsoas Tendinitis After Total Hip Arthroplasty. *JAAOS* (Submitted November 2021)
- **Bonano JC**, Barrett A, Aggarwal VK, Chen F, Schirmers J, Finlay AK, Amanatullah DF. Supine Knee Positioning Does Not Interfere with Mobile Bearing Unicompartmental Knee Arthroplasty Performance. *The Knee.* (Submitted January 2022)

ABSTRACTS AND/OR PROCEEDINGS

- **Bonano JC**, Aratani A, Sambare T, Goodman SB, Huddleston JH, Maloney W, Burke D, Finlay AK, Amanatullah DF. The Effect of Perioperative Statin Use on Total Arrhythmia Rate in Total Joint Arthroplasty. CCJR 2021. Orlando, FL.
- **Bonano JC**, Jamero C, Segovia N, Huddleston JI, Safran MR. Endoscopic Iliopsoas Lengthening for Treatment of Recalcitrant Iliopsoas Tendinitis After Total Hip Arthroplasty.
- **Bonano JC**, Aratani A, Sambare T, Goodman SB, Huddleston JH, Maloney W, Burke D, Finlay AK, Amanatullah DF. The Effect of Perioperative Statin Use on Total Arrhythmia Rate in Total Joint Arthroplasty. American Associate of Hip and Knee Surgeons Annual Meeting. Dallas, TX. November 2020.
- Goodnough LH, **Bonano JC**, Finlay AK, Aggarwal V, Huddleston JI, Maloney WJ, Goodman SB, Amanatullah DF. Selective Screw Fixation is Associated with Early Failure of Primary Acetabular Components for Aseptic Loosening. Western Orthopaedic Association 84th Annual Meeting. Maui, HI. August 2020.
- **Bonano JC**, Burch S, Berven SH, Deviren V, Tay B, Theologis AA. Economic impact of revision operations for adjacent segment disease of the cervical spine. 34th Annual Meeting of the North American Spine Society. Chicago, IL. September 2019.
- Bini SA, **Bonano JC,** Sawyer AJ, Southgate RD, Hansen EN, Vail TP. Mobile patient engagement platforms may help reduce 30-day readmission rates in arthroplasty patients. American Associate of Hip and Knee Surgeons Annual Meeting. Dallas, TX. November 2017.
- **Bonano JC,** Vail TP, Kuo A. Resource Utilization and Medicare Reimbursement for Conversion and Primary Total Hip Arthroplasty. American Academy of Orthopaedic Surgeons Annual Meeting. Orlando, FL. March 2016.

PROFESSIONAL SOCIETY MEMBERSHIPS

- AAHKS – Arthroplasty Surgeon-In-Training Member June 2017 - Present
- American Academy of Orthopaedic Surgeons – Resident member June 2017 - Present

INTERESTS

- Football, basketball, soccer, golf, fitness, nutrition, yoga, meditation, national parks, hiking, dogs

COMMUNITY ADVOCACY COMMITTEE

Minutes from the August 23, 2022 meeting of the Community Advocacy Committee will be distributed at the Board Meeting

(REGINA M. GAGE)

Medical Executive Committee Summary – August 13, 2022

Items for Board Approval:

Credentials Committee

Initial Appointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Cammarano, Caitlin, MD	Anesthesiology	Anesthesiology	Anesthesiology
Hosseini, Maryam, MD	Psychiatry	Medicine	Tele-Psychiatry
Tammany, Alison, MD	General Surgery/ Colorectal Surgery	Surgery	General Surgery
Torres, Estaban C., MD	Emergency Medicine	Emergency Medicine	Emergency Medicine
Zanevchic, Carolina, MD	Family Medicine	Medicine	Adult Hospitalist

Reappointments:

APPLICANT	SPECIALTY	DEPT	PRIVILEGES
Ayubi, Azra, MD	OB/Gyn	OB/Gyn	Obstetrics and Gynecology
Carrigan, Warren, MD	Neurology	Medicine	Tele-Neurology
Clark, John, MD	Family Medicine	Family Medicine	Family Medicine Adult Pediatric and Well Newborn Category I Obstetrical
Cushing, Blair, DO	Family Medicine	Family Medicine	Family Medicine - Active Community
Harbison, Anna, MD	Pediatric Cardiology	Pediatrics	Pediatric Cardiology Remote Pediatric Cardiology
Hoke, Eileen, MD	Neonatology	Pediatrics	Neonatology
Kaczmar, Theodore, MD	Neurosurgery	Surgery	Neurological Surgery
Nakao, Zachary, DO	Emergency Medicine	Emergency Medicine	Emergency Medicine
Oppenheim, Joanna, MD	Family Medicine	Family Medicine	Family Medicine – Active Community
Rever, Barbara, MD	Nephrology	Medicine	Nephrology General Internal Medicine
Rosen, Suzanne, MD	Family Medicine	Family Medicine	Family Medicine Adult Pediatric and Well Newborn Category I Obstetrical
Ryan, Caroline, MD	Anesthesiology	Anesthesiology	Anesthesiology: Core.
Saito, Yuji, MD	Cardiac Electrophysiology	Medicine	Cardiac Electrophysiology Cardiology Cardiac Diagnostic Outpatient Center (CDOC) San Jose Street Cardiovascular Diagnostic Center (CDC) Ryan Ranch
Tait, Lauren, MD	Radiation Oncology	Medicine	Radiation Oncology

Staff Status Modifications:

NAME	SPECIALTY	STATUS
Baker, Steven, MD	Pathology	Advance to Active Status
Jordan, Adrian, MD	Family Medicine	Advance to Active Status
Katz, Jordan, MD	Family Medicine	Leave of Absence Effective July 25, 2022
Whisler, Charles, MD	Ophthalmology	Provisional
Asuquo, Stella, MD	Vascular Surgery	Resignation Effective September 1, 2022

Choi, Lillian, MD	Gastroenterology	Resignation Effective August 31, 2022
More, Daniel, MD	Allergy & Immunology	Resignation Effective September 15, 2022

Temporary Privileges:

NAME	SPECIALTY	DATES
Lee, Samuel, MD	Urology	8/5/2022 – 8/9/2022
Rocha-Cabrero, Franklyn, MD	Neurology	8/15/2022 – 9/13/2022
Won, James, MD	Neurology	7/18/2022 – 8/16/2022

Other Items: ***(Attached)***

Dept of Pediatrics: Clinical Privileges Delineation – Revision to Neonatology	Recommend approval of the addition of NRP Certification to privilege criteria.
Medical Staff Bylaws and General Rules and Regulations: Proposed Revisions to Telemedicine Credentialing	Recommended approval as presented. Proposal allows for the acceptance of proxy credentialing by the distant site along with safeguards to ensure regulatory and accreditation requirements.

