



BOARD OF DIRECTORS

Katherine Burnworth, President | Laura Goodsell, Vice-President | James Garcia, Treasurer | Arturo Proctor, Secretary | Enola Berker, Director | Rodolfo Valdez, Director | Felipe Irigoyen, Director

AGENDA

**REGULAR MEETING OF THE BOARD OF DIRECTORS
THURSDAY, December 11, 2025, 5:00 P.M.**

**El Centro Regional Medical Center | MOB Conference Room 1&2
1271 Ross Avenue, El Centro, CA. 92243**

[Join Microsoft Teams](#)

Meeting ID: 290 932 689 924 89

Passcode: 7wp2Vf6y

1. Call to Order

2. Roll Call

3. Pledge of Allegiance

4. Approval of Request for Remote Appearance by Board Member(s), if Applicable

5. Consider Approval of Agenda

In the case of an emergency, items may be added to the agenda by a majority vote of the Board of Directors. An emergency is defined as a work stoppage, a crippling disaster, or other activity that severely imperils public health, safety, or both. Items on the agenda may be taken out of sequential order as their priority is determined by the Board of Directors. The Board may take action on any item appearing on the agenda.

6. Public Comments

At this time the Board will hear comments on any agenda item. If any person wishes to be heard, they shall stand; address the president, identify themselves, and state the subject for comment. Time limit for each speaker is 3 minutes individually per item to address the Board. Individuals who wish to speak on multiple items will be allowed four (4) minutes in total. A total of 15 minutes shall be allocated for each item for all members of the public. The board may find it necessary to limit the total time allowable for all public comments on items not appearing on the agenda at anyone one meeting to one hour.

7. Board Comments

Reports on meetings and events attended by Directors; Authorization for Director(s) attendance at upcoming meetings and/or events; Board of Directors comments.

- a. Brief reports by Directors on meetings and events attended
- b. Schedule of upcoming Board meetings and/or events
- c. Report by Merger Strategic Planning Ad-Hoc Committee
- d. Finance Committee update

8. Consent Calendar

Any member of the Board may request that items for the Consent Calendar be removed for discussion. Items so removed shall be acted upon separately immediately following approval of items remaining on the Consent Calendar.

- a. Approve minutes for meetings of November 6, 2025, and November 13, 2025
- b. Approval and file PMH Expenses/Financial Report October 2025
- c. Approval of Contracts with Values Under \$200,000 (After Finance Committee Review and with Recommendation for Approval):
 - i. Approval of the Professional Services Agreement for Urology-Indudhara
 - ii. Approval of the Renew Barracuda Email Security
 - iii. Approval of the Oracle Clinical AI Agent (CAA)
 - iv. Approval of the Affinity Data Archive Phase 3 (CAA)

9. Items for Discussion and/or Board Action:

- a. PRESENTATION OF IVHD 5-YEAR INTEGRATED FINANCIAL PLAN FOR POST-MERGER HEALTHCARE SYSTEM
Background: This presentation is intended to inform the Board and the public regarding the financial plan to finance the acquisition and ongoing operations of Pioneers Memorial Hospital, El Centro Regional Medical Center and the related healthcare facilities (HSC § 32499.6(c)(6)(D)).
Staff Recommends the Following Action: Accept and Approve 5-Year Integrated Financial Plan
Presented by: Berkeley Research Group and UCSD/Pablo Velez, ECRMC CEO
- b. MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/ procedures/forms, or other related recommendations.
- c. Staff Recommends Action to Authorize: Oracle Health EHR Nursing Mobility
Presented by: Christopher Bjornberg
Contract Value: License Fees (60 Handheld Devices) \$64,800(36 months)
Purchased Services \$103,632.75 (one-time)
Travel Estimate \$16,000 (one-time)

\$184,432.75

Hardware (60 Handheld Devices) \$120,000 (not to exceed, one-time)

Total Project Value: \$304,432.75

Contract Term: 36-months

Budgeted: Yes

\$180,000 in CapEx associated with WOW upgrades or handhelds

\$194,466.35 in Purchased Services for implementation.

\$24,480 in Licensing costs (monthly fees, 1st years cost budgeted to licenses)

Budgeted Classification: Maintenance

- d. Staff Recommends Action to Authorize: Authorize Amendment No. 4 to the Supplemental Funding Enhancement Program Agreement with Steve Clark & Associates (SCA).

Presented by: Carly Loper, CFO

Contract Value: \$90,000/year, no increase

Contract Term: One Year Agreement from January 1, 2026 to December 31, 2026

Budgeted: Yes

Budgeted Classification: Purchased Services

- e. Staff Recommends Action to Authorize: Authorize the payment of annual membership dues for the District Hospital Leadership Forum (DHLF) for Imperial Valley Healthcare District.

Presented by: Carly Loper, Chief Financial Officer

Contract Value: Annual Membership dues are \$76,535.73

Contract Term: One Year Membership (January 1, 2026 – December 31, 2026)

Budgeted: Yes

Budgeted Classification: Dues and Subscriptions

- f. Staff Recommends Action to Authorize: Authorize Off-Site Biomedical Waste Treatment and Disposal Service Agreement with Veolia ES Technical Solutions, L.L.C.

Presented by: Carly Loper, Chief Financial Officer

Contract Value: \$75,000/six months (cost is based on weight)

Contract Term: Six Month Agreement from January 1, 2026 to June 30, 2026

Budgeted: Yes

Budgeted Classification: Purchased Services

- g. Staff Recommends Action to Authorize: Purchase of Chemistry Analyzer (Vitros 7600)

Presented by: Carly Zamora/Annabel Limentang

Contract Value: \$209,875

Contract Term: Purchase; 3-year warranty included

Budgeted: No; PMH filed for an insurance claim, possibility of a reimbursement

Budgeted Classification: Capital Equipment

- h. Action Item: Policy and Procedure: Influenza Work Instructions
- i. Action Item: Policy and Procedure: Ebola Work Instructions
- j. Action Item: Policy and Procedure: Vector-Borne Work Instruction
- k. Action Item: Policy and Procedure: Obstetrics Cash Discount Policy FY2026
- l. Action Item: Policy and Procedure: Hepatitis B Vaccine
- m. Action Item: Policy and Procedure: Standardized Procedure for Registered Nurses: Post Exposure Prophylaxis Treatment of Sexually Transmitted Diseases - SART

10. Management Reports

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer
- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer
- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations
- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support for AB 918
- e. Executive: Christopher R. Bjornberg – Chief Executive Officer
- f. Legal: Adriana Ochoa – General Counsel
 - 1. SB 707 Virtual Meetings Discussion
 - 2. SB 852 Eff. January 2026, Individuals who must file their Form 700, Statement of Economic Interest with the FPPC on their Online System.

11. Items for Future Agenda

This item is placed on the agenda to enable the Board to identify and schedule future items for discussion at upcoming meetings and/or identify press release opportunities.

12. Adjournment

- a. The next regular meeting of the Board will be held on January 8, 2026, at 6:00 p.m.

POSTING STATEMENT

A copy of the agenda was posted December 5, 2025, at 601 Heber Avenue, Calexico, California 92231 at 9:30 p.m. and other locations throughout the IVHD pursuant to CA Government code 54957.5. Disclosable public records and writings related to an agenda item distributed to all or a majority of the Board, including such records and written distributed less than 72 hours prior to this meeting are available for public inspection at the District Administrative Office where the IVHD meeting will take place. The agenda package and material related to an agenda item submitted after the packets distribution to the Board is available for public review in the lobby of the office where the Board meeting will take place.

In compliance with the Americans with Disabilities Act, if any individuals request special accommodations to attend and/or participate in District Board meetings please contact the District at (760)970- 6046. Notification of 48 hours prior to the meeting will enable the District to make reasonable accommodation to ensure accessibility to this meeting [28 CFR 35.102-35.104 ADA title II].



**MEETING MINUTES
NOVEMBER 9, 2025
SPECIAL BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN SPECIAL SESSION ON THE 6TH OF NOVEMBER AT 1271 ROSS AVENUE CITY OF EL CENTRO, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

1. TO CALL ORDER:

The regular meeting was called to order in open session at 6:03pm by Katie Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Katie Burnworth
Vice-President	Laura Goodsell
Secretary	Arturo Proctor
Treasurer	James Garcia
Trustee	Enola Berker
Trustee	Rodolfo Valdez
Trustee	Felipe Irigoyen

GUESTS:

Tomas Virgen - Support for IVHD (AB 918)

ABSENT:

Adriana Ochoa – Legal/Snell
Christopher R. Bjornberg - Chief Executive Officer

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Berker and second by Director Goodsell to approve the agenda for November 6, 2025. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

6. PUBLIC COMMENT TIME:

Flavio Grijalva, the Teamsters Local Union Rep El Centro Regional Medical Center gave a brief report on how they are still in negotiations for some successor contracts.

7. CRITICAL ELEMENTS OF EFFECTIVE GOVERNANCE BY JEFF BILLS WITH CONFIDENCE CONSULTING PART 3:

Jeff Bill with Confidence Consulting presented part three of his presentation on critical



elements of effective governance.

8. ITEMS FOR FUTURE AGENDA:

None

9. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 7:58 p.m.



**MEETING MINUTES
NOVEMBER 13, 2025
REGULAR BOARD MEETING**

THE IMPERIAL VALLEY HEALTHCARE DISTRICT MET IN REGULAR SESSION ON THE 13TH OF NOVEMBER AT 207 W. LEGION ROAD, BRAWLEY, CA. ON THE DATE, HOUR AND PLACE DULY ESTABLISHED OR THE HOLDING OF SAID MEETING.

CLOSED SESSION – 5:30 p.m.

- a. **PUBLIC EMPLOYEE PERFORMANCE EVALUATION (Gov. Code 54957)**
Title: General Legal Counsel

- b. **CONFERNECE WITH LEGAL COUNSEL – SIGNIFICANT EXPOSURE TO LITIGATION (Government Code 54956.9(d)(2))**
 - Samantha McCabe Government Claim
 - Alfonso Luis and Tricia Luis Government Claims

BOARD RECONVENED INTO OPEN SESSION AT 6:03PM

- a. No reportable action taken in closed session for item A.

- b. Motion was made by Director Garcia and second by Director Proctor to reject the Governance Claim of Samantah McCabe. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker

NOES: None

ABSENT: Irigoyen, Valdez

Motion was made by Director Garcia and second by Director Proctor to reject the Governance Claim of Alfonso Luis and Tricia Luis. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker

NOES : None

ABSENT : Irigoyen, Valdez

1. TO CALL ORDER:

The regular meeting was called to order in open session at 6:03pm by Katie Burnworth.

2. ROLL CALL-DETERMINATION OF QUORUM:

President	Katie Burnworth
Vice-President	Laura Goodsell
Secretary	Arturo Proctor
Treasurer	James Garcia
Trustee	Enola Berker
Trustee	Rodolfo Valdez
Trustee	Felipe Irigoyen



GUESTS:

Adriana Ochoa – Legal/Snell & Wilmer
Christopher R. Bjornberg - Chief Executive Officer
Tomas Virgen - Support for IVHD (AB 918)

3. PLEDGE OF ALLEGIANCE WAS LED BY DIRECTOR BURNWORTH.

4. APPROVAL OF REQUEST FOR REMOTE APPEARANCE BY BOARD MEMBER(S)

None

5. CONSIDER APPROVAL OF AGENDA:

Motion was made by Director Irigoyen and second by Director Goodsell to approve the agenda for November 13, 2025. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

6. PUBLIC COMMENT TIME:

Anahi Araiza from the Imperial Valley Equity & Justice is here requesting further community participation in the shaping of the Imperial Valley Healthcare District in the form of a community advisor committee.

Stephanie, a resident of Calipatria and an employee of Pioneers, has concerns about the decisions that have been made to keep the leadership, the decisions being made for their leadership. They have noticed that a significant amount of leadership is represented by employees of El Centro and would like to know how the decisions were being made. She does feel that the merger is a good idea but does not feel that they are being represented well.

7. BOARD COMMENTS:

- a. Brief reports by Directors on meetings and events attended.

Director Berker reported that she attended the Women’s Auxiliary country kitchen and it was very successful, and they have new items in their store.

- b. Schedule of upcoming Board meetings and events.

None

- c. Report by Merger Strategic Planning Ad-Hoc Committee

Attorney Adriana reported that this group has been working hard towards strategic planning presentation for today.

8. CONSENT CALENDAR:

Motion was made by Director Berker and second by Director Garcia to approve the consent calendar minutes for October 23, 2025. Motion passed by the following vote wit:



AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

9. ACTION ITEMS:

- a. MEDICAL STAFF REPORT – Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/ procedures/forms, or other related recommendations.

Motion was made by Director Berker and second by Director Goodsell to approve the Recommendations from the Medical Executive Committee. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- b. Staff Recommends Action to Authorize: PowerVault Main

Presented by: Christopher R. Bjornberg

Contract Value: Capital Equipment \$73,203.41 (one-time)

Contract Term: N/A

Budgeted: No, the monies tied to the project were in the FY 2025 capital budget. Subbing capital dollars budgeted to line item “Wireless network upgrades” in FY 2026 with budgeted amount of \$240,000.

Budgeted Classification: Capital

Motion was made by Director Goodsell and second by Director Garcia to approve the PowerVault Main. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- c. Staff Recommends Action to Authorize: Authorize the renewal of Health Organization Billing Errors & Omissions and Regulatory coverage through 4925-2341-2855 BETA Healthcare Group.