Interdisciplinary Practice Committee

Initial Appointment:

NAME	SPECIALTY	DEPARTMENT	SUPERVISING PHYSICIAN
Adam, Jory, PA-C	Physician Assistant	Surgery	Vincent DeFilippi, MD Andreas Sakopoulos, MD
De La Cruz, Cindy, NP	Nurse Practitioner (Gastroenterology)	Medicine	Daniel Luba, MD

Reappointment:

NAME	SPECIALTY	DEPARTMENT	SUPERVISING PHYSICIAN
Bojka, Rachel, PA-C	Physician Assistant	Surgery	Shin Young Park, MD Gregory Kanter, MD

Staff Status Modifications:

NAME	SPECIALTY	STATUS
O'Brien, Katie, PA-C	Physician Assistant	Resignation Effective June 28, 2022

Temporary Privileges:

NAME	SPECIALTY	DATES
Adam, Jory, PA-C	Surgical Assisting Cardiac Surgery	8/5/2022 – 8/9/2022
Hall, Kelly, PA-C	Surgical Assisting Cardiac Surgery	8/15/2022 – 9/13/2022

Other Items: ***(Attached)***

Standardized Procedure: Electrocardiogram #6922	Review and recommend Electrocardiogram Nursing Standardized Procedure #6922 as presented

Bylaws, Rules & Regulations, Policies *(Attached)*

1. Adult Sepsis Policy (updated with Maternal Sepsis addendum)
2. Bylaws Revision: Article 5.12 Telemedicine Privileges – allows for proxy credentialing
3. General Rules & Regulations Revision: Telemedicine Credentialing Policy – allows for proxy credentialing process.

Informational Items:

I. Committee Reports:

a. Quality and Safety Committee Reports:
   1. Environment of Care
   2. Patient Safety Report 2nd Quarter 2022
   3. Accreditation & Regulatory
   4. Failure Modes & Effects Analysis (FMEA)
   5. Palliative Care
   6. Stroke Program
   7. Pharmacy, Therapeutics and Infection Control Committee
   8. Fall Committee
   9. Commission on Cancer Report

b. Medical Staff Excellence Committee August Summary
c. 2022 Medical Staff Lifetime Achievement Award Selection Committee Confirmation

II. Other Reports:

a. Financial Update June 2022/Daily Dashboard Review 08/09/2022
b. Executive Update July 31, 2022
c. Summary of Executive Operations Committee Meetings
d. Summary of Medical Staff Department/Committee Meetings – July 2022
e. Medical Staff Treasury 08/04/2022
f. Medical Staff Statistics
g. Annual Medical Library Report FY2022
h. HCAHPS Update 08/04/2022

III. Order Sets/Treatment Plans:

1	Continuous Cycling Peritoneal Dialysis (CCPD)
2	Endovascular Post InPt
3	Endovascular Post OutPt
4	Intermittent Hemodialysis Today
5	Intermittent Hemodialysis Tomorrow
6	Non-Opioid Analgesic Orders
7	P&T. CT EAA173. ARM A IV
8	P&T. CT EAA173. ARM A SQ
9	P&T. CT EAA173. ARM B
10	P&T.CT.A011801
11	P&T. GAS97
12	P&T. PGEMOX. JA
13	Plasmapheresis TPE
14	Fulvestrant (Faslodex) 500 mg, Q28D (BRS120)
15	Carfilzomib 20mg/m2 THEN 27mg/m2 +Pomalidomide+Dex40mg, Q28D (MUM71)
16	RCEOP: Cyclophos/Etop IV D1-3/VinCRIS/Pred+ RiTUXimab, Q21D (DBL29)
17	RCEOP-(Cyclophos/Etop IV to PO /VinCRIS/Pred)+ RiTUXimab, Q21D (DBL29)
18	CISplatin /Etoposide 50 mg/m2 with Concurrent Radiation, Q28D (NSC58)
19	Irinotecan 125 mg/m2, Q21D (REC58)
20	Carfilzomib 20mg/m2 THEN 56 mg/m2 + Dex 20mg, Q28D (MUM62)
21	CARBOplatin AUC 2 + Gemcitabine 1000mg/m2, Q21D (BRS86)
22	Bendamustine 120 mg/m2 +riTUXimab(Bs) 375 mg/m2, Q21D (DBL38)
23	AVD (DOXO/VinBLAS/Dacarb)+Brentuximab, Q28D (HDL50)
24	Bortezomib (SQ) 1-1.3 mg/m2+Revlimid 15-25mg+Dex, Q21D (MUM17)
25	Bortezomib (SQ) 1-1.3 mg/m2+Revlimid 15 mg+Dex, Q21D C9+ (MUM17)

26	*STUDY-EA3161 Arm-B CISplatin weekly x 7 weeks (NCT03811015)
27	Bortezomib/Dexamethasone + Daratumumab, Q21D (MUM74)
28	Gemcitabine 1000mg/m2 + CISplatin 70mg/m2, Q21D (HEP10)
29	Carfilzomib/Dexamethasone + Daratumumab (IV), Q28D (MUM87)
30	Carfilzomib/Dexamethasone + Daratumumab (SQ), Q28D (MUM87)
31	Pomalidamide/Dexamethasone + Elotuzumab, Q28D (MUM84)

32	Irinotecan 100mg/m2, Q28D (OVA14)
33	Gemcitabine/CISplatin/protein-bound (nab)-PACLitaxel, Q21D
34	Bortezomib/Lenalidomide/Dex+ Daratumumab (IV),Q21D; THEN Q28D (MUM97)
35	Bortezomib/Lenalidomide/Dex+ Daratumumab (SQ),Q21D; THEN Q28D (MUM97)

Salinas Valley Memorial Healthcare System

Clinical Privileges Delineation - Pediatrics

Applicant Name: _____

Qualifications:

Pediatrics: To be eligible to apply for core privileges in Pediatrics**,** the applicant must meet the following qualifications:

- Current certification or active participation in the examination process leading to certification in Pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics
  Or
- Successful completion of an ACGME or AOA accredited post-graduate training program in Pediatrics
  And
- Clinical: Documentation of the provision of inpatient care for at least 20 hospitalized pediatric/newborn patients during the past 24 months.

Pediatric Core Privileges

Admit, evaluate, diagnose, treat, manage and provide consultation to patients from birth to young adulthood (21 years of age) with straight forward conditions such as neonatal hyperbillirubinemia, dehydration, asthma and conditions as complex as failure to thrive as well as cardiovascular compromise including those conditions requiring stabilization and transfer.

Reappointment Criteria for Pediatric Core Privileges:
Applicants must demonstrate that they have maintained competence by providing documentation that they have successfully managed at least 20 pediatric patients (12 of which may be well newborns) within the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

Neonatology Core: To be eligible to apply for core privileges in Neonatology**,** the applicant must meet the following qualifications:

- Successful completion of an ACGME or AOA accredited fellowship in neonatal/perinatal medicine or neonatology

And

- Document current certification or active participation in the examination process leading to certification in Neonatology by the American Board of Pediatrics Sub-Board in Neonatal/Perinatal Medicine

And

- Document the provision of inpatient or consultative services to at least 50 NICU Patients during the past 12 months or successful completion of an ACGME or AOA accredited resident or clinical fellowship in neonatal/perinatal medicine or neonatology in the past 12 months

And

- Documentation of current Neonatal Resuscitation Program course completion certification (AAP/AHA)

☐Requested: Neonatology Core Privileges for Neonatologists *(check box if requested)*

Admit, evaluate, diagnose, treat newborns presenting with extremely complex and life threatening problems such as respiratory failure, shock congenital abnormalities and sepsis. Privileges include but are not limited to: umbilical catheterization, exchange transfusion, and ventilator management.

Reappointment Criteria for Neonatology Core Privileges for Neonatologists:
Applicants must demonstrate that they have maintained competence by providing documentation that they have successfully managed at least 24 NICU patients within the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Documentation of current Neonatal Resuscitation Program course completion certification (AAP/AHA) is required.

Pediatric Cardiology Core and Remote Pediatric Cardiology: To be eligible to apply for core privileges the applicant must meet the following qualifications:
All qualification criteria for core privileges in Pediatrics or Internal Medicine
And
• Successful completion of an accredited post-graduate training program in pediatric cardiology
And
• Documentation of the provision of inpatient or consultative services for at least 50 hospitalized patients during the past 12 months

☐ **Requested: Pediatric Cardiology Core Privileges** *(check box if requested)*
Admit, evaluate, diagnose, consult and provide comprehensive care to newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. Includes care of critically ill children with congenital and acquired cardiovascular disease in the special care units

☐ **Requested: Remote Pediatric Cardiology Privileges** *(check box if requested)*
Read and provide formalized reports on echo cardiograms, Holter Monitors, Transthoracic echocardiograms and EKGs for newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels.

Pediatric Allergy Core: To be eligible to apply for core privileges in Pediatric Allergy**,** the applicant must meet the following qualifications:
All qualification criteria for core privileges in Pediatrics or Internal Medicine
And
• Successful completion of an accredited post-graduate training program in Pediatric Allergy and Immunology.
And
• Documentation of the provision of pediatric allergy/immunology services to 24 inpatients or outpatients during the past 12 months

☐ **Requested: Pediatric Allergy/Immunology Core Privileges** *(check box if requested)*
Core privileges in allergy/immunology include the ability to admit, evaluate, diagnose, consult, and manage patients presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings, as well as immune-deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation, or malignancies of the immune system.

Pediatric Gastroenterology Consulting Privileges: Pediatric Gastroenterology privileges are non-invasive and consultative in nature.

To be eligible to apply for consulting privileges in Pediatric Gastroenterology**,** the applicant must meet the following qualifications:
All qualification criteria for core privileges in Pediatrics
And
• Successful completion of an approved fellowship in pediatric gastroenterology
And
• Documentation of the provision of consultative services to at least 25 patients during the past 24 months.

☐ **Requested: Pediatric Gastroenterology Core Privileges** *(check box if requested)*
Consult on newborns, infants, children and adolescents presenting with illnesses, injuries, and disorders of the stomach, intestines, and related structures such as the esophagus, liver, gallbladder, and pancreas.

All new applicants will be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Core Proctoring Requirements for <u>All Applicants</u>:
Core proctoring requirements include direct observation or concurrent review of four (4) varied admissions, limiting Well Newborn exams to one (1) of the four (4).

Reappointment Criteria for <u>Pediatric Cardiology Core Privileges</u>:
The successful applicant must be able to demonstrate provision of inpatient or consultative services for at least 50 patients annually, reflective of the scope of privileges requested, during the reappointment cycle.

Reappointment Criteria for Allergy and Immunology Core Privileges:
The successful applicant must be able to demonstrate provision of consultative services for at least one (1) patient over the previous 2 years.

Reappointment Criteria for <u>Pediatric Gastroenterology Core Privileges</u>:
The successful applicant must be able to demonstrate provision of consultative services for at least 25 patients over the previous 2 years.

Special Procedures/Privileges

Qualifications: To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth below.

Proctoring of Special Procedure Privileges: These special procedure-proctoring requirements must be met in addition to the core proctoring requirements described on page one of this privilege form.

Applicant: Place a check mark in the (R) column for each privilege requested. New applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested **(A)**=Recommended as Requested **(C)**=Recommended w/Conditions **(N)**=Not Recommended
Note: If recommendations for clinical privileges include a condition, modification or are not recommended, the specific condition and reason for same must be stated on the last page of this form.