Presented by: Carly Loper, CFO

Contract Value: \$50,873.85 (premium for 2025 was \$48,399.59)

Contract Term: One Year Term (January 26, 2026, to January 26, 2027)

Budgeted: Yes

Budgeted Classification: Insurance

Motion was made by Director Irigoyen and second by Proctor to approve Authorize the renewal of Health Organization Billing Errors & Omissions and Regulatory coverage through 4925-2341-2855 BETA Healthcare Group. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None



d. Action Item: Policy and Procedure: Parking

Motion was made by Director Berker and second by Goodsell to approve Policy and Procedure: Parking. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

e. Action Item: Policy and Procedure: Firearms and Weapons

Motion was made by Director Berker and second by Goodsell to approve Policy and Procedure: Firearms and Weapons. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

f. Action Item: Policy and Procedure: Patient Request for E-Copy of Health Information Record (WI)

Motion was made by Director Berker and second by Goodsell to approve Policy and Procedure: Patient Request for E-Copy of Health Information Record (WI). Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

g. Action Item: Policy and Procedure: Redislosure of Protected Health Information

Motion was made by Director Berker and second by Goodsell to approve Policy and Procedure: Redislosure of Protected Health Information. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

h. Action Item: Policy and Procedure: Care of an Emergency Patient Contaminated with Hazardous Materials – CODE ORANGE

Motion was made by Director Berker and second by Goodsell to approve Policy and Procedure: Care of an Emergency Patient Contaminated with Hazardous Materials – CODE ORANGE. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen
NOES: None

i. Action Item: Consideration and Approval of Fifth Amendment to Professional Services Agreement between Imperial Valley Healthcare District and Berkeley Research Group, LLP for



Financial Strategist Services

Contract Value: \$305,000

Presented by: CEO Chris Bjornberg; ECRMC CEO Pablo Velez

Motion was made by Director Goodsell and second by Proctor to approve Consideration and Approval of Fifth Amendment to Professional Services Agreement between Imperial Valley Healthcare District and Berkeley Research Group, LLP for Financial Strategist Services. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- j. Action Item: Presentation of IVHD Facilities Master Plan Final Report; Consideration and Action to Approve IVHD Facilities Master Plan

Presented by: CEO Chris Bjornberg, Project Management Advisors, Inc.

Motion was made by Director Goodsell and second by Director Proctor to approve Presentation of IVHD Facilities Master Plan Final Report; Consideration and Action to Approve IVHD Facilities Master Plan. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- k. Action Item: Presentation of IVHD Five-Year Strategic Plan; Consideration and Action to Accept and Approve IVHD Five-Year Strategic Plan

Presented by: ECRMC CEO Pablo Velez and UCSD

Motion was made by Director Irigoyen and second by Director Garcia to approve Presentation of IVHD Five-Year Strategic Plan, Consideration and Action to Accept and Approve IVHD Five-Year Strategic Plan. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- l. Staff Recommends Action to Authorize: Authorization to approve Amendment of Professional Service Agreement for Roukaya T. Hassanein.

Presented by: Carly Zamora/Christopher R. Bjornberg

Contract Value: approximately \$500,000 annually value varies depending on wRVU incentives and demands and on-call demands.

Contract Term: 2-year Amendment

Budgeted: Yes

Budgeted Classification: PSA/On-call

Motion was made by Director Berker and second by Director Goodsell to approve Authorization to approve Amendment of Professional Service Agreement for Roukaya T. Hassanein. Motion passed by the following vote wit:



AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

- m. Staff Recommends Action to Authorize: GenXpert (Cepheid) Placement Agreement.

Presented by: Carly Zamora/Annabel Limentang 4925-2341-2855

Contract Value: \$285,600- annual commitment on reagents/kits; this is not a new expense and is budgeted. Annual spend last year significantly exceeded this commitment.

Contract Term: 3 years

Budgeted: Yes

Budgeted Classification: Supplies

Motion was made by Director Garcia and second by Director Irigoyen to approve GenXpert (Cepheid) Placement Agreement. Motion passed by the following vote wit:

AYES: Burnworth, Goodsell, Proctor, Garcia, Berker, Valdez, Irigoyen

NOES: None

10. MANAGEMENT REPORTS:

- a. Finance: Carly C. Loper, MAcc – Chief Financial Officer

None.

- b. Hospital Operations: Carol Bojorquez, MSN, RN – Chief Nursing Officer

Carol went over the CNO report

- c. Clinics Operation: Carly Zamora MSN, RN – Chief of Clinic Operations

Carly went over the Clinics Operation report

- d. Urgent Care: Tomas Virgen – Administrative Coordinator/ Support for AB 918

None

- e. Executive: Christopher R. Bjornberg – Chief Executive Officer

Chris reported that their CHOW was finally accepted for the hospital. He also reported that the lead prog scores dropped today and the good news for Pioneers our score went up so we are moving in the right direction and the window to keep working our way to that excel level so we can have a B here.

- f. Legal: Adriana Ochoa – General Counsel

Adriana reported that tomorrow she will be in Sacramento for the California Society of HealthCare Attorneys Fall Conference. It will only be for a day, but they have a really great lineup of legislative and regulatory updates on how to prepare for 2026 new legislation.



11. ITEMS FOR FUTURE AGENDA:

None

BOARD ENTERED INTO CLOSED SESSION FOR A SECOND SESSION AT 9:20PM

BOARD RECONIENED INTO OPEN SESSION AT 9:45PM

12. ADJOURNMENT:

With no future business to discuss, Motion was made unanimously to adjourn meeting at 9:45 p.m.



To: Board of Directors

Katherine Burnworth, President

Laura Goodsell, Vice President

Arturo Proctor, Secretary

James Garcia, Treasurer

Enola Berker, Trustee

Rodolfo Valdez, Trustee

Felipe Irigoyen, Trustee

Additional Distribution:

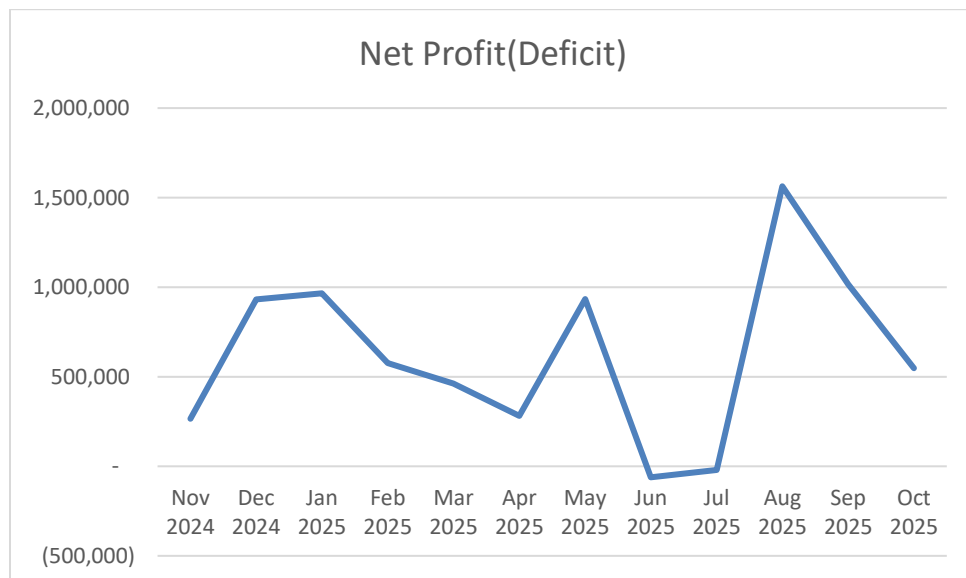
Christopher R. Bjornberg, Chief Executive Officer

From: Carly Loper, Chief Financial Officer

Financial Report – October 2025

Overview:

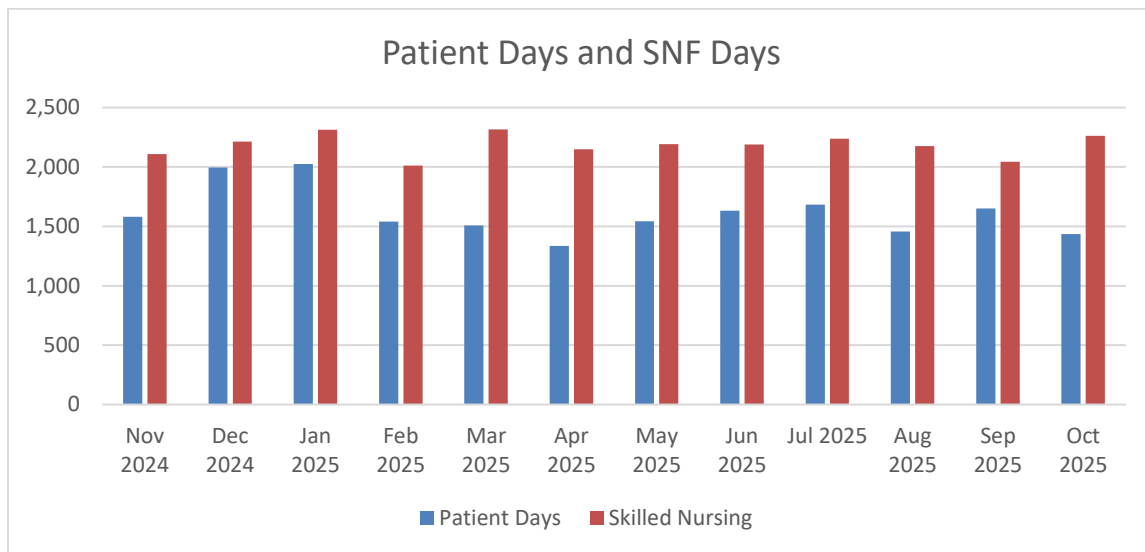
Financial operations for the month of October resulted in a profit of \$547,202 against a budgeted loss of (\$585,663).



Patient Volumes:

Inpatient days were under budget by (6.5%) and lower than the prior month volumes by (13.1%). For the year-to-date period, inpatient days exceeded budget by 2.0% and exceeded the prior year by 2.0%.

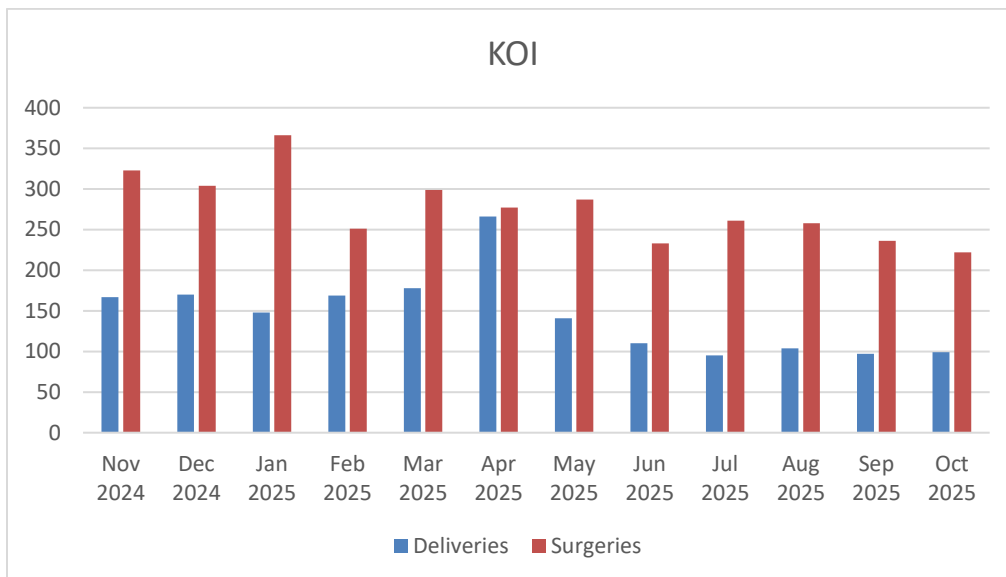
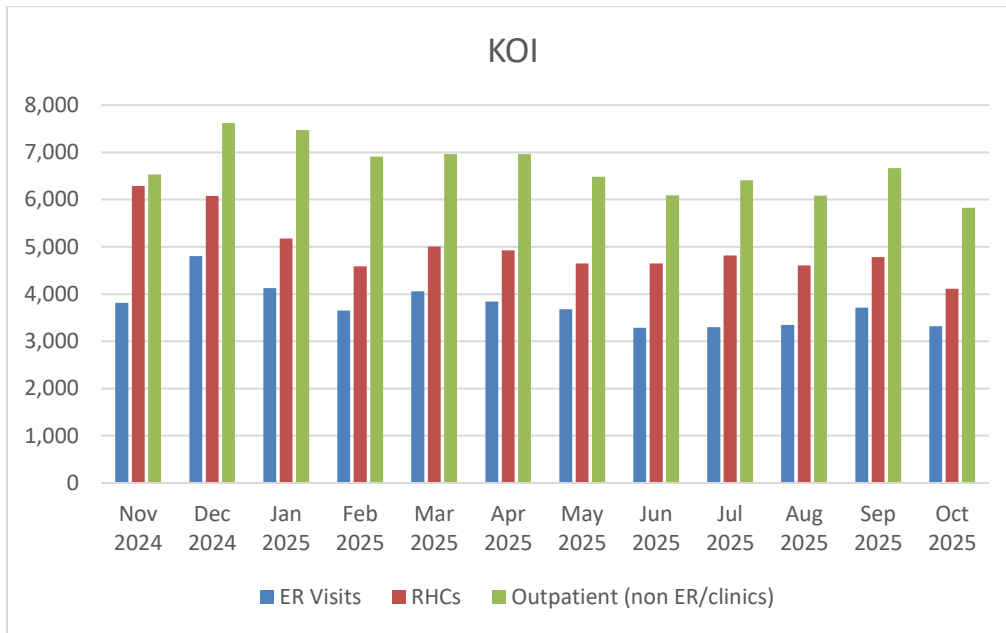
Skilled Nursing days were under budget by (7.0%) but exceed prior month volumes by 11%. October inpatient days were 2,263 compared to 2,045 inpatient days in September. PMSNC had an average daily census (ADC) of 73 for the month of October.



For the month of October all key operating statistics: Deliveries, Emergency Room, Surgeries, Rural Clinics, Outpatient (non ER), fell below the budgeted number of visits or procedures as well as all fiscal year to date numbers with the exception of the rural clinics that are exceeding the budgeted number.

See Exhibit A (Key Volume Stats – Trend Analysis) for additional detail.

	Current Period			Year To Date		
	Act.	Bud	Prior Yr.	Act.	Bud	Prior Yr.
Deliveries	99	171	159	395	709	662
E/R Visits	3,318	3,408	3,590	13,671	13,718	14,413
Surgeries	222	295	452	977	1,214	1,536
Rural Clinics	4,111	4,905	4,858	18,315	17,771	16,003
Outpatient(nonER)	5,825	7,775	6,780	25,127	29,707	25,742



Gross Patient Revenues:

In October, gross revenues exceeded budget by \$4.6 M or 10.2% and exceeded prior month by \$3.2 M or 7.0%.

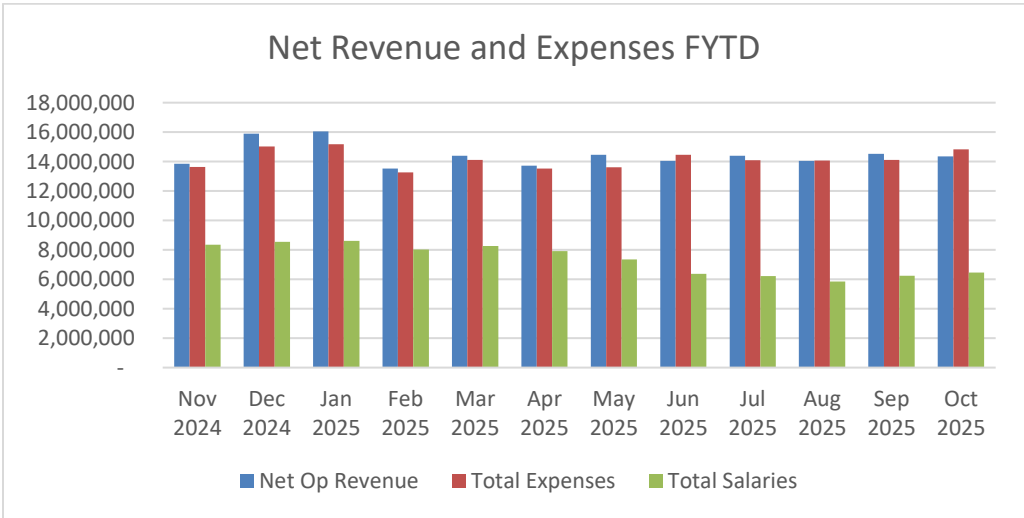
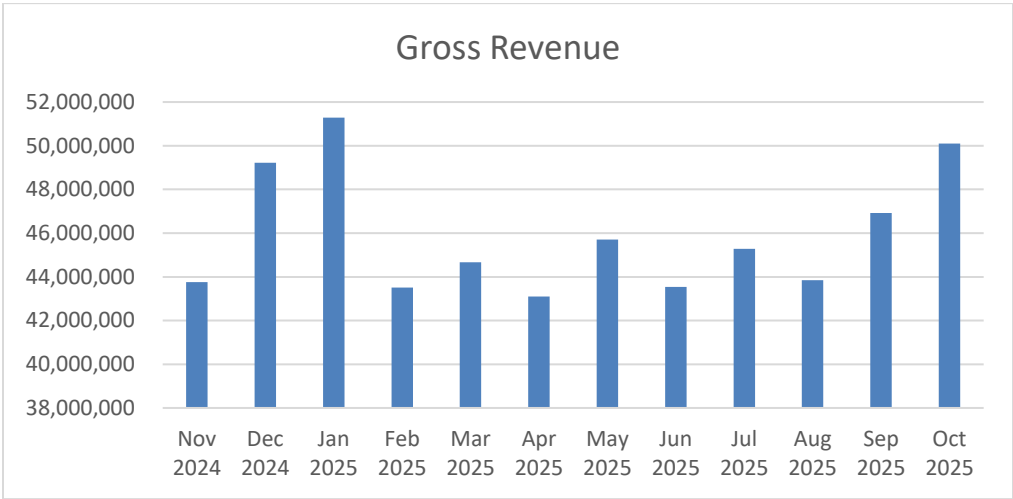
	Monthly Gross Revenue	Daily Gross Revenue
October	\$50,106,165	\$1,616,328
September	\$46,918,948	\$1,563,965

Net operating revenues (Gross revenues less contractual deductions) exceeded the monthly budget by \$94k or 0.7% and were below the prior month's revenues by \$184k or 2.0%.

Operating Expenses:

In total, October operating expenses were under budget by \$761k or 4.9%. Daily expenses were \$478k and budget is \$503k per day. Total staffing expense and maintenance are 9.4% and 45.4% under budget, respectively. Total expenses exceeded prior month by \$727k or 6.0%.

	Monthly Expenses	Daily Expenses
October	\$14,825,116	\$478,230
September	\$14,098,527	\$469,951

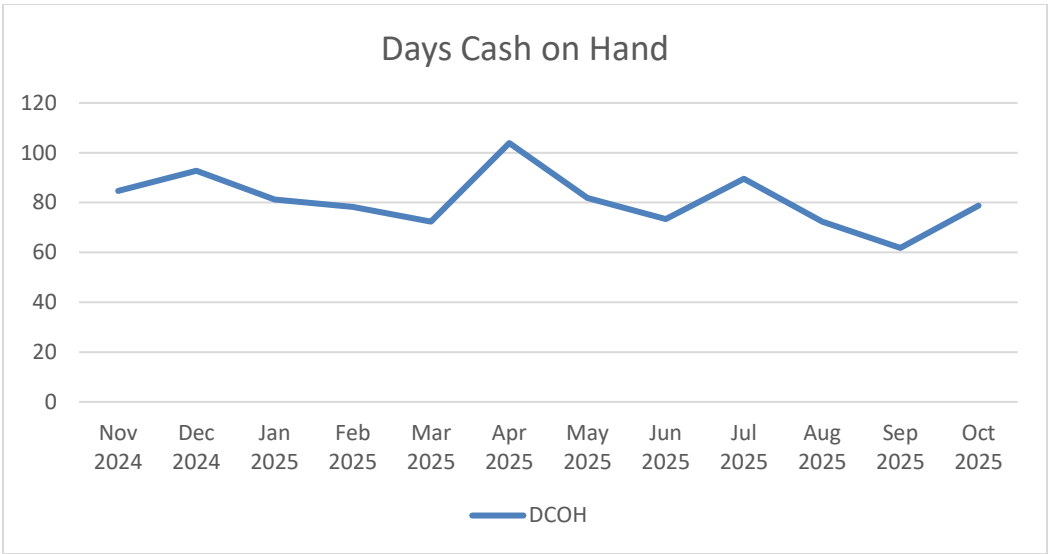


Bond Covenants:

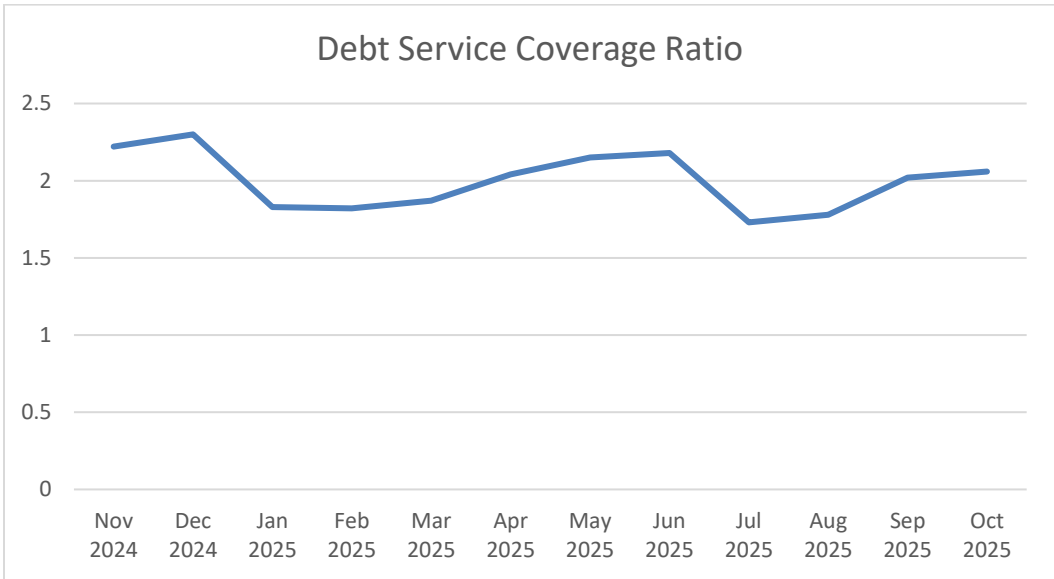
As part of the Series 2017 Bond issue, the District is required to maintain certain covenants or “promises” to maintain liquidity (days cash on hand of 50 days) and profitability (debt service coverage ratio of 1.20). A violation of either will allow the Bond Trustee (US Bank) authorization to take certain steps to protect the interest of the individual Bond Holders.

The District’s days cash on hand increased from the prior month with the following results:

end of August 2025:	72.4 days cash on hand
end of September 2025:	61.8 days cash on hand
end of October 2025:	78.8 days cash on hand

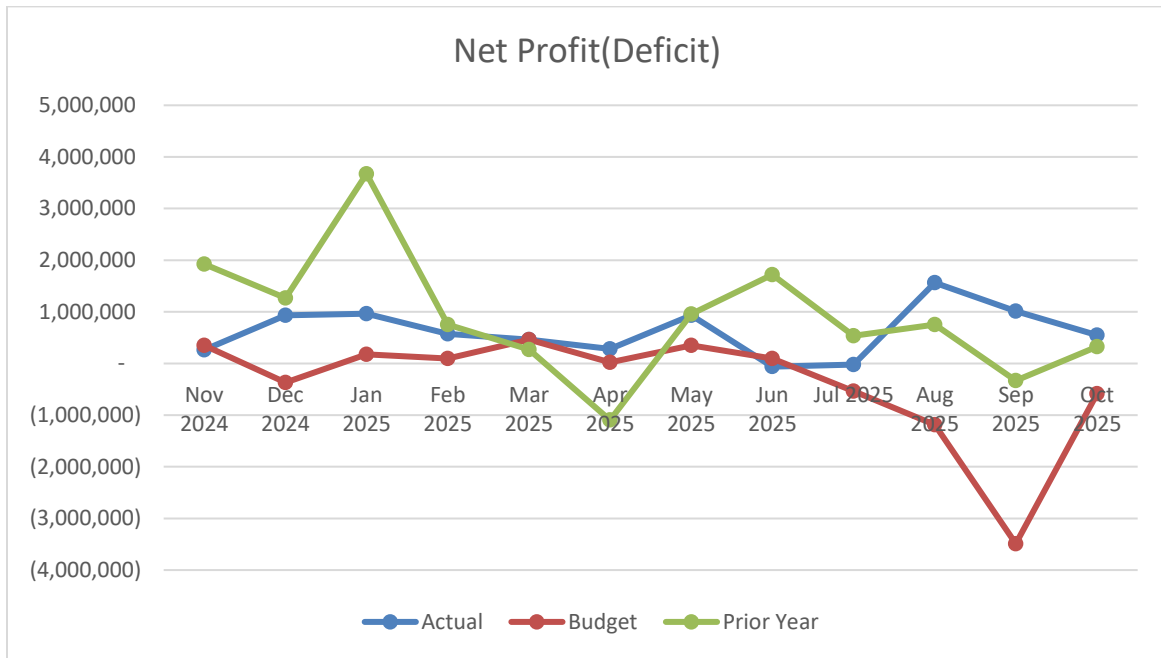


October 2025 debt service coverage ratio is 2.06.



Net Excess/(Deficit):

Fiscal year-to-date, District operations have resulted in a profit of \$3,106,441 against a budgeted loss of (\$5,785,304), which is ahead of the prior year-to-date profit of \$1,285,682. Of the current year profit about \$1.2 M is from FEMA reimbursement.