PEDIATRICS AND NEONATOLOGY

Applicant: Check box marked "R" to request privileges

R	A	C	N	Procedure	Initial Appointment	Proctoring	Reappointment
				Moderate Sedation	Current ACLS, PALS & NRP Certification **AND** Signed attestation of reading SVMH Sedation Protocol and learning module, **AND** Completion of written conscious sedation exam with minimum of 75% correct.	**1**	Current ACLS, PALS & NRP Certification **AND** Completion of written conscious sedation exam with minimum 75% correct **AND** Performance of at least two (2) Cases within the past 24 months
				Newborn Circumcision	Documentation of successful completion of at least five (5) within the past 24 months	**1**	Documentation of successful completion of at least two (2) within the past 24 months

Pediatric Cardiology

Applicant: Check box marked "R" to request privileges

R	*A*	*C*	*N*	Procedure	Initial Appointment	Proctoring	Reappointment
				Performance and interpretation of transesophageal echocardiograms	Documented successful performance of one (1) TEE within the past 24 months	**N/A**	Documented successful performance of one (1) procedure within the past 24 months
				Cardiac Stress Testing	Documented successful performance of 20 procedures within the past 24 months	**N/A**	Documented successful performance of 20 procedures within the past 24 months

Salinas Valley Memorial Healthcare System

Core Procedure List: The following procedures are considered to be included in the core privileges for this specialty. When there is ambiguity as to whether a procedure is included in core, it should be clarified with the Department Chair, Chief Medical Officer and/or the Chief of Staff

Core Procedure Lists:

Pediatrics

1. Arterial puncture <2 y/o
2. Urinary bladder catheterization
3. Ventilator management of children – with consultation while awaiting transfer to another medical facility (not to exceed 12 hours, after which care will be transferred to a Pulmonologist/Critical Care specialist.
4. Venipuncture
5. Lumbar puncture
6. Incision and drainage of superficial abscesses

Neonatology

1. Umbilical Artery/Vein Catheterization
2. PICC Line Insertion
3. Partial Exchange Transfusion
4. Conventional Mechanical Ventilation
5. Thoracotomy/Chest Tube Insertion
6. Thoracentesis
7. Pericardiocentesis
8. Double Volume Exchange Transfusion
9. Abdominal Paracentesis
10. Peripheral Arterial Line Placement

Pediatric Cardiology

1. Electrocardiography and echocardiography interpretation
2. Cardioversion
3. Pericardiocentesis

Pediatric Allergy/Immunology

1. Allergen immunotherapy
2. Allergy testing
3. Delayed hypersensitivity skin testing
4. Drug desensitization and challenge
5. Drug testing
6. Food challenge testing
7. Immediate hypersensitivity skin testing
8. IVIG treatment and administration
9. Nasal cytology
10. Patch testing
11. Performance of history and physical exam
12. Physical urticaria testing
13. Provocation testing for hyperreactive airways
14. Pulmonary function tests
15. Rapid desensitization
16. Rhinolaryngoscopy
17. Xolair (Omalizumab), treatment and administration

Applicant: Complete this section only if you do not wish to apply for any of the specific core procedures listed above:

Please indicate any privilege on this list you would like to ***delete or change*** by writing them in the space provided below. Requests for deletions or changes will be reviewed and considered by the Department Chair, Credentials Committee and Medical Executive Committee. Deletion of any specific core procedure does not preclude mandatory requirement for Emergency Room call.

_____ _____

_____ _____

_____ _____

Signature: Date:

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Salinas Valley Memorial Healthcare System. I further submit that I have no health problems that could affect my ability to perform the privileges I am request. I also understand that:

a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff Bylaws, Rules and Regulations, and policies applicable generally and any applicable to the particular situation,

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

_____ _____

Applicant Signature Date

Applicant – Please Do Not Write Below This Line

*****Department Chair's Recommendation*****

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges
☐ Recommend all requested privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Department Chair Signature

Date

Salinas Valley Memorial Healthcare System

ELECTROCARDIOGRAM NURSING STANDARDIZED PROCEDURE

Reference Number	6922
Effective Date	Not Set
Applies To	EMERGENCY DEPT
Attachments/Forms	

I. POLICY

A. Function

1. This Standardized Procedure is intended to expedite care for patients presenting to the Emergency Department with medical conditions that warrant an electrocardiogram.

B. Circumstances

- Setting

1. Registered Nurses (RN) assigned to the ED may order and initiate an electrocardiogram for patients 14 and older, presenting with the following conditions:
   a. Chest pain or discomfort
   b. Shortness of breath
   c. Syncope
   d. Seizure
   e. Dizziness
   f. Abdominal pain
   g. Nausea and vomiting of unknown etiology
   h. Fatigue or general body weakness of unknown etiology
   i. Atypical back, arm(s), shoulder(s), or neck pain in absence of trauma or suspected orthopedic or soft tissue injury
   j. Unusual nervousness or feeling of impending doom

C. Protocol

a. Registered Nurses assigned to the ED who have competency may order an electrocardiogram for patients who meet criteria, as outlined in item "B". An order for an electrocardiogram is to be placed in the electronic health record, with notification to the physician once completed.

Salinas Valley Memorial Healthcare System

ELECTROCARDIOGRAM NURSING STANDARDIZED PROCEDURE

I. REQUIREMENTS FOR THE REGISTERED NURSE

A. Education
   a. A registered nurse who has completed orientation and has demonstrated clinical competency may perform the procedures listed in this protocol. Education will be given upon hire with a RN preceptor or designee.

B. Training
   a. Clinical competency must be demonstrated and approved by supervising personnel or preceptor.

C. Experience
   a. Current California RN license and designated to work in the Emergency Department

D. Initial and Ongoing Evaluation
   a. Demonstrates knowledge of procedure through clinical performance.

II. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

A. Method and Review schedule
   a. Review and approval every three (3) years
   b. Policy goes through the Emergency Department every three (3) years.
   c. Policy goes through the Interdisciplinary Practice Committee (IDPC) upon creation of policy and when changes are made.
   d. Chief Nursing Office upon creation of policy and with significant changes.

B. Signatures of authorized personnel approving the standardized procedure and dates:
   a. Director of Emergency Services every three (3) years.
   b. Chair, Department of Emergency Medicine every three (3) years.
   c. Chair, Interdisciplinary Practice Committee every three (3) years.
   d. Chief Nursing Officer every three (3) years.

III. REGISTERED NURSES AUTHORIZED TO PERFORM PROCEDURE AND DATES

A. The list of qualified individuals who may perform this standardized procedure is available in the department / cluster Nursing Director's office and available upon request.

IV. REFERENCES

ELECTROCARDIOGRAM NURSING STANDARDIZED PROCEDURE

A. ENA (1997) *Triage: Meeting the Challenge*. Park Ridge, IL: Author.

B. Gilboy N, Tanabe P, Travers DA, Rosenau AM, Eitel DR. *Emergency Severity Index, Version 4. Implementation Handbook.* AHRQ Publication No. 05-0046-2, 2020 Edition. Agency for Healthcare Research and Quality, Rockville, MD.