**IMPERIAL VALLEY HEALTHCARE DISTRICT
STATEMENT OF REVENUE AND EXPENSE**

LAST MONTH ACTUAL SEPTEMBER	LAST YEAR ACTUAL OCTOBER	THIS MONTH ACTUAL OCTOBER	THIS MONTH BUDGET OCTOBER	% VAR	FOR THE PERIOD ENDING OCTOBER 31, 2025	FYTD ACTUAL OCTOBER	FYTD BUDGET OCTOBER	% VAR	FYTD PRIOR YEAR OCTOBER	% VAR
4,407	3,036	3,843	3,611	6.44%	ADJ PATIENT DAYS	16,924	14,572	16.14%	12,508	35.30%
1,651	1,290	1,435	1,534	-6.45%	INPATIENT DAYS	6,228	6,150	1.27%	5,279	17.98%
518	479	486	512	-5.08%	IP ADMISSIONS	2,059	2,074	-0.72%	1,947	5.75%
55	42	48	51	-6.45%	IP AVERAGE DAILY CENSUS	68	67	1.27%	43	57.73%
					GROSS PATIENT REVENUES					
17,579,003	19,326,709	18,708,455	19,326,709	-3.20%	INPATIENT REVENUE	68,502,348	73,284,739	-6.53%	73,284,739	-6.53%
1,848,468	4,425,452	1,986,576	4,425,452	-55.11%	DAILY HOSPITAL SERVICES	7,506,572	16,992,446	-55.82%	16,992,446	-55.82%
15,730,535	14,901,257	16,721,879	14,901,257	12.22%	INPATIENT ANCILLARY	60,995,775	56,292,294	8.36%	56,292,293	8.36%
29,339,945	26,164,034	31,397,710	26,164,034	20.00%	OUTPATIENT REVENUE	117,643,984	100,356,948	17.23%	100,356,948	17.23%
46,918,948	45,490,743	50,106,165	45,490,743	10.15%	TOTAL PATIENT REVENUES	186,146,332	173,641,687	7.20%	173,641,687	7.20%
					REVENUE DEDUCTIONS					
13,253,122	11,152,895	12,400,237	9,842,431	-25.99%	MEDICARE CONTRACTUAL	48,931,939	43,324,965	-12.94%	40,430,419	-21.03%
13,701,424	12,946,217	15,868,842	12,842,029	-23.57%	MEDICAL CONTRACTUAL	56,241,349	52,564,222	-7.00%	50,644,810	-11.05%
-1,574,256	-1,374,159	-1,573,242	-1,437,307	-9.46%	SUPPLEMENTAL PAYMENTS	-5,951,959	-5,749,705	-3.52%	-5,463,043	-8.95%
0	0	-243,579	0	100.00%	PRIOR YEAR RECOVERIES	-243,579	0	100.00%	0	
5,605,549	6,839,814	7,821,997	8,811,319	11.23%	OTHER DEDUCTIONS	25,771,542	30,161,434	14.55%	30,090,149	14.35%
1,375,831	10,063	390,992	156,229	-150.27%	CHARITY WRITE OFFS	1,775,956	1,680,085	-5.71%	217,688	-715.83%
38,784	1,020,000	1,106,077	1,031,112	-7.27%	BAD DEBT PROVISION	3,110,446	3,019,124	-3.02%	3,907,961	20.41%
-4,167	-4,167	-4,167	-4,167	0.00%	INDIGENT CARE WRITE OFFS	-12,501	-16,878	25.93%	-16,668	-25.00%
32,396,287	30,590,663	35,767,157	-31,245,812	214.47%	TOTAL REVENUE DEDUCTIONS	129,623,193	124,983,247	-3.71%	119,811,316	-8.19%
14,522,661	14,900,080	14,339,008	14,244,931	0.66%	NET PATIENT REVENUES	56,523,139	48,658,440	16.16%	53,830,371	-5.00%
69.0%	67.2%	71.4%	-68.7%			69.6%	72.0%		69.0%	
					OTHER OPERATING REVENUE					
0	0	0	0		GRANT REVENUES	0	16,666		0	#DIV/0!
457,484	296,651	887,444	461,008	92.50%	OTHER	2,108,492	1,844,031	14.34%	1,605,488	31.33%
457,484	296,651	887,444	461,008	92.50%	TOTAL OTHER REVENUE	2,108,492	1,860,697	13.32%	1,605,488	31.33%
14,980,145	15,196,731	15,226,452	14,705,939	3.54%	TOTAL OPERATING REVENUE	58,631,631	50,519,137	16.06%	55,435,859	5.76%
					OPERATING EXPENSES					
6,240,870	6,843,129	6,463,090	7,117,963	9.20%	SALARIES AND WAGES	25,116,460	26,120,780	3.84%	24,930,168	-0.75%
1,241,463	1,696,408	1,598,931	1,766,102	9.47%	BENEFITS	5,623,324	6,702,622	16.10%	6,434,383	12.61%
157,463	203,673	183,055	218,534	16.24%	REGISTRY & CONTRACT	646,672	849,382	23.87%	789,938	18.14%
7,639,796	8,743,210	8,245,076	9,102,599	9.42%	TOTAL STAFFING EXPENSE	31,386,456	33,672,784	6.79%	32,154,489	2.39%
1,691,793	1,442,258	1,474,067	1,469,116	-0.34%	PROFESSIONAL FEES	6,461,100	5,443,585	-18.69%	5,335,356	-21.10%
1,562,601	1,874,654	1,893,608	1,924,219	1.59%	SUPPLIES	6,723,236	6,396,290	-5.11%	6,232,380	-7.88%
693,069	527,135	730,849	536,067	-36.34%	PURCHASED SERVICES	2,705,586	2,689,434	-0.60%	2,612,501	-3.56%
666,485	847,788	471,500	863,441	45.39%	REPAIR & MAINTENANCE	2,468,626	2,494,694	1.04%	2,430,380	-1.57%
309,556	288,299	309,556	304,275	-1.74%	DEPRECIATION & AMORT	1,238,234	1,220,809	-1.43%	1,150,065	-7.67%
292,266	241,953	273,371	257,812	-6.04%	INSURANCE	1,098,414	1,018,027	-7.90%	954,591	-15.07%
253,042	272,176	256,382	272,176	5.80%	HOSPITALIST PROGRAM	1,049,331	1,015,563	-3.33%	1,015,563	-3.33%
989,919	728,810	1,170,707	856,158	-36.74%	OTHER	3,948,764	3,530,299	-11.85%	3,266,431	-20.89%
14,098,527	14,966,283	14,825,116	15,585,863	4.88%	TOTAL OPERATING EXPENSES	57,079,748	57,481,485	0.70%	55,151,756	-3.50%
881,618	230,448	401,336	-879,924	145.61%	TOTAL OPERATING MARGIN	1,551,883	-6,962,348	-122.29%	284,103	-446.24%
					NON OPER REVENUE(EXPENSE)					
68,041	30,898	79,378	121,307	-34.56%	OTHER NON-OP REV (EXP)	-789,841	485,228	-262.78%	744,243	-206.13%
0	0	0	0	0.00%	FEMA FUNDS	2,078,448	0	100.00%	0	0.00%
117,632	117,632	117,632	225,987	-47.95%	DISTRICT TAX REVENUES	470,528	903,948	-47.95%	470,528	0.00%
-51,144	-51,503	-51,144	-53,033	3.56%	INTEREST EXPENSE	-204,576	-212,132	3.56%	-213,192	4.04%
134,529	97,027	145,866	294,261	-50.43%	TOTAL NON-OP REV (EXPENSE)	1,554,559	1,177,044	32.07%	1,001,579	55.21%
1,016,147	327,475	547,202	-585,663	193.43%	NET EXCESS / (DEFICIT)	3,106,441	-5,785,304	153.70%	1,285,682	-141.62%
954.26	1,031.44	1,017.98	1,434.09	29.02%	TOTAL PAID FTE'S (Inc Reg & Cont.)	1,111.55	1,337.05	16.87%	1,092.68	-1.73%
853.38	748.60	922.31	1,181.66	21.95%	TOTAL WORKED FTE'S	991.77	1,058.85	6.34%	875.64	-13.26%
16.53	16.78	17.51	22.86	23.42%	TOTAL CONTRACT FTE'S	17.15	21.67	20.87%	17.79	3.59%

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF OCTOBER 31, 2025

	<u>SEPTEMBER 2025</u>	<u>OCTOBER 2025</u>	<u>OCTOBER 2024</u>
ASSETS			
CURRENT ASSETS			
CASH	\$25,515,876	\$33,193,476	\$41,698,198
CASH - NORIDIAN AAP FUNDS	\$0	\$0	\$0
CASH - 3RD PRY REPAYMENTS	\$2,618,646	\$2,618,646	\$0
CDs - LAIF & CVB	\$66,244	\$66,244	\$66,244
ACCOUNTS RECEIVABLE - PATIENTS	\$108,464,270	\$108,979,715	\$91,446,682
LESS: ALLOWANCE FOR BAD DEBTS	-\$1,789,631	-\$1,855,486	-\$5,365,309
LESS: ALLOWANCE FOR CONTRACTUALS	-\$74,184,800	-\$75,942,742	-\$72,337,473
NET ACCTS RECEIVABLE	\$32,489,839	\$31,181,488	\$13,743,900
	29.95%	28.61%	15.03%
ACCOUNTS RECEIVABLE - OTHER	\$37,312,370	\$30,072,599	\$31,676,414
COST REPORT RECEIVABLES	\$59,499	\$59,499	\$1,206,822
INVENTORIES - SUPPLIES	\$3,238,935	\$3,365,226	\$3,195,899
PREPAID EXPENSES	\$2,340,271	\$2,202,316	\$2,666,191
TOTAL CURRENT ASSETS	\$103,641,680	\$102,759,493	\$94,253,668
OTHER ASSETS			
PROJECT FUND 2017 BONDS	\$702,794	\$783,840	\$911,002
BOND RESERVE FUND 2017 BONDS	\$968,373	\$968,373	\$968,336
LIMITED USE ASSETS	\$8,129	\$12,364	\$82,750
NORIDIAN AAP FUNDS	\$0	\$0	\$0
GASB87 LEASES	\$60,529,359	\$60,529,359	\$64,931,450
OTHER ASSETS PROPERTY TAX PROCEEDS	\$269,688	\$269,688	\$269,688
OTHER INVESTMENTS	\$420,000	\$420,000	\$0
UNAMORTIZED BOND ISSUE COSTS			
TOTAL OTHER ASSETS	\$62,898,343	\$62,983,624	\$67,163,226
PROPERTY, PLANT AND EQUIPMENT			
LAND	\$6,883,276	\$6,883,276	\$2,623,526
BUILDINGS & IMPROVEMENTS	\$63,870,530	\$63,870,530	\$62,919,140
EQUIPMENT	\$67,824,247	\$67,945,273	\$63,732,180
CONSTRUCTION IN PROGRESS	\$5,971,233	\$5,974,438	\$1,057,667
LESS: ACCUMULATED DEPRECIATION	-\$104,479,206	-\$104,788,763	-\$100,899,058
NET PROPERTY, PLANT, AND EQUIPMENT	\$40,070,080	\$39,884,754	\$29,433,455
TOTAL ASSETS	\$206,610,103	\$205,627,871	\$190,850,349

IMPERIAL VALLEY HEALTHCARE DISTRICT
BALANCE SHEET AS OF OCTOBER 31, 2025

	<u>SEPTEMBER 2025</u>	<u>OCTOBER 2025</u>	<u>OCTOBER 2024</u>
LIABILITIES AND FUND BALANCES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE - CASH REQUIREMENTS	\$3,522,315	\$2,984,602	\$2,970,028
ACCOUNTS PAYABLE - ACCRUALS	\$9,707,018	\$8,633,761	\$12,029,182
PAYROLL & BENEFITS PAYABLE - ACCRUALS	\$6,328,638	\$6,018,440	\$6,562,886
COST REPORT PAYABLES & RESERVES	\$2,618,646	\$2,618,646	\$0
NORIDIAN AAP FUNDS	\$0	\$0	\$0
CURR PORTION- GO BONDS PAYABLE	\$0	\$0	\$0
CURR PORTION- 2017 REVENUE BONDS PAYABLE	\$335,000	\$335,000	\$320,000
INTEREST PAYABLE- GO BONDS	\$1,917	\$1,917	\$0
INTEREST PAYABLE- 2017 REVENUE BONDS	\$321,254	\$374,383	\$382,383
OTHER - TAX ADVANCE IMPERIAL COUNTY	\$0	\$0	\$0
DEFERRED HHS CARES RELIEF FUNDS	\$0	\$0	\$0
CURR PORTION- LEASE LIABILITIES(GASB 87)	\$4,071,774	\$4,071,774	\$3,756,205
SKILLED NURSING OVER COLLECTIONS	\$3,096,878	\$3,317,471	\$166,050
CURR PORTION- SKILLED NURSING CTR ADVANCE	\$0	\$0	\$0
CURRENT PORTION OF LONG-TERM DEBT	\$1,037,037	\$1,037,037	\$1,152,684
TOTAL CURRENT LIABILITIES	\$31,040,477	\$29,393,031	\$27,339,418
LONG TERM DEBT AND OTHER LIABILITIES			
PMH RETIREMENT FUND - ACCRUAL	\$658,000	\$778,000	\$469,279
NOTES PAYABLE - EQUIPMENT PURCHASES	\$0	\$0	\$0
LOANS PAYABLE - DISTRESSED HOSP. LOAN	\$26,962,963	\$26,962,963	\$26,962,963
LOANS PAYABLE - CHFFA NDPH	\$0	\$0	\$3,766,770
BONDS PAYABLE G.O BONDS	\$0	\$0	\$0
BONDS PAYABLE 2017 SERIES	\$14,123,077	\$14,121,092	\$14,479,915
LONG TERM LEASE LIABILITIES (GASB 87)	\$58,207,090	\$58,207,090	\$62,267,845
DEFERRED REVENUE -CHW	\$0	\$0	\$0
DEFERRED PROPERTY TAX REVENUE	\$275,438	\$275,438	\$275,438
TOTAL LONG TERM DEBT	\$100,226,568	\$100,344,583	\$108,222,210
FUND BALANCE AND DONATED CAPITAL	\$72,783,818	\$72,783,818	\$54,003,039
NET SURPLUS (DEFICIT) CURRENT YEAR	\$2,559,240	\$3,106,442	\$1,285,681
TOTAL FUND BALANCE	\$75,343,058	\$75,890,260	\$55,288,720
TOTAL LIABILITIES AND FUND BALANCE	\$206,610,103	\$205,627,874	\$190,850,348

IMPERIAL VALLEY HEALTHCARE DISTRICT

STATEMENT OF REVENUE AND EXPENSE - 12 Month Trend

	1	2	3	4	5	6	7	8	9	10	11	12	YTD
	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Oct-25
ADJ PATIENT DAYS	3,243	3,868	3,776	2,876	3,264	2,707	3,686	3,714	4,647	4,044	4,407	3,843	43,755
INPATIENT DAYS	1,376	1,676	1,769	1,275	1,350	1,110	1,542	1,632	1,684	1,458	1,651	1,435	17,958
IP ADMISSIONS	501	591	585	488	511	462	551	538	555	500	518	486	6,286
IP AVERAGE DAILY CENSUS	46	54	57	46	44	46	50	54	54	47	55	51	604
GROSS PATIENT REVENUES													
INPATIENT REVENUE	18,566,845	21,330,319	24,026,450	19,289,412	18,471,097	17,673,179	19,122,305	19,132,498	16,407,174	15,807,716	17,579,003	18,708,455	226,114,453
DAILY HOSPITAL SERVICES	3,960,883	4,306,327	4,623,907	3,923,533	4,460,991	4,502,920	4,627,358	4,467,121	1,774,557	1,896,971	1,848,468	1,986,576	42,379,612
INPATIENT ANCILLARY	14,605,962	17,023,992	19,402,543	15,365,879	14,010,106	13,170,259	14,494,947	14,665,377	14,632,616	13,910,745	15,730,535	16,721,879	183,734,841
OUTPATIENT ANCILLARY	25,191,832	27,895,452	27,255,392	24,218,568	26,191,988	25,433,294	26,581,622	24,402,953	28,872,822	28,033,507	29,339,945	31,397,710	324,815,086
TOTAL PATIENT REVENUES	43,758,677	49,225,771	51,281,842	43,507,980	44,663,085	43,106,473	45,703,927	43,535,451	45,279,996	43,841,223	46,918,948	50,106,165	550,929,539
REVENUE DEDUCTIONS													
MEDICARE CONTRACTUAL	9,362,592	11,681,500	13,186,192	11,368,853	11,713,712	10,228,981	10,173,409	10,067,042	10,914,920	9,513,796	13,253,122	12,400,237	133,864,357
MEDICARE CONTRACTUAL	13,222,415	15,178,005	18,178,743	12,813,377	12,785,203	13,643,163	13,219,010	13,232,031	13,887,933	12,434,283	13,701,424	15,868,842	168,164,429
SUPPLEMENTAL PAYMENTS	-1,374,159	-1,374,159	-1,374,159	-1,378,326	-1,184,154	-1,378,326	-1,453,003	-1,378,326	-1,322,496	8,526,807	-1,574,256	-1,573,242	-6,837,799
PRIOR YEAR RECOVERIES	0	-1,925,640	0	-15,505	-88,856	-467,741	0	0	0	994,668	0	-243,579	-1,746,653
OTHER DEDUCTIONS	8,171,185	9,491,219	4,827,640	6,597,941	6,978,258	6,797,466	8,500,637	6,238,570	6,876,265	-4,235	5,605,549	7,821,997	77,902,492
CHARITY WRITE OFFS	12,363	26,134	25,780	7,162	0	8,600	188,266	1,012,366	2,926	159,173	1,375,831	390,992	3,209,593
BAD DEBT PROVISION	920,000	1,171,548	749,234	950,000	600,000	920,000	920,000	882,258	872,185	-1,396,479	38,784	1,106,077	7,733,607
INDIGENT CARE WRITE OFFS	-4,167	-4,167	-4,167	0	0	0	0	0	0	0	-4,167	-4,167	-20,835
TOTAL REVENUE DEDUCTIONS	30,310,229	34,244,440	35,589,263	30,343,502	30,804,163	29,752,143	31,548,319	30,053,941	31,231,733	30,228,014	32,396,287	35,767,157	382,269,191
NET PATIENT REVENUES	13,448,448	14,981,331	15,692,579	13,164,478	13,858,922	13,354,330	14,155,608	13,481,510	14,048,263	13,613,209	14,522,661	14,339,008	168,660,347
	69.27%	69.57%	69.40%	69.74%	68.97%	69.02%	69.03%	69.03%	68.97%	68.95%	69.05%	71.38%	69.39%
OTHER OPERATING REVENUE													
GRANT REVENUES	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	392,693	909,432	343,185	362,386	535,886	372,539	311,185	571,500	339,253	424,312	457,484	887,444	5,907,299
TOTAL OTHER REVENUE	392,693	909,432	343,185	362,386	535,886	372,539	311,185	571,500	339,253	424,312	457,484	887,444	5,907,299
TOTAL OPERATING REVENUE	13,841,141	15,890,763	16,035,764	13,526,864	14,394,808	13,726,869	14,466,793	14,053,010	14,387,516	14,037,521	14,980,145	15,226,452	174,567,646
OPERATING EXPENSES													
SALARIES AND WAGES	6,700,034	6,537,237	6,670,775	6,039,904	6,268,879	6,237,213	6,278,514	6,359,473	6,223,056	6,189,444	6,240,870	6,463,090	76,208,489
BENEFITS	1,474,183	1,838,509	1,747,884	1,691,888	1,816,690	1,462,931	844,172	1,474,386	1,346,466	1,436,464	1,241,463	1,598,931	17,973,967
REGISTRY & CONTRACT	170,892	169,549	181,032	291,516	180,983	210,277	233,655	120,425	191,671	114,483	157,463	183,055	2,205,002
TOTAL STAFFING EXPENSE	8,345,109	8,545,295	8,599,691	8,023,308	8,266,552	7,910,421	7,356,341	7,954,285	7,761,193	7,740,391	7,639,796	8,245,076	96,387,458
PROFESSIONAL FEES	1,406,374	1,241,747	1,352,522	1,142,132	1,463,172	1,490,185	1,435,269	2,217,574	1,562,084	1,733,156	1,691,793	1,474,067	18,210,075
SUPPLIES	1,269,214	2,456,239	1,960,507	1,545,327	1,454,101	1,405,314	1,678,334	1,501,610	1,711,274	1,555,753	1,562,601	1,893,608	19,993,882
PURCHASED SERVICES	569,775	508,682	724,696	618,846	684,894	459,333	667,131	548,591	601,430	680,238	693,069	730,849	7,487,534
REPAIR & MAINTENANCE	668,786	795,518	820,025	266,691	723,397	662,344	733,946	591,319	713,336	617,305	666,485	471,500	7,730,652
PHYSICIAN GUARANTEES	0	0	0	0	0	0	0	0	0	0	0	0	0
DEPRECIATION & AMORT	288,299	293,647	399,610	282,356	282,356	331,604	305,281	299,579	309,556	309,566	309,556	309,556	3,720,966
INSURANCE	225,205	232,212	222,108	239,646	204,757	224,447	222,120	40,139	246,647	286,130	292,266	273,371	2,709,048
HOSPITALIST PROGRAM	122,990	0	266,507	167,004	249,017	244,297	207,916	292,881	295,732	244,175	253,042	256,382	2,599,943
OTHER	741,486	944,621	839,501	977,589	786,002	784,904	1,008,868	1,021,103	879,760	908,378	989,919	1,170,707	11,052,838
TOTAL OPERATING EXPENSES	13,637,238	15,017,961	15,185,167	13,262,899	14,114,248	13,512,849	13,615,206	14,467,081	14,081,012	14,075,092	14,098,527	14,825,116	169,892,396
TOTAL OPERATING MARGIN	203,903	872,802	850,597	263,965	280,560	214,020	851,587	-414,071	306,504	-37,571	881,618	401,336	4,675,250
NON OPER REVENUE(EXPENSE)													
OTHER NON-OPS REVENUE	-2,357	-6,557	-6,426	245,308	114,595	344	16,003	286,161	-1,109,043	171,783	68,041	79,378	-142,770
FEMA FUNDS	0	0	0	0	0	0	0	0	715,753	0	0	0	715,753
DISTRICT TAX REVENUES	117,632	117,632	172,729	117,632	117,632	117,632	117,632	117,632	117,632	117,632	117,632	117,632	1,466,681
INTEREST EXPENSE	-53,369	-51,401	-51,350	-51,299	-51,247	-51,196	-51,144	-51,144	-51,144	-51,144	-51,144	-51,144	-616,726
CARES HHS/ FEMA RELIEF FUNDING	0	0	0	0	0	0	0	0	0	1,362,695	0	0	1,362,695
TOTAL NON-OPS REVENUE(EXPENSE)	61,906	59,674	114,953	311,641	180,980	66,780	82,491	352,649	-326,802	1,600,966	134,529	145,866	2,785,633
NET EXCESS / (DEFICIT)	265,809	932,476	965,550	575,606	461,540	280,800	934,078	-61,422	-20,298	1,563,395	1,016,147	547,202	7,460,883
TOTAL PAID FTE'S (Inc Reg & Cont.)	983.93	1,116.10	1,189.57	1,172.24	1,106.21	964.28	1,011.14	1,129.64	1,191.95	1,276.95	954.26	1,017.98	1,092.86
TOTAL WORKED FTE'S	748.38	948.70	993.61	1,051.28	981.75	837.21	915.77	991.52	1,049.86	1,137.05	853.38	922.31	952.57
TOTAL CONTRACT FTE'S	16.57	16.29	17.57	24.10	20.84	21.15	21.06	15.28	19.86	14.68	16.53	17.51	18.45
PAID FTE'S - HOSPITAL	880.21	964.18	1,040.82	1,008.51	914.42	803.19	860.70	1,024.79	1,089.84	1,124.91	850.19	913.90	956.30
WKD FTE'S - HOSPITAL	650.06	809.59	857.09	910.21	798.47	697.31	785.41	900.06	960.18	1,003.78	762.67	831.61	830.54
PAID FTE'S - SNF	103.73	151.92	148.75	163.74	191.79	161.09	150.44	104.85	102.11	152.04	104.08	104.08	136.55
WORKED FTE'S - SNF	98.32	139.11	136.53	141.07	183.28	139.90	130.37	91.46	89.68	133.26	90.71	90.71	122.03

Imperial Valley Healthcare District - Financial Indicators Report
(Based on Prior 12 Months Activities)
For The 12 Months Ending: October 31, 2025
excludes: GO bonds tax revenue, int exp and debt.

1. Debt Service Coverage Ratio

This ratio compares the total funds available to service debt compared to the debt plus interest due in a given year.

$$\text{Formula: } \frac{\text{Cash Flow} + \text{Interest Expense}}{\text{Principal Payments Due} + \text{Interest}}$$

$$\text{DSCR} = \frac{\$11,798,563}{\$5,725,537} = \mathbf{2.06}$$

Recommendation: To maintain a debt service coverage of at least 1.20% x aggregate debt service per the 2017 Revenue Bonds covenant.

2. Days Cash on Hand Ratio

This ratio measures the number of days of average cash expenses that the hospital maintains in cash and marketable investments. (Note: The proformas ratios include long-term investments in this calculation:)

$$\text{Formula: } \frac{\text{Cash} + \text{Marketable Securities}}{\text{Operating Expenses, Less Depreciation}} \times 365 \text{ Days}$$

$$\text{DCOHR} = \frac{\$35,878,366}{\$166,276,211} \times 365 = \mathbf{78.8}$$

Recommendation: To maintain a days cash on hand ratio of at least 50 days per the 2017 Revenue Bonds covenant.

3. Long-Term Debt to Capitalization Ratio

This ratio compares long-term debt to the Hospital's long-term debt plus fund balances.

$$\text{Formula: } \frac{\text{Long-term Debt}}{\text{Long-term Debt} + \text{Fund Balance (Total Capital)}}$$

$$\text{L.T.D.-C.R.} = \frac{\$104,399,956}{\$180,290,216} = \mathbf{57.9}$$

Recommendation: To maintain a long-term debt to capitalization ratio not to exceed 60.0%.

4 Months 10/31/2025

	Current Month 10/31/2025	Year-To-Date 4 Month 10/31/2025
CASH FLOWS FROM OPERATING ACTIVITIES:		
Net Income (Loss)	547,201	3,106,442
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:		
Depreciation	\$309,556	\$1,238,236
(Increase)/Decrease in Net Patient Accounts Receivable	\$1,308,352	(\$2,117,548)
(Increase)/Decrease in Other Receivables	\$7,239,771	(\$223,044)
(Increase)/Decrease in Inventories	(\$126,291)	(\$316,390)
(Increase)/Decrease in Pre-Paid Expenses	\$137,954	(\$95,540)
(Increase)/Decrease in Other Current Assets	\$0	\$3,233,154
Increase/(Decrease) in Accounts Payable	(\$537,713)	(\$680,525)
Increase/(Decrease) in Notes and Loans Payable	(\$1,073,258)	(\$1,285,880)
Increase/(Decrease) in Accrued Payroll and Benefits	(\$310,198)	(\$1,399,515)
Increase/(Decrease) in Accrued Expenses	\$0	\$0
Increase/(Decrease) in Patient Refunds Payable	\$0	\$0
Increase/(Decrease) in Third Party Advances/Liabilities	\$0	\$0
Increase/(Decrease) in Other Current Liabilities	\$53,129	\$2,831,163
Net Cash Provided by Operating Activities:	7,548,505	\$4,290,551
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of property, plant and equipment	(\$124,230)	(\$5,430,055)
(Increase)/Decrease in Limited Use Cash and Investments	(\$4,235)	(\$10,577)
(Increase)/Decrease in Other Limited Use Assets	(\$81,046)	(\$324,183)
(Increase)/Decrease in Other Assets	\$0	\$0
Net Cash Used by Investing Activities	(\$209,512)	(\$5,764,815)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Increase/(Decrease) in Bond/Mortgage Debt	(\$1,985)	(\$7,941)
Increase/(Decrease) in Capital Lease Debt	\$0	\$0
Increase/(Decrease) in Other Long Term Liabilities	\$340,593	\$946,583
Net Cash Used for Financing Activities	\$338,608	\$938,642
(INCREASE)/DECREASE IN RESTRICTED ASSETS	\$0	\$0
Net Increase/(Decrease) in Cash	\$7,677,601	(\$535,622)
Cash, Beginning of Period	\$28,200,766	\$36,413,989
Cash, End of Period	\$35,878,367	\$35,878,367



Key Operating Indicators October 2025

	Month			YTD		
	ACTUAL	BUDGET	PRIOR YR	ACTUAL	BUDGET	PRIOR YR
Volumes						
Admits	486	512	479	2,059	2,074	1,947
ICU	113	124	124	434	447	447
Med/Surgical	861	911	911	3,842	3,609	3,609
Newborn ICU	94	95	95	451	455	455
Pediatrics	61	37	37	223	185	185
Obstetrics	306	367	367	1,278	1,454	1,454
Total Patient Days	1,435	1,534	1,534	6,228	6,150	6,150
Adjusted Patient Days	3,832	3,611	3,611	16,911	14,579	14,572
Average Daily Census	46	49	49	51	50	50
Average Length of Stay	2.00	3.00	2.74	0.36	2.96	2.69
Deliveries	99	171	159	395	709	662
E/R Visits	3,318	3,408	3,590	13,671	13,718	14,413
Surgeries	222	295	452	977	1,214	1,536
Wound Care	323	122	326	1,173	597	1,255
Pioneers Health Center	2,251	2,678	2,688	10,074	9,580	9,048
Calexico Visits	914	906	915	4,001	3,219	3,040
Pioneers Children	622	906	841	2,782	3,274	2,340
Outpatients (non-ER/Clinics)	5,825	7,775	6,780	25,127	29,707	25,742
Surgical Health	36	65	50	219	279	192
Urology	245	368	291	1,072	1,414	1,359
WHAP	324	415	414	1,458	1,698	1,575
C-WHAP	424	610	403	2,470	2,120	994
CDLD	123	41	42	519	84	84
Skilled Nursing	2,263	2,435	2,266	8,724	9,740	8,837
FTE's						
Worked	922.31	1,181.66	748.60	991.77	1,058.85	875.64
Paid	1,017.98	1,434.09	1,031.44	1,111.55	1,337.05	1,092.68
Contract FTE's	17.51	22.86	16.78	17.15	21.67	17.79
FTE's APD (Worked)	7.46	10.15	6.43	7.21	8.93	7.39
FTE's APD (Paid)	8.23	12.31	8.86	8.08	11.28	9.22
Net Income						
Operating Revenues	\$15,226,452	\$14,705,939	\$15,196,731	\$43,405,180	\$50,519,139	\$55,435,859
Operating Margin	\$401,336	-\$879,924	\$230,448	\$1,150,548	-\$6,962,345	\$284,105
Operating Margin %	2.6%	-6.0%	1.5%	2.7%	-13.8%	0.5%
Total Margin	\$547,202	-\$585,663	\$327,475	\$2,559,240	-\$5,785,302	\$1,285,685
Total Margin %	3.6%	-4.0%	2.2%	5.9%	-11.5%	2.3%