Salinas Valley Memorial Healthcare System

ADULT SEPSIS MANAGEMENT

Reference Number	5904
Effective Date	Not Set
Applies To	ALL NURSING UNITS, EMERGENCY DEPT, ICU/CCU
Attachments/Forms	Attachment A: Sepsis Guidelines: Timeframe Goals for Resuscitation Bundle Attachment B: Maternal Sepsis Evaluation Algorithm

I. POLICY STATEMENT:

A. N/A

II. PURPOSE:

A. To guide the staff in caring for the patient with sepsis or suspected sepsis.

III. DEFINITIONS:

A. Systemic Inflammatory Response Syndrome (SIRS): clinical response to an insult either infectious or noninfectious in origin. Defined as having two or more of the following:

- Temp > 38.3 or < 36
- HR > 90
- RR > 20
- Pulse Oximetry <90%
- WBC > 12,000, < 4,000 or > 10% bands

B. Sepsis: SIRS + suspected or documented infection

- Source of suspected clinical infection should be identified and documented

C. Severe Sepsis: Sepsis + acute organ dysfunction

- Meets SIRS criteria plus sign of organ dysfunction:
  1. SBP less than 90, or MAP less than 65, or SBP decrease more than 40 mm Hg from the last previously recorded SBP considered normal for the patient
  2. Creatinine greater than 1.0 or urine output less than 0.5 ml/kg/hr for 2 hours
  3. Bilirubin greater than 2 mg/dL
  4. Platelet count less than 100,000
  5. INR greater than 1.5 or aPTT greater than 60 seconds

6. Lactate greater than 2 mmol/L

D. Septic Shock: Severe Sepsis + persistent hypotension despite fluid resuscitation

- Documentation of severe sepsis plus
- Tissue hypoperfusion persists in the hour after crystalloid evidenced by either:
  1. SBP less than 90
  2. MAP less than 65
  3. Decrease in SBP decrease more than 40 mm Hg from the last previously recorded SBP considered normal for the patient
  4. lactate level greater than or equal to 4 mmol/L

IV. GENERAL INFORMATION:

A. If a patient has been identified as meeting the sepsis criteria, the sepsis protocol should be initiated. RN's will screen patients approximately every twelve hours using standardized criteria. If the patient meets SIRS criteria, the physician will be notified.

V. PROCEDURE:

A. Early identification of the patient with sepsis and implementation of the sepsis protocol in a timely manner is the goal of treatment. (see attachment A).

B. Patients are screened for SIRS/Sepsis criteria by the RN:

- In ED: on admission per SEPSIS MANAGEMENT STANDARDIZED PROCEDURE
- Inpatient units: every 12 hours with vital sign assessment and as necessary.
  1. The RN will monitor vital signs, alerts and labs for trends for the past 24 hour period
     a. If alerted by a device such as a SMART bed, the RN will go to the room and physically assess the patient for SIRS/Sepsis criteria.
  2. If the patient meets criteria, the RN notify the physician of the findings
- Perinatal patient population (antepartum, intrapartum and postpartum): on admission, shift assessment and as needed for suspected sepsis (see attachment B)

C. Once the patient meets sepsis criteria the following should take place within designated time frames:

- Within three hours of screening:

1. Ordered labs should be drawn STAT, and reported to physician. Serum lactate level is reported for decision tree
2. Ordered cultures should be obtained STAT
3. Antibiotics should be administered within 1 hour after cultures obtained. It is important to obtain cultures as quickly as possible so antibiotic therapy can be initiated.
4. Initial fluid bolus of approximately 30ml/kg of NS or LR is given rapidly, using non-IV pump tubing, over 30 min.

- Within six hours of screening:
  1. Either repeat focused exam by licensed independent practitioner should be performed, including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings
  2. OR: Two of the following:
     a. Measure CVP
     b. Measure ScvO2
     c. Bedside cardiovascular ultrasound
     d. Dynamic assessment of fluid responsiveness (such as passive leg raise)
  3. Apply vasopressors as ordered
  4. If MAP continues to be less than 65 mm Hg or if initial lactate was greater than or equal to 4 mmol/L, clinician should re-assess volume status and perfusion
  5. Re-measure lactate if elevated

D. Documentation:
   1. Nurses will document sepsis screening in the electronic medical record

VI. EDUCATION/TRAINING:

A. Education and/or training is provided as needed.

VII. REFERENCES:

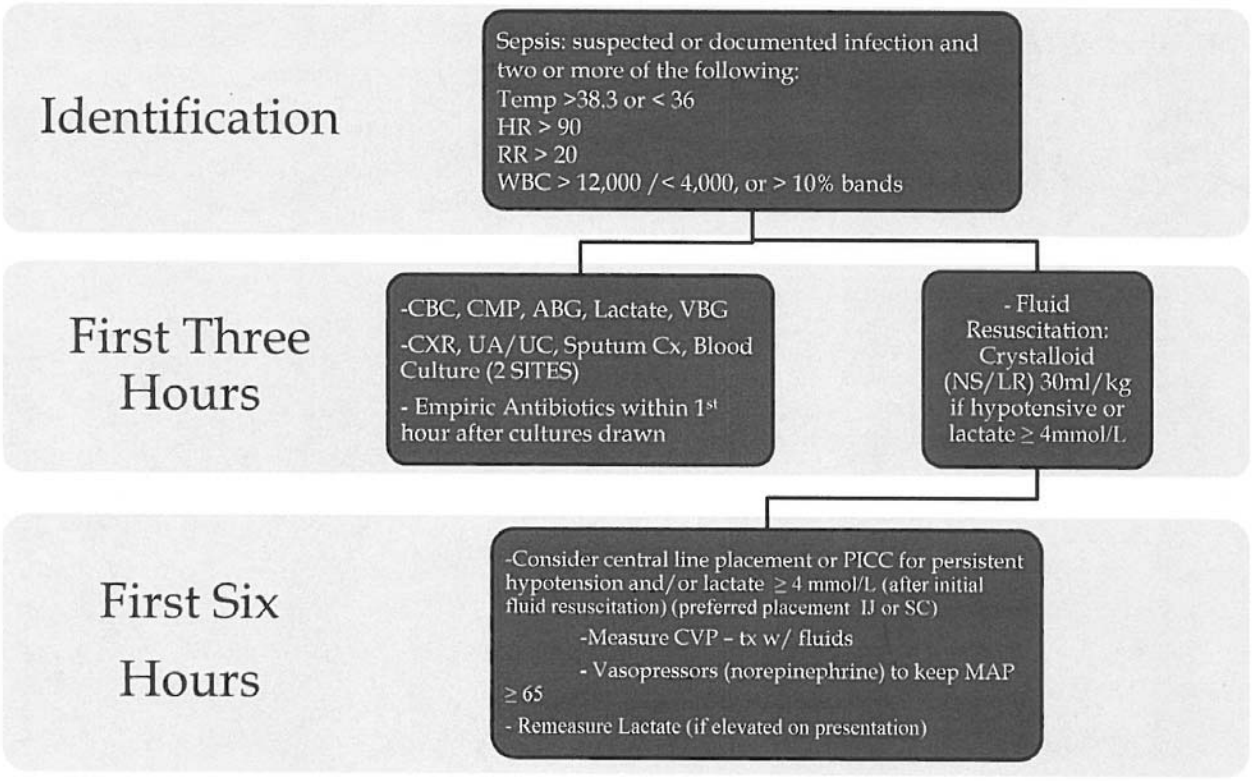
A. Gibbs R, Bauer M, Olvera L, Sakowski C, Cape V, Main E. (2019). Improving Diagnosis and Treatment of Maternal Sepsis: A Quality Improvement Toolkit. Stanford, CA: California Maternal Quality Care Collaborative.