Exhibit A - October 2025		Key Volume Stats -Trend Analysis													
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total	YTD
Deliveries															
	Actual	95	104	97	99	0	0	0	0	0	0	0	0	395	395
	Budget	162	181	195	171	187	200	162	156	178	177	177	177	2,123	709
	Prior FY 2025	152	167	184	159	167	170	148	169	178	266	141	110	2,201	662
E/R Visits															
	Actual	3,297	3,346	3,710	3,318	0	0	0	0	0	0	0	0	13,671	13,671
	Budget	3,509	3,338	3,463	3,408	3,629	4,624	3,804	3,442	3,794	3,668	3,668	3,668	44,015	13,718
	Prior FY 2025	3,728	3,498	3,597	3,590	3,817	4,803	4,125	3,654	4,055	3,839	3,678	3,285	43,064	14,413
Surgeries															
	Total Actual	261	258	236	222	0	0	0	0	0	0	0	0	977	977
	Total Budget	335	309	275	295	301	331	312	219	275	295	295	295	3,537	1,214
	Prior FY 2025	312	403	369	452	323	304	366	251	299	277	287	233	3,510	1,536
Calexico															
	Actual	1,124	961	1,002	914	0	0	0	0	0	0	0	0	4,001	4,001
	Budget	722	760	831	906	776	891	957	944	1,074	873	873	873	10,480	3,219
	Prior FY 2025	621	675	829	915	1,119	1,232	1,012	948	1,074	1,174	923	1,034	11,556	3,040
Pioneers Health Center															
	Actual	2,654	2,539	2,630	2,251	0	0	0	0	0	0	0	0	10,074	10,074
	Budget	2,186	2,396	2,320	2,678	2,377	2,305	2,809	2,483	2,594	2,461	2,461	2,461	29,531	9,580
	Prior FY 2025	1,937	2,115	2,308	2,688	3,473	3,496	2,856	2,580	2,744	2,655	2,599	2,584	32,035	9,048
Pioneers Children															
	Actual	660	734	766	622	0	0	0	0	0	0	0	0	2,782	2,782
	Budget	723	799	846	906	858	881	905	798	839	839	839	839	10,072	3,274
	Prior FY 2025	358	376	765	841	1,009	984	878	734	845	728	749	659	8,926	2,340
Outpatients															
	Actual	6,548	6,085	6,669	5,825	0	0	0	0	0	0	0	0	25,127	25,127
	Budget	7,094	6,949	7,889	7,775	5,951	6,154	7,941	7,663	6,516	7,104	7,104	7,104	85,244	29,707
	Prior FY 2025	6,314	6,270	6,378	6,780	6,531	7,619	7,471	6,911	6,961	6,966	6,484	6,092	80,777	25,742
Wound Care															
	Actual	297	281	272	323	0	0	0	0	0	0	0	0	1,173	1,173
	Budget	197	160	118	122	119	136	167	112	104	137	137	137	1,646	597
	Prior FY 2025	270	327	332	326	251	258	293	304	287	292	242	270	3,452	1,255
WHAP															
	Actual	378	373	383	324	0	0	0	0	0	0	0	0	1,458	1,458
	Budget	378	513	392	415	391	379	425	320	336	394	394	394	4,731	1,698
	Prior FY 2025	330	443	388	414	688	362	427	325	342	367	375	369	4,830	1,575
C-WHAP															
	Actual	738	657	651	424	0	0	0	0	0	0	0	0	2,470	2,470
	Budget	465	457	588	610	558	583	581	379	445	518	518	518	6,220	2,120
	Prior FY 2025	131	95	365	403	552	400	425	441	432	419	599	588	4,850	994

Emergency Room

	FY2026 FYTD ACTUAL Sept 2025	FY2025 FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	23,964,375	24,264,052	(299,676)	-1%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	20,242,708	20,842,821	-	0%
NET PATIENT REVENUES	3,721,667	3,421,231	(299,676)	-9%
OPERATING EXPENSES				
SALARIES	1,499,537	1,499,236		
BENEFITS	323,450	389,352		
REGISTRY & CONTRACT	48,959	-		
TOTAL STAFFING EXPENSE	1,871,946	1,888,587	(16,641)	1%
CONTRACT LABOR	-	-		
PROFESSIONAL FEES	47,500	45,500		
SUPPLIES	265,183	229,360		
PURCHASED SERVICES	-	-		
REPAIRS AND MAINTENANCE	3,385	32,254		
DEPRECIATION AND AMORTIZATION	-	-		
INSURANCE	-	-		
HOSPITALIST PROGRAM	-	-		
OTHER EXPENSE	8,705	32,499		
ALL NON-LABOR	324,773	339,613	(14,840)	4%
TOTAL OPERATING EXPENSES	2,196,720	2,228,201	(31,481)	1%
NET OPERATING MARGIN	1,524,948	1,193,030	331,918	28%

Statistics	10,353	10,823
Rev by Stat	2,315	2,242
Exp by Stat	212	206

ICU	FY2026		FY2026		FY2026		FY2026		FY2026		FY2026	
	FYTD	ACTUAL	FYTD	PRIOR YEAR	FYTD	ACT-BUD	FYTD	ACT-BUD	FYTD	ACT-BUD	FYTD	ACT-BUD
	SEP 2025	SEP 2025	SEP 2025	SEP 2024	SEP 2025	VARIANCE	SEP 2025	VARIANCE	SEP 2025	VARIANCE	SEP 2025	VARIANCE
GROSS PATIENT REVENUES												
GROSS PATIENT REVENUE	2,047,032		2,010,769		36,263						2%	
DEDUCTIONS FROM REVENUE	1,581,537		1,548,292		0						0%	
NET PATIENT REVENUES	465,495		462,477		3,018						1%	
OPERATING EXPENSES												
SALARIES	551,565		605,574									
BENEFITS	118,973		157,268									
REGISTRY & CONTRACT	0		0									
TOTAL STAFFING EXPENSE	670,538		762,842		(92,304)						12%	
CONTRACT LABOR	0		0									
PROFESSIONAL FEES	0		0									
SUPPLIES	67,212		53,649									
PURCHASED SERVICES	0		0									
REPAIRS AND MAINTENANCE	5,819		0									
DEPRECIATION AND AMORTIZATION	0		0									
INSURANCE	0		0									
HOSPITALIST PROGRAM	0		0									
OTHER EXPENSE	(31,167)		5,495									
ALL NON-LABOR	41,865		59,144		(17,279)						29%	
TOTAL OPERATING EXPENSES	712,403		821,986		(109,583)						13%	
NET OPERATING MARGIN	(246,908)		(359,509)		112,601						31%	

Statistics	321	323
Rev by Stat	6,377	6,225
Exp by Stat	2,219	2,545

Surgery	FY2026		FY2025		FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024			
GROSS PATIENT REVENUES							
GROSS PATIENT REVENUE	6,163,027	7,075,452			(912,425)		-13%
REVENUE DEDUCTIONS							
DEDUCTIONS FROM REVENUE	4,460,594	5,257,392					
NET PATIENT REVENUES	1,702,433	1,818,060			(115,627)		-6%
OPERATING EXPENSES							
SALARIES	676,203	561,352					
BENEFITS	145,857	145,783					
REGISTRY & CONTRACT	0	0					
TOTAL STAFFING EXPENSE	822,061	707,135			(114,925)		16%
CONTRACT LABOR	0	0					
PROFESSIONAL FEES	360,414	316,042					
SUPPLIES	898,076	806,143					
PURCHASED SERVICES	55	24,750					
REPAIRS AND MAINTENANCE	123,173	69,656					
DEPRECIATION AND AMORTIZATION	0	0					
INSURANCE	0	0					
HOSPITALIST PROGRAM	0	0					
OTHER EXPENSE	159,523	82,132					
ALL NON-LABOR	1,541,241	1,298,723			(242,518)		-19%
TOTAL OPERATING EXPENSES	2,363,302	2,005,859			(357,443)		-18%
NET OPERATING MARGIN	(660,868)	(187,798)			(473,070)		-252%

Statistics	755	1,084
Rev by Stat	8,163	6,527
Exp by Stat	3,130	1,850

Recovery	FY2026		FY2025		FY2025		FY2025		FY2025	
	FYTD	ACTUAL	FYTD	PRIOR YEAR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR
	Sept 2025	Sept 2025	Sept 2024	Sept 2024	Sept 2024	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE
GROSS PATIENT REVENUES										
GROSS PATIENT REVENUE	1,628,792		2,421,780			(792,988)				-33%
REVENUE DEDUCTIONS										
DEDUCTIONS FROM REVENUE	1,223,386		1,864,771							
NET PATIENT REVENUES	405,406		557,009			(151,603)				-27%
OPERATING EXPENSES										
SALARIES	551,746		524,141							
BENEFITS	119,012		136,119							
REGISTRY & CONTRACT	0		0							
TOTAL STAFFING EXPENSE	670,757		660,260			10,497				-2%
CONTRACT LABOR	0		0							
PROFESSIONAL FEES	0		0							
SUPPLIES	8,536		9,838							
PURCHASED SERVICES	0		0							
REPAIRS AND MAINTENANCE	0		0							
DEPRECIATION AND AMORTIZATION	0		0							
INSURANCE	0		0							
HOSPITALIST PROGRAM	0		0							
OTHER EXPENSE	226		0							
ALL NON-LABOR	8,763		9,838			(1,076)				-11%
TOTAL OPERATING EXPENSES	679,520		670,099			9,422				-1%
NET OPERATING MARGIN	(274,114)		(113,089)			(161,025)				-142%

Statistics	1,811	1,582
Rev by Stat	900	1,531
Exp by Stat	375	424

Anesthesia	FY2026		FY2025		FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
	FYTD ACTUAL Sept 2025	FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE			
GROSS PATIENT REVENUES							
GROSS PATIENT REVENUE	1,969,963	1,832,201	137,762		8%		
REVENUE DEDUCTIONS							
DEDUCTIONS FROM REVENUE	1,479,640	1,410,795					
NET PATIENT REVENUES	490,324	421,406	68,918		16%		
OPERATING EXPENSES							
SALARIES	10,385	9,809					
BENEFITS	2,240	2,547					
REGISTRY & CONTRACT	0	0					
TOTAL STAFFING EXPENSE	12,625	12,357	268		2%		
CONTRACT LABOR	0	0					
PROFESSIONAL FEES	815,267	853,144					
SUPPLIES	40,334	41,237					
PURCHASED SERVICES	0	0					
REPAIRS AND MAINTENANCE	0	260					
DEPRECIATION AND AMORTIZATION	0	0					
INSURANCE	0	0					
HOSPITALIST PROGRAM	0	0					
OTHER EXPENSE	494	441					
ALL NON-LABOR	856,094	895,081	(38,987)		4%		
TOTAL OPERATING EXPENSES	868,719	907,438	(38,719)		4%		
NET OPERATING MARGIN	(378,395)	(486,032)	107,636		22%		

Statistics	4,777	781
Rev by Stat	412	2,346
Exp by Stat	182	1,162

Cardiac Cath	FY2026		FY2025		FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
	FYTD ACTUAL Sept 2025		FYTD PRIOR YEAR Sept 2024				
GROSS PATIENT REVENUES							
GROSS PATIENT REVENUE		137,089		120,199		16,890	14%
REVENUE DEDUCTIONS							
DEDUCTIONS FROM REVENUE		82,061		94,837			
NET PATIENT REVENUES		55,027		25,362		29,666	117%
OPERATING EXPENSES							
SALARIES		0		0			
BENEFITS		0		0			
REGISTRY & CONTRACT		0		0			
TOTAL STAFFING EXPENSE		0		0			
CONTRACT LABOR		0		0			
PROFESSIONAL FEES		0		0			
SUPPLIES		3,601		959			
PURCHASED SERVICES		0		0			
REPAIRS AND MAINTENANCE		35,981		64,328			
DEPRECIATION AND AMORTIZATION		0		0			
INSURANCE		0		0			
HOSPITALIST PROGRAM		0		0			
OTHER EXPENSE		0		0			
ALL NON-LABOR		39,582		65,287		(25,704)	39%
TOTAL OPERATING EXPENSES		39,582		65,287		(25,704)	39%
NET OPERATING MARGIN		15,445		(39,925)		55,370	139%

Statistics
Rev by Stat
Exp by Stat

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Diagnostic Services

CT, IR, MRI, Nuc Med, Radiology, US

Diagnostic Services CT, IR, MRI, Nuc Med, Radiology, US		FY2026		FY2025		FY2024		FY2023		FY2022	
		FYTD Actual	Sept 2026	FYTD Actual	Sept 2025	FYTD Actual	Sept 2024	FYTD Actual	Sept 2023	FYTD Actual	Sept 2022
GROSS PATIENT REVENUES											
GROSS PATIENT REVENUE			32,988,345		27,985,155		5,003,190		18%		
REVENUE DEDUCTIONS											
DEDUCTIONS FROM REVENUE			25,351,683		22,042,882						
NET PATIENT REVENUES			7,636,662		5,942,273		1,694,389		29%		
OPERATING EXPENSES											
SALARIES			939,687		906,419						
BENEFITS			202,691		235,397						
REGISTRY & CONTRACT			33,628		0						
TOTAL STAFFING EXPENSE			1,176,006		1,141,816		(34,190)		-3%		
CONTRACT LABOR			0		0						
PROFESSIONAL FEES			716,858		522,457						
SUPPLIES			252,155		189,721						
PURCHASED SERVICES			5,743		2,298						
REPAIRS AND MAINTENANCE			298,531		222,770						
DEPRECIATION AND AMORTIZATION			0		0						
INSURANCE			0		0						
HOSPITALIST PROGRAM			0		0						
OTHER EXPENSE			33,948		33,205						
ALL NON-LABOR			1,307,235		970,450		(336,785)		-35%		
TOTAL OPERATING EXPENSES			2,483,241		2,112,266		(370,975)		-18%		
NET OPERATING MARGIN			5,153,421		3,830,007		1,323,414		35%		

Statistics	24,352	22,137
Rev by Stat	1,355	1,264
Exp by Stat	102	95

Laboratory Services	FY2026		FY2025		FY2025		FY2025		FY2025	
	FYTD	ACTUAL	FYTD	PRIOR YEAR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR
GROSS PATIENT REVENUES				Sept 2025	Sept 2024	VARIANCE	VARIANCE		VARIANCE	VARIANCE
GROSS PATIENT REVENUE			15,837,487		13,731,446		2,106,041		15%	
REVENUE DEDUCTIONS										
DEDUCTIONS FROM REVENUE			12,014,596		10,721,915					
NET PATIENT REVENUES			3,822,891		3,009,531		813,361		27%	
OPERATING EXPENSES										
SALARIES			755,748		734,984					
BENEFITS			163,015		190,875					
REGISTRY & CONTRACT			42,000		0					
TOTAL STAFFING EXPENSE			960,763		925,859		34,904		-4%	
CONTRACT LABOR			0		0					
PROFESSIONAL FEES			22,500		22,500					
SUPPLIES			682,639		556,619					
PURCHASED SERVICES			264,501		312,081					
REPAIRS AND MAINTENANCE			25,273		66,934					
DEPRECIATION AND AMORTIZATION			0		0					
INSURANCE			0		0					
HOSPITALIST PROGRAM			0		0					
OTHER EXPENSE			20,965		10,085					
ALL NON-LABOR			1,015,878		968,218		47,659		-5%	
TOTAL OPERATING EXPENSES			1,976,641		1,894,077		82,563		-4%	
NET OPERATING MARGIN			1,846,251		1,115,453		730,797		66%	