B. Schorr, C. (2018). Surviving Sepsis Campaign hour-1 bundle: This 2018 update to the sepsis bundle focuses on beginning treatment immediately. American Nurse Today, 13(9), 16–19. Retrieved from

C. Gilbert, B. W., Reichert, M., Fletcher, S., Alexander, E., & Allen, J. (2019). Strategies for the Management of Sepsis. AACN Advanced Critical Care, 30(1), 5–11.

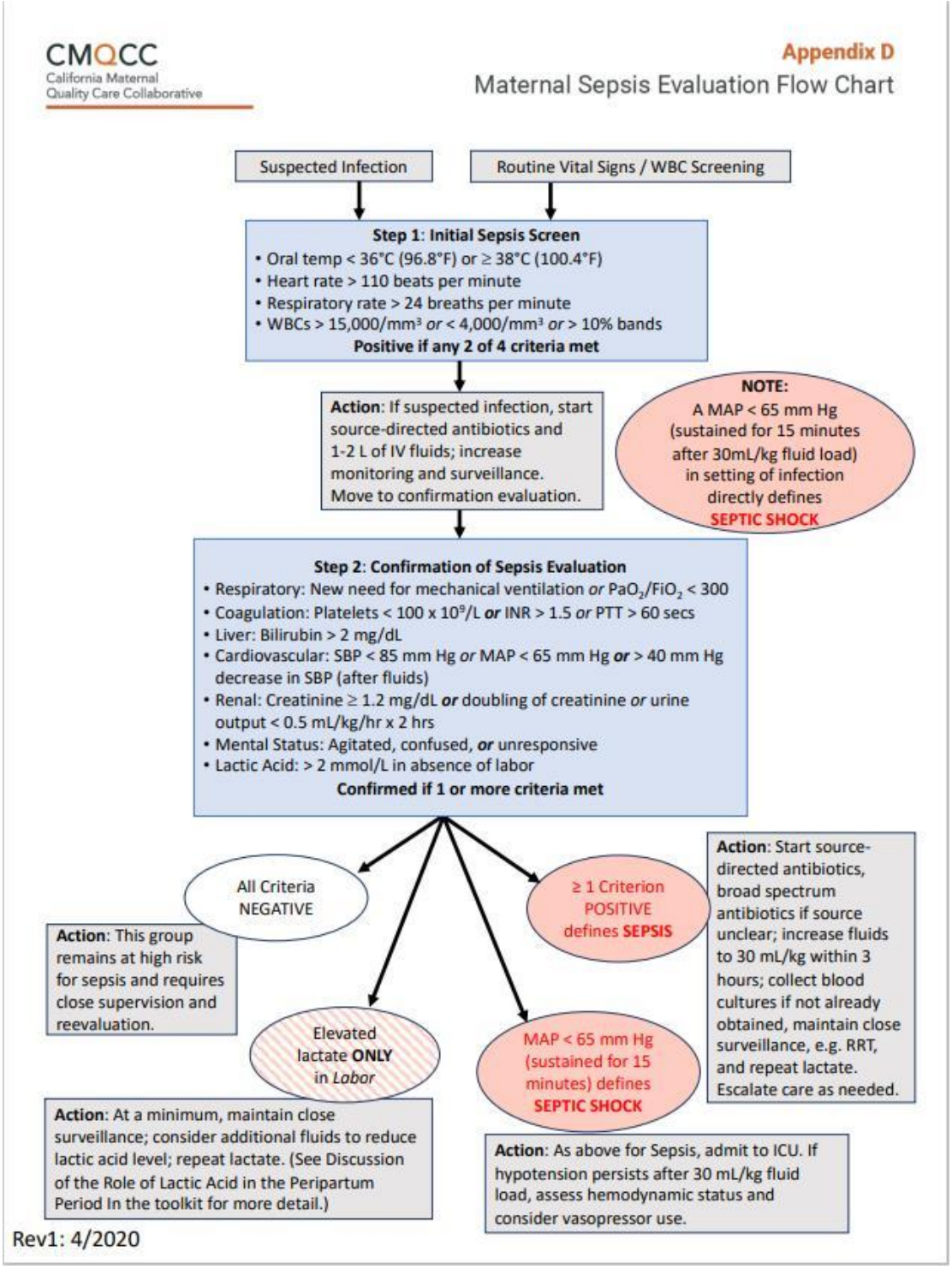
ATTACHMENT A

Sepsis Guidelines – Timeframe Goals for Resuscitation Bundle



Resuscitation Goals: CVP ≥ 8, Scvo2 ≥ 70%, urine output > 0.5ml/kg/hr, lactate < 2 mmol/L

Attachment B
Maternal Sepsis Evaluation



BYLAWS PROPOSED REVISION

5.12 TELEMEDICINE PRIVILEGES

5.12.1 The Board of Directors will determine the clinical services to be provided through Telemedicine after considering the recommendations of the appropriate Department Chair, Credentials Committee, and the Medical Executive Committee.

5.12.2 Individuals applying for Telemedicine privileges must meet the qualifications for Medical Staff appointment outlined in these Bylaws, except for those requirements relating to geographic location of office/residence, coverage arrangements, and emergency call responsibilities.