Statistics	1,359	1,188
Rev by Stat	11,654	11,558
Exp by Stat	1,454	1,594

EKG, ECHO, EEG, Cardio, Resp

ACTUAL

RIOR YEAR

	Sept 2023	Sept 2024	Variance
GROSS PATIENT REVENUES			
GROSS PATIENT REVENUE	3,811,641	3,275,001	536,640
			16%
REVENUE DEDUCTIONS			
DEDUCTIONS FROM REVENUE	2,719,401	2,393,074	
NET PATIENT REVENUES	1,092,240	881,927	210,313
			24%
OPERATING EXPENSES			
SALARIES	363,483	321,774	
BENEFITS	78,403	83,565	
REGISTRY & CONTRACT	0	0	
TOTAL STAFFING EXPENSE	441,886	405,339	36,548
			-9%
CONTRACT LABOR	0	0	
PROFESSIONAL FEES	98,948	113,422	
SUPPLIES	49,567	66,761	
PURCHASED SERVICES	13,652	8,275	
REPAIRS AND MAINTENANCE	10,655	17,266	
DEPRECIATION AND AMORTIZATION	0	0	
INSURANCE	0	0	
HOSPITALIST PROGRAM	0	0	
OTHER EXPENSE	1,950	4,669	
ALL NON-LABOR	174,771	210,393	(35,621)
			17%
TOTAL OPERATING EXPENSES	616,658	615,731	926
			0%
NET OPERATING MARGIN	475,583	266,196	209,387
			79%

Exp by Stat

105

Pioneers Childrens Health Center
PCHC

FY2026

FY2025

	FY26 ACTUAL Sept 2025	FY25 PRIOR YEAR Sept 2024	FY25 ACT-PRIOR VARIANCE	FY25 ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	558,555	408,132	150,423	37%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	55,297	42,446	-	0%
NET PATIENT REVENUES	503,258	365,687	137,571	38%
OPERATING EXPENSES				
SALARIES	155,428	166,835		
BENEFITS	33,526	43,327		
REGISTRY & CONTRACT	0	0		
TOTAL STAFFING EXPENSE	188,954	210,162	(21,209)	10%
CONTRACT LABOR	0	0		
PROFESSIONAL FEES	138,390	124,790		
SUPPLIES	24,404	18,105		
PURCHASED SERVICES	729	1,204		
REPAIRS AND MAINTENANCE	0	3,259		
DEPRECIATION AND AMORTIZATION	0	0		
INSURANCE	0	0		
HOSPITALIST PROGRAM	0	0		
OTHER EXPENSE	54,613	56,515		
ALL NON-LABOR	218,136	203,873	14,263	-7%
TOTAL OPERATING EXPENSES	407,090	414,036	(6,946)	2%
NET OPERATING MARGIN	96,168	(48,349)	144,517	299%

Statistics
Rev by Stat
Exp by Stat

1,499
272.27
276.21

2,160
258.59
188.47

FY2026	
FY2025	

Pioneers Health Center PHC (exp)		FYTD ACTUAL Sept 2025	FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES					
GROSS PATIENT REVENUE		2,174,752	1,945,465	229,287	12%
REVENUE DEDUCTIONS					
DEDUCTIONS FROM REVENUE		1,196,766	826,823		0%
NET PATIENT REVENUES		977,986	1,118,642	(140,656)	-13%
OPERATING EXPENSES					
SALARIES		372,400	384,897		
BENEFITS		80,327	99,958		
REGISTRY & CONTRACT		0	0		
TOTAL STAFFING EXPENSE		452,726	484,854	(32,128)	7%
CONTRACT LABOR		0	0	-	
PROFESSIONAL FEES		325,418	293,755		
SUPPLIES		49,700	19,752		
PURCHASED SERVICES		3,720	5,478		
REPAIRS AND MAINTENANCE		6,676	5,415		
DEPRECIATION AND AMORTIZATION		0	0		
INSURANCE		0	0		
HOSPITALIST PROGRAM		0	0		
OTHER EXPENSE		80,538	74,053		
ALL NON-LABOR		466,052	398,452	67,600	-17%
TOTAL OPERATING EXPENSES		918,778	883,306	35,472	-4%
NET OPERATING MARGIN		59,208	235,336	(176,128)	-75%

Statistics

6,360

Rev by Stat

305.89

Exp by Stat

138.88

Infusion Center	FY2026		FY2025		FY2025		FY2025		FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024	FYTD Actual Sept 2025	FYTD Prior Year Sept 2024			
GROSS PATIENT REVENUES											
GROSS PATIENT REVENUE	159,331		159,331	135,236					24,095		18%
REVENUE DEDUCTIONS											
DEDUCTIONS FROM REVENUE	116,821		116,821	103,726							0%
NET PATIENT REVENUES	42,509		42,509	31,510					10,999		35%
OPERATING EXPENSES											
SALARIES	45,140		45,140	89,444							
BENEFITS	9,737		9,737	23,229							
REGISTRY & CONTRACT	0		0	0							
TOTAL STAFFING EXPENSE	54,877		54,877	112,673					(57,796)		51%
CONTRACT LABOR	0		0	0							
PROFESSIONAL FEES	0		0	0							
SUPPLIES	8,397		8,397	12,327							
PURCHASED SERVICES	0		0	0							
REPAIRS AND MAINTENANCE	3,302		3,302	(7,545)							
DEPRECIATION AND AMORTIZATION	0		0	0							
INSURANCE	0		0	0							
HOSPITALIST PROGRAM	0		0	0							
OTHER EXPENSE	109		109	158							
ALL NON-LABOR	11,808		11,808	4,940					6,868		-139%
TOTAL OPERATING EXPENSES	66,685		66,685	117,613					(50,928)		43%
NET OPERATING MARGIN	(24,176)		(24,176)	(86,103)					61,927		72%

Statistics
Rev by Stat
Exp by Stat

581
274.24
114.78

430
314.50
273.52

**Calexico Health Center
CHC**

	FY2026 FYTD ACTUAL Sept 2025	FY2025 FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	849,342	584,087	265,255	45%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	484,295	268,680		0%
NET PATIENT REVENUES	365,047	315,407	49,640	16%
OPERATING EXPENSES				
SALARIES	221,070	202,547		
BENEFITS	47,685	52,601		
REGISTRY & CONTRACT	0	0		
TOTAL STAFFING EXPENSE	268,755	255,148	13,607	-5%
CONTRACT LABOR	0	0		
PROFESSIONAL FEES	29,820	18,675		
SUPPLIES	9,480	2,269		
PURCHASED SERVICES	7,718	12,036		
REPAIRS AND MAINTENANCE	5,401	5,401		
DEPRECIATION AND AMORTIZATION	0	0		
INSURANCE	0	0		
HOSPITALIST PROGRAM	0	0		
OTHER EXPENSE	77,333	76,137		
ALL NON-LABOR	129,751	114,518	15,234	-13%
TOTAL OPERATING EXPENSES	398,506	369,666	28,840	-8%
NET OPERATING MARGIN	(33,459)	(54,259)	20,800	38%

Statistics	3,087	2,125
Rev by Stat	275.14	274.86
Exp by Stat	129.09	173.96

Women's Health at Pioneers
WHAP

	FY2026 FYTD ACTUAL Sept 2025	FY2025 FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	269,782	326,400	(56,618)	-17%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	124,208	148,512		0%
NET PATIENT REVENUES	145,574	177,888	(32,314)	-18%
OPERATING EXPENSES				
SALARIES	147,241	142,099		
BENEFITS	37,061	36,903		
REGISTRY & CONTRACT	0	0		
TOTAL STAFFING EXPENSE	184,302	179,002	5,300	-3%
CONTRACT LABOR	0	0		
PROFESSIONAL FEES	14,598	25,326		
SUPPLIES	4,039	12,199		
PURCHASED SERVICES	0	1,075		
REPAIRS AND MAINTENANCE	0	0		
DEPRECIATION AND AMORTIZATION	0	0		
INSURANCE	0	0		
HOSPITALIST PROGRAM	0	0		
OTHER EXPENSE	31,573	30,666		
ALL NON-LABOR	50,210	69,267	(19,056)	-28%
TOTAL OPERATING EXPENSES	234,512	248,268	(13,756)	-6%
NET OPERATING MARGIN	(88,938)	(70,380)	(18,558)	-26%

Statistics	1,134	1,161
Rev by Stat	237.90	281.14
Exp by Stat	206.80	213.84

Comprehensive Women's at Pioneers C-WHAP		FY2026	FY2025	FY2025	FY2025	FY2025	FY2025	FY2025
		FYTD	ACTUAL	PRIOR YEAR	ACT-PRIOR	FYTD	ACT-PRIOR	FYTD
		Sept 2025	Sept 2025	Sept 2024	VARIANCE	VARIANCE	VARIANCE	VARIANCE
GROSS PATIENT REVENUES								
GROSS PATIENT REVENUE		1,310,060		532,735		777,324		146%
REVENUE DEDUCTIONS								
DEDUCTIONS FROM REVENUE		876,299		286,345				0%
NET PATIENT REVENUES		433,761		246,390		187,371		76%
OPERATING EXPENSES								
SALARIES		134,988		141,048				
BENEFITS		29,117		36,630				
REGISTRY & CONTRACT		0		0				
TOTAL STAFFING EXPENSE		164,105		177,679		(13,574)		8%
CONTRACT LABOR		0		0				
PROFESSIONAL FEES		219,000		250,774				
SUPPLIES		26,224		11,730				
PURCHASED SERVICES		1,770		1,395				
REPAIRS AND MAINTENANCE		5,975		1,050				
DEPRECIATION AND AMORTIZATION		0		0				
INSURANCE		0		0				
HOSPITALIST PROGRAM		0		0				
OTHER EXPENSE		46,561		46,160				
ALL NON-LABOR		299,530		311,108		(11,578)		4%
TOTAL OPERATING EXPENSES		463,635		488,787		(25,151)		5%
NET OPERATING MARGIN		(29,875)		(242,397)		212,522		88%

Statistics	2,046	591
Rev by Stat	640.30	901.41
Exp by Stat	226.61	827.05

Vascular Access		FY2026	FY2025	FY2026	FY2025	FY2026	FY2025	FY2026	FY2025	FY2026	FY2025	FY2026	FY2025
		FYTD	ACTUAL	FYTD	PRIOR YEAR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR	FYTD	ACT-PRIOR
		Sept 2025	Sept 2025	Sept 2025	Sept 2024	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE	VARIANCE
GROSS PATIENT REVENUES													
GROSS PATIENT REVENUE			48,269		53,155		(4,886)		(4,886)				-9%
REVENUE DEDUCTIONS													
DEDUCTIONS FROM REVENUE			0		0								
NET PATIENT REVENUES			48,269		53,155		(4,886)		(4,886)				-9%
OPERATING EXPENSES													
SALARIES			0		0								
BENEFITS			0		0								
REGISTRY & CONTRACT			0		0								
TOTAL STAFFING EXPENSE			0		0								
CONTRACT LABOR			0		0								
PROFESSIONAL FEES			107,513		77,287								
SUPPLIES			0		0								
PURCHASED SERVICES			2,078		3,189								
REPAIRS AND MAINTENANCE			0		0								
DEPRECIATION AND AMORTIZATION			0		0								
INSURANCE			0		0								
HOSPITALIST PROGRAM			0		0								
OTHER EXPENSE			16,907		15,696								
ALL NON-LABOR			126,498		96,172				30,326				-32%
TOTAL OPERATING EXPENSES			126,498		96,172				30,326				-32%
NET OPERATING MARGIN			(78,229)		(43,017)				(35,212)				-82%

Statistics	3	159
Rev by Stat	16,090	334
Exp by Stat	42,166	605

Center for Digestive and Liver Disease
CDLD/GI/Gastro

	FY2026 FYTD ACTUAL Sept 2025	FY2025 FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	212,101	11,176	200,924	1798%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	75,847	2,001		-
NET PATIENT REVENUES	136,254	9,176	127,078	1385%
OPERATING EXPENSES				
SALARIES	64,976	14,112		
BENEFITS	14,015	3,665		
REGISTRY & CONTRACT	0	0		
TOTAL STAFFING EXPENSE	78,992	17,777	61,215	-344%
CONTRACT LABOR	0	0		
PROFESSIONAL FEES	132,679	129,142		
SUPPLIES	1,350	7,792		
PURCHASED SERVICES	0	3,105		
REPAIRS AND MAINTENANCE	0	0		
DEPRECIATION AND AMORTIZATION	0	0		
INSURANCE	0	0		
HOSPITALIST PROGRAM	0	0		
OTHER EXPENSE	15,092	14,121		
ALL NON-LABOR	149,121	154,161	(5,040)	-3%
TOTAL OPERATING EXPENSES	228,113	171,938	56,175	-33%
NET OPERATING MARGIN	(91,859)	(162,762)	70,903	44%

Statistics	396	42
Rev by Stat	535.61	266.11
Exp by Stat	576.04	4093.76

**Surgical Health at Pioneers
SHAP**

	FY2026 FYTD ACTUAL Sept 2025	FY2025 FYTD PRIOR YEAR Sept 2024	FYTD ACT-PRIOR VARIANCE	FYTD ACT-PRIOR VARIANCE
GROSS PATIENT REVENUES				
GROSS PATIENT REVENUE	92,676	28,470	64,207	226%
REVENUE DEDUCTIONS				
DEDUCTIONS FROM REVENUE	50,166	16,598		0%
NET PATIENT REVENUES	42,511	11,872	30,639	258%
OPERATING EXPENSES				
SALARIES	22,981	20,352		
BENEFITS	5,784	5,285		
REGISTRY & CONTRACT	0	0		
TOTAL STAFFING EXPENSE	28,766	25,637	3,129	-12%
CONTRACT LABOR	0	0		
PROFESSIONAL FEES	278,751	285,658		
SUPPLIES	1,375	865		
PURCHASED SERVICES	0	1,681		
REPAIRS AND MAINTENANCE	0	0		
DEPRECIATION AND AMORTIZATION	0	0		
INSURANCE	0	0		
HOSPITALIST PROGRAM	0	0		
OTHER EXPENSE	15,181	17,767		
ALL NON-LABOR	295,306	305,972	(10,665)	-3%
TOTAL OPERATING EXPENSES	324,072	331,609	(7,537)	-2%
NET OPERATING MARGIN	(281,562)	(319,737)	38,176	12%

Statistics	183	142
Rev by Stat	506.43	200.49
Exp by Stat	1770.89	2335.27

Skilled Nursing Center	FY2026		FY2025		FYTD	FYTD	FYTD	FYTD
	FYTD	ACTUAL	PRIOR YEAR	SEP 2025				
		Sept 2025						
GROSS PATIENT REVENUE		6,083,041		6,303,474		(220,433)		-3%
DEDUCTIONS FROM REVENUE		2,063,533		2,138,421				
NET PATIENT REVENUES		4,019,508		4,165,053		145,545		3%
OPERATING EXPENSES								
SALARIES		1,622,288		1,689,064		66,777		
BENEFITS		349,927		438,650		0		
REGISTRY & CONTRACT		0		0		0		
TOTAL STAFFING EXPENSE		1,972,215		2,127,714		155,499		7%
CONTRACT LABOR		0		0		0		
PROFESSIONAL FEES		13,450		14,500		(1,050)		
SUPPLIES		187,860		192,739		(4,879)		
PURCHASED SERVICES		341,872		367,225		(25,353)		
REPAIRS AND MAINTENANCE		21,733		16,298		5,434		
DEPRECIATION AND AMORTIZATION		0		0		0		
INSURANCE		7,262		7,054		208		
HOSPITALIST PROGRAM		0		0		0		
OTHER EXPENSE		735,590		505,226		230,364		
ALL NON-LABOR		1,307,767		1,103,043		(204,724)		-19%
TOTAL OPERATING EXPENSES		3,279,982		3,230,757		(49,225)		-2%
NET OPERATING MARGIN		739,527		934,296		(194,769)		-21%

Statistics	6,461	6,571
Rev by Stat	942	959
Exp by Stat	507.66	491.67



PROFESSIONAL SERVICES AGREEMENT (Urology -Indudhara)

THIS PROFESSIONAL SERVICES AGREEMENT (“**Agreement**”) is entered into and executed as of _____ (“**Effective Date**”), by and between Imperial Valley Healthcare District, a Local Healthcare District, organized and existing in the State of California pursuant to the California Health and Safety Code, §§32000 *et seq.* (“**Hospital**”), and Ramaiah Indudhara, M.D., (“**Physician**” or “**Practitioner**”), and Valley Sunshine Medical Associates, Inc. (“**Corporation**”), each may individually be referred to as a “Party” or collectively as “Parties”.