5.12.3 Qualified applicants may be granted Telemedicine privileges but will not be appointed to the Medical Staff. Telemedicine privileges granted in conjunction with a contractual agreement will be incidental to and coterminous with the agreement.

5.12.4 Applications for Telemedicine privileges will be processed in accordance with the provisions of these Bylaws and the Telemedicine Credentialing Policy.~~in the same manner as for any other applicant with the exception of Hospital Affiliations. Verification of Hospital Affiliations for Telemedicine practitioners with more than 3 hospital affiliations shall be limited to 10% of total affiliations unless additional information is deemed to be required.~~

5.12.5 Telemedicine privileges~~, if granted, will be~~ are granted for a period of not more than two (2) years. ~~Individuals seeking to renew Telemedicine privileges will be required to complete an application and, upon request, provide the Hospital with evidence of current clinical competence. This information may include, but is not limited to, a quality profile from the applicant's primary practice affiliation and evaluation form(s) from qualified supervisor(s). If all requested information is not received by dates established by the Hospital, the individual's Telemedicine privileges shall expire at the end of the current term. Once all information is received and verified, an application to renew telemedicine privileges will be processed as set forth above.~~

5.12.6 Individuals granted Telemedicine privileges shall be subject to the Hospital's performance improvement, ongoing and focused professional practice evaluations and peer review activities.

Telemedicine Credentialing Policy

1. **PURPOSE:** To establish a policy and procedure for credentialing and privileging ~~of applicants for~~ telemedicine ~~privileges~~ providers as defined in the Medical Staff Bylaws Article 5.12 at Salinas Valley Memorial Healthcare System (SVMHS).

2. **DEFINITIONS:**

a. "Telemedicine" the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video or data communications.

b. "Interpretation Services" shall consist of providing ~~preliminary interpretations and~~ official interpretations and/or reports to SVMHS.

~~a. "Credentialing Acknowledgement" A PHYSICIAN CREDENTIALING AND PRIVILEGING AGREEMENT exists between SVMHS and the Telemedicine Entity. This agreement permits SVMHS to use the credentialing that the contracted service has performed, because the contracted service is a Joint Commission accredited or Medicare participating entity.~~

c. "Distant Site" is a contractor of telemedicine services to the Hospital

d. "Distant Site Agreement" is a written agreement between the Hospital and the contractor of telemedicine services that specifies the following:

(1) The distant site furnishes services in a manner that permits the Hospital to be in compliance with Medicare Conditions of Participation;

(2) The distant site is responsible for having a process that is consistent with the credentialing and privileging requirements in the Medical Staff chapter of The Joint Commission standards MS.06-01-01 through MS.06.01.13;

(3) The Board of Directors of the Hospital grants privileges to a distant site provider based on the Hospital's Medical Staff recommendations, which rely on information provided by the distant site.

(4) The distant site provides the Hospital with a current list of licensed independent practitioners' privileges

(5) The distant site providers have a current and clear license that is issued by the State of California

(6) The distant site providers only render services within the scope of their privileges as granted by the Hospital

(7) The distant site will notify the Hospital Medical Staff of any disciplinary action taken against a contracted provider, including any matter that constitutes a reportable event to the State and or/the NPDB as described in 42 U.S.C. § 11133.
~~(8)~~

~~3. **POLICY:** In addition to the requirements of its Medical Staff Bylaws, and all other applicable rules, regulations, and laws, SVMHS may utilize the credentialing information provided by the contracted Telemedicine service in making final privileging decisions~~

4. **TELEMEDICINE CREDENTIALING & PRIVILEGING:** ~~As a Joint Commission accredited or Medicare participating organization, the contracted Telemedicine service has credentialed, in accordance with all applicable standards, each individual providing Telemedicine services for SVMHS. Qualified providers will be granted privileges to provide services in affiliation with the appropriate corresponding SVMHS Medical Staff Department. As part of its credentialing process, the contracted Telemedicine Service has verified that each provider possesses the appropriate medical training, certification, and other credentials necessary to provide such services.~~

~~A. The contracted Telemedicine Service warrants and ensures that each provider:~~

~~i. Identity is verified in accordance with The Joint Commission standards;~~
~~ii. Has a clear and current license to practice medicine in the State of California;~~
~~iii. Is specialty board certified and shall maintain such certification during the term of the contracted Telemedicine Service at SVMHS;~~
~~iv. Is credentialed and maintains active medical staff privileges at the contracted Telemedicine Service; and,~~
~~v. Renders services within the scope of their privileges as granted by the contracted Telemedicine service and SVMHS.~~

~~B. SVMHS's (originating site) reliance on the Contracted Telemedicine Service's (distant site) Credentialing & Issuance of Privileges:~~

~~i. The contracted Telemedicine Service (distant site) is a contractor of telemedicine services to SVMHS. The distant site furnishes services in a manner which permits SVMHS to be in compliance with the Medicare Conditions of Participation.~~

~~ii. All distant site telemedicine providers' credentialing and privileging processes satisfy, at a minimum, the Medicare Conditions of Participation and Joint Commission standards.~~

~~iii. The governing body of the distant site is responsible for adopting and~~

~~implementing a process that is consistent with the credentialing and privileging requirements of the Joint Commission Medical Staff (MS) chapter or CMS Conditions of Participation.~~

~~iv. SVMHS may grant privileges to a distant site provider based on the recommendations of the SVMHS Medical Staff, consistent with the requirements of the SVMH Medical Staff Bylaws and will also rely on the contracted Telemedicine service's privileging and credentialing activities.~~

v. ~~SVMHS~~ The Hospital is not obligated to grant ~~issue~~ privileges to those physicians the Telemedicine Service entity submits ~~to it~~ for consideration.

~~vi. The contracted Telemedicine Service will notify SVMHS of any disciplinary action taken against a contracted provider, including any matter that constitutes a reportable event to the State and or/the NPDB as described in 42 U.S.C. § 11133.~~

5. **PROCEDURE – INITIAL APPOINTMENT:**

A. No less than thirty (30) business days before the addition of any new Telemedicine provider, the ~~contracted Telemedicine service~~ distant site shall provide the following to ~~the~~ SVMHS Medical Staff Services:

i. ~~Electronic copies of the complete application, credentialing materials, and other relevant evidence of the Practice and the Telemedicine Services entity's compliance with SVMHS standards, for each Telemedicine applicant;~~

ii. The distant site ~~Telemedicine Services~~ approved Delineation of Privileges; and

iii. Evidence of current malpractice insurance coverage ~~that is in effect for the contracted Telemedicine service.~~

Demographic and licensure information as needed for Hospital systems.

B. Application Processing: Upon the receipt of the documentation referenced in section 5(A) ~~(i-iii)~~ above, the ~~applicant's~~ documents and information will be added to the SVMHS Medical Staff Credentialing Database.

C. Credentialing Review and Approval Process: Telemedicine applicants will be forwarded to the Department Chair and Credentials or Interdisciplinary Practice Committee ~~after all primary source verifications have been performed~~. The remainder of the approval process shall take place in accordance with the SVMHS Medical Staff Bylaws.

D. SVMHS Medical Staff Services shall:

i. Update ~~databases~~ credentialing software as appropriate ~~with the new appointment dates, etc~~.

~~ii. Incorporate the Telemedicine service documentation and supplementary verifications and documentation into the applicant's credential file.~~

iii. Notify the ~~contracted Telemedicine service~~ distant site of the appointment dates.

iv. SVMHS will be responsible for conducting inquiries into the NPDB, Medical Board of California, ~~debarment from federally funded programs~~ Office of the Inspector General, Government Services Administration, State Medicaid program and criminal background.

6. **PROCEDURE FOR REAPPOINTMENT**

A. ~~In the year of expiration, at least one hundred eighty (180) days prior to the expiration of Medical Staff membership and/or clinical privileges excluding temporary privileges, an application form for reappointment, consistent with Section 4.5 will be sent to the contracted Telemedicine Service.~~ The ~~renewal approval~~ reappointment process ~~by the contracted Telemedicine service~~ shall follow the same process that applies to the granting of initial privileges. ~~For each Telemedicine applicant, the Telemedicine Service will submit to SVMHS all credentialing materials and other relevant evidence of the Practice and the Telemedicine services entity's compliance with SVMHS standards.~~ The ~~Telemedicine service~~ distant site will also submit~~, for each provider scheduled for reappointment,~~ a quality profile for ~~the~~ each practitioner for the previous 24 months.

~~B. Primary Source Verifications:~~

~~i. Primary Source queries shall be completed by the contracted Telemedicine Service.~~

B. Any outlying information will be reviewed by the SVMHS Credentials or Interdisciplinary Practice Committee and the department chair.

v. ~~SVMHS will be responsible for conducting inquiries into the NPDB, Medical Board of California, and debarment from Federal funded programs.~~ SVMHS will be responsible for conducting inquiries into the

NPDB, Medical Board of California, ~~debarment from federally funded programs~~ Office of the Inspector General, Government Services Administration and State Medicaid program.

~~C.~~

C. Completed Re-Credentialing Review and Approval Process:

~~Telemedicine applicants will be forwarded to the Department Chair and Credentials Committee after all primary source verifications have been performed. The remainder of the approval process shall take place in accordance with the SVMHS Medical Staff Bylaws.~~

Telemedicine applicants will be forwarded to the Department Chair and Credentials or Interdisciplinary Practice Committee. The remainder of the approval process shall take place in accordance with the SVMHS Medical Staff Bylaws.

RESOLUTION NO. 2022-12
OF THE BOARD OF DIRECTORS OF
SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

PROCLAIMING A LOCAL EMERGENCY, RATIFYING THE PROCLAMATION OF A STATE OF EMERGENCY BY GOVERNOR'S STATE OF EMERGENCY DECLARATION ON MARCH 4, 2020, AND AUTHORIZING REMOTE TELECONFERENCE MEETINGS FOR THE PERIOD AUGUST 31, 2022 THROUGH SEPTEMBER 30, 2022

WHEREAS, Salinas Valley Memorial Healthcare System ("District") is a public entity and local health care district organized and operated pursuant to Division 23 of the California Health and Safety Code;

WHEREAS, the District Board of Directors is committed to preserving and nurturing public access and participation in its meetings;

WHEREAS, all meetings of the District's governing body are open and public, as required by The Ralph M. Brown Act, so that members of the public may attend, participate, and observe the District's public meetings;

WHEREAS, The Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions;

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558;

WHEREAS, a proclamation is made when there is an actual incident, threat of disaster, or extreme peril to the safety of persons and property within the boundaries of the District, caused by natural, technological, or human-caused disasters;

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body meeting in person would present imminent risks to the health and safety of attendees;

WHEREAS, the District Board of Directors has reconsidered the state of emergency circumstances, and find that the state of emergency continues to impact the ability of the members to meet safety in person pursuant to Government Code Section 54953(e)(3) due to increasing COVID-19 case numbers and hospitalizations over the past several months;

WHEREAS, as a consequence of the local emergency, the District Board of Directors may conduct meetings without compliance with Government Code Section 54953(b)(3), as authorized by Section 54953(e), and that the District shall comply with the requirements to provide the public with access to the meetings pursuant to Section 54953(e)(2);

WHEREAS, meetings of the District Board of Directors will be available to the public via a link listed on the agenda;

NOW THEREFORE IT IS HEREBY ORDERED AND DIRECTED THAT:

1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

2. Proclamation of Local Emergency. The District hereby proclaims that a local emergency continues to exist throughout Monterey County, and as of September 22, 2021, the Monterey County Health Department continues to recommend that physical and social distancing strategies be practiced in Monterey County, which includes remote meetings of legislative bodies, to the extent possible.

3. Ratification of Governor's Proclamation of a State of Emergency. The District hereby ratifies the Governor of the State of California's Proclamation of State of Emergency, effective as of its issuance date of March 4, 2020.

4. Remote Teleconference Meetings. The District Board of Directors is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of The Brown Act.

5. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective until the earlier of (i) September 30, 2022, or (ii) such time the District adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to meet via teleconference meeting all the requirements of Section (3)(b).

This Resolution was adopted at a duly noticed Regular Meeting of the Board of Directors of the District on August 25, 2022, by the following vote.

AYES:

NOES:

ABSTENTIONS:

ABSENT:

SALINAS VALLEY MEMORIAL HEALTHCARE SYSTEM

By: _____
Victor Rey, Jr., Board President

EXTENDED CLOSED SESSION
(if necessary)

(VICTOR REY, JR.)

ADJOURNMENT

THE NEXT REGULAR MEETING OF THE BOARD OF DIRECTORS IS SCHEDULED FOR THURSDAY, SEPTEMBER 22, 2022, AT 4:00 P.M.