This Professional Services Agreement is entered into with respect to the following facts:

RECITALS

A. WHEREAS, Hospital is owner and operator of Pioneers Memorial Hospital, an acute care hospital located at 207 West Legion Road, Brawley, California and by the Effective Date, may also own and operate a second general acute hospital located in El Centro, California

B. Practitioner is duly licensed and qualified to practice medicine under the laws of the State of California and is experienced and qualified to provide **Urology services** (“**Specialty**”).

C. Hospital has determined that entering into an agreement with the Practitioner is an appropriate way to assure the availability of such Specialty services for its patients and to maintain a high quality of patient care. The Parties furthermore acknowledge that many of the patients of the Hospital and Clinics will be referred there by outside physicians

D. The Parties desire to enter into this Agreement to set forth their respective responsibilities in connection with Hospital’s and Practitioner’s provision of Services for treating patients during the term of this Agreement.

NOW, THEREFORE, the Parties agree as follows:

AGREEMENT

1. DUTIES OF PRACTITIONER

a. **Professional Medical Services.** Practitioner shall provide all professional medical services (“**Professional Services**”) as set forth in *Exhibit A*, as reasonably required for coverage and patient care. Practitioner shall provide the Professional Services during regular hours of operation, as mutually agreed upon by the parties, and as more specifically set forth in *Exhibit B*

(“Practitioner Coverage”).

b. Qualifications of Practitioner. Practitioner shall be: (a) duly licensed by the State of California (b) have levels of competence, experience and skill comparable to those prevailing in the community; (c) is not excluded from any governmental healthcare program, (d) is a member in good standing of the Medical Staff of Hospital, and, within one (1) year following commencement of provision of services in the Agreement, become board certified in Specialty.

c. Applicable Standards. Practitioner shall perform all Services under this Agreement in compliance with all applicable standards set forth by law or ordinance or established by the rules and regulations of any federal, state or local agency, department, commission, association or other pertinent governing, accrediting or advisory body, including compliance with the requirements of Det Norske Veritas (DNV), having authority to set standards for health care facilities, and in accordance with all Hospital and Medical Staff bylaws, rules, regulations, policies and procedures.

d. Records and Documentation; For each patient receiving Services, Practitioner shall promptly complete and finalize for Hospital all of the medical record and report documentation required to accurately record the visit in the Hospital’s electronic medical record (EMR) system or on the forms provided by the Hospital. Subject to applicable restrictions on disclosure, Practitioner shall have reasonable access, including the right to make copies, during business hours of all such medical records and reports as they may need from time to time for patient care or responding to any legal, judicial or third party administrative/investigative inquiries.

e. Use of Premises. Practitioner shall not use, or knowingly permit any other person who is under Practitioner’s direction to use, any part of the Hospital’s premises for (i) the private practice of medicine, or (ii) any purpose other than the performance of the services required hereunder.

f. Non-Discrimination. During the performance of this Agreement, Practitioner (including employees and subcontractors) shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, or family care leave. Practitioner shall ensure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Practitioner shall comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990(a-f), set forth in California Code of Regulations, Title 2, Chapter 5, Division 4 are incorporated into this contract by reference as if duly set forth herein. Practitioner shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. Practitioner shall include the nondiscrimination and compliance provisions of this Agreement in all subcontracts to perform work under this Agreement.

2. REPRESENTATIONS AND WARRANTIES OF PRACTITIONER. Practitioner

hereby warrants and represents as follows:

a. Review of Compliance Requirements. Practitioner acknowledges that Hospital has a commitment to full compliance with all laws, regulations and guidance relating to its participation in the federal and state healthcare programs, and as a result has implemented a compliance program including, without limitation, mandatory requirements related to ongoing compliance training and education programs for its workforce, medical staff and persons/entities that conduct healthcare business with the Hospital. As a condition to this Agreement, Practitioner shall provide written acknowledgement that Practitioner and Practitioner's employees, subcontractors and/or agents have received (or been provided with electronic or other access to), read and understood and will comply with Hospital's compliance program materials and Code of Conduct of Medical Staff and further agrees to comply with all pertinent provisions.

b. Practitioner Is Not Restricted. Practitioner is not bound by any agreement or arrangement which would preclude Practitioner from entering into, or from fully performing the services required under, this Agreement.

c. Practitioner is Qualified. Practitioner's license to practice medicine in the State of California, or in any other jurisdiction has not ever been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or restricted in any way. Additionally, Practitioner's medical staff privileges at any health care facility have not ever been denied, suspended, revoked, terminated, voluntarily relinquished under threat of disciplinary action, or made subject to terms of probation or any other restriction.

d. Prohibition from Program Participation. Practitioner and Corporation, including employees, has not been (a) excluded, suspended or debarred from, or otherwise ineligible for, participation in any federal or state health care program including, without limitation, Medicare or Medi-Cal (Medicaid), nor (b) convicted of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program including, without limitation, Medicare or Medi-Cal (Medicaid);

e. Notification of Threatened Exclusion From Program Participation. Practitioner and Corporation shall notify Hospital immediately in writing if Practitioner or Corporation becomes the subject of (a) any threatened, proposed or actual exclusion, suspension or debarment, (b) any conviction of a criminal offense related to conduct that would or could trigger an exclusion, of it or any of its agents or employees from any federal or state health care program, (c) any investigatory, disciplinary, or other proceeding by any governmental, professional, licensing board, medical staff, or peer review body, or (d) any event that substantially interrupts all or a portion of Practitioner's professional practice or that materially adversely affects Practitioner's ability to perform Practitioner's obligations hereunder.

f. Non-Solicitation of Hospital Employees. During the term of this Agreement, Practitioner and Corporation shall not solicit the services of or employ or procure on behalf of another the employment of, any individual currently employed by Hospital or under a service contract with Hospital; nor shall Practitioner or Corporation engage in any other activity which would be in conflict with their obligations hereunder.

g. Third-party Payment, Managed Care Programs, and Charity Care. Physician shall participate in all third-party payment or managed care programs in which Hospital participates, render services to patients covered by such programs, and accept the payment amounts for services rendered by Physician under these programs as payment in full for services of the Physician to Clinic and Hospital patients. Hospital will provide to Physician timely notification of new contract negotiations. Hospital will also pay, or provide, for the Physician's credentialing with third-party payment or managed care programs. Physician shall participate in Hospital's Financial Assistance Program including Full Charity Care and Discount Partial Charity Care. Hospital will provide Physician with a copy of its Financial Assistance Program and any amendments thereto.

3. COMPENSATION FOR PRACTITIONER

a. Compensation. Hospital shall pay Practitioner according to the compensation schedule set forth in *Exhibit C* ("**Compensation**"). Hospital shall pay the compensation owed on or before the fifteenth (15th) day of each calendar month, for services provided by Practitioner during the immediately preceding calendar month; provided that Practitioner has delivered a visit record to Hospital in the form attached hereto as *Exhibit D* ("**Time Log**") on or before the fifth (5th) day of each calendar month for the immediately preceding calendar month.

b. Reimbursement of Expenses to Practitioner. Hospital shall reimburse Practitioner for reasonable and necessary travel expenses—consistent with the Internal Revenue Code's allowable expenses—incurred in the performance of the services hereunder during working hours, provided that, for all expense reimbursements, the Practitioner furnishes the Hospital with records in compliance with Internal Revenue Code. Hospital will also reimburse Practitioner for reasonable expenses incurred for CME, up to three thousand dollars (\$3,000) per year, provided that Practitioner furnishes Hospital with necessary receipts and documentation.

c. Time-Off. Practitioner shall be entitled to a noncumulative time off as defined in *Exhibit B*. Included in this time are the Hospital's six (6) major holidays as delineated in Human Resources policies.

d. Professional Fees from Practitioner's Services. The Parties understand that the Hospital will bill, collect and retain the proceeds from all charges for medical services, and may use the Practitioner's Billing Provider number for such purposes. The parties anticipate that in some cases those who pay for the medical services rendered by Practitioner performing in a directorship capacity will issue to Practitioner an IRC Form 1099 annually for the monies paid for such services. After the end of each calendar year, the Hospital will issue to Practitioner an IRC Form W-2 or similar form to report the appropriate income earned by him. Accordingly, it is anticipated, and Practitioner agrees, that Practitioner will deduct from Practitioner's income tax return all contract payments reported to him that are received by the Hospital and report on Practitioner's income tax return all compensation earned by Practitioner hereunder.

e. Compliance with Health & Safety Code. Any compensation received by Practitioner pursuant to this agreement shall be in compliance with the provisions of California Health and Safety Code Section 32129. Hospital has the obligation and right to adjust compensation to be in compliance with any and all laws and regulations.

4. DUTIES AND OBLIGATIONS OF THE HOSPITAL

a. **Duties.** Hospital agrees to furnish, at its own cost and expense, for adequate provision of professional services pursuant to this Agreement, the following:

- i. **Space.** Space as reasonably necessary to provide service to patients.
- ii. **Equipment.** Equipment as may be reasonably required as mutually agreed by the Hospital and Practitioner, subject to any applicable Hospital budget limitations. Practitioner acknowledges that existing equipment is adequate for Practitioner's purposes.
- iii. **Services and Supplies.** Maintenance, repair and replacement of equipment as reasonably required; all utilities, including telephone, power, light, gas and water; all supplies (including, without limitation, film, laundry services and linen); transcription services, and any necessary housekeeping and in-house messenger service that may be reasonably required to provide services.
- iv. **Non-Physician Personnel.** Hospital personnel with appropriate education, training and experience which are required to adequately assist Practitioner in performance of the services contemplated herein, as determined according to Hospital's discretion. Hospital shall have the sole right and responsibility for the hiring, discipline and termination of such Hospital employees.

b. **Eligibility.** At all times during the term of this Agreement, Hospital shall remain eligible to participate in the Medicare, Medi-Cal, and TriCare/CHAMPUS programs.

5. BILLING FOR MEDICAL SERVICES

a. **Billing Records Availability.** Each Party, shall, on a monthly basis, make available to the other Party, records and data accurately reflecting a) total billed services in connection with the Services; b) payments received from all sources for medical services provided by the Practitioner, and c) all expenses paid by Hospital or Practitioner in connection with the operation of the Services or the services rendered therein.

b. **Accurate Medical Records and Charts.** Practitioner shall promptly prepare and submit complete and accurate medical records, medical chart notes, and related back-up documentation, and respond and provide such assistance and information as District may reasonably request to facilitate billing and collection of charges for patient services, including, but not limited to, assigning appropriate procedure and diagnosis codes for billing purposes, and dictating or completing appropriate descriptions and notations to be made on the patient chart to support the appropriate billing code, in accordance with the requirements of the Centers for Medicare and Medicaid Services. Practitioner shall be responsible (and Hospital shall not be responsible except with respect to joint and several liability required by law) for errors or liabilities, if any, which may arise from Practitioner's fraudulent designation of inappropriate billing, procedure or diagnosis codes or for the negligent failure of Practitioner to prepare medical chart

notes or dictation which corresponds to the services rendered.

c. **Charges for Medical Services.** Hospital shall be responsible for, and solely entitled to, billing, collection, and retention of all charges for all medical services (ancillary and professional); (ii) Practitioner hereby reassigns Practitioner's respective rights to bill such Professional Services to Hospital.

d. **Schedule of Charges.** On an annual basis, Hospital may provide to Practitioner the schedule of charges for the professional component of the medical services provided for Practitioner's review and input. Practitioner may request changes to the schedule of charges as circumstances may warrant. Hospital, in its sole and absolute discretion, shall decide upon changes to the schedule of charges.

e. **Forwarding Billing to Hospital.** Practitioner shall provide Hospital, on a daily basis, with all information reasonably requested by Hospital to enable Hospital to (i) properly bill for the Professional Services provided by Practitioner to patients. It is understood and agreed that Hospital shall handle at its expense all the administrative work of this billing. All Professional Services shall be billed in Practitioner's or Medical Group's name with all payments forwarded by payors (including, without limitation, Medicare and Medi-Cal) to a "lockbox" account in Practitioner's or Medical Group's name ("Account") established at Wells Fargo bank in Brawley, California. ("Bank"). Upon establishment of the Account, Practitioner shall direct the Bank, in writing, that during the term of this Agreement, on the last day of each calendar month the Bank shall transfer all funds in the Account on each such day to an account in Hospital's name as designated by Hospital in writing to the Bank.

f. **Billing Third-Party Payors.** Practitioner shall not bill, nor cause to be billed, Medicare patients or Medicare (Part B) carriers in violation of 42 C.F.R. §405.550(d)(3), nor any other patients or payors, for administrative, supervisory, medical director or similar services.

g. **Rates for Service.** In the event that Practitioner is responsible for establishing rates charged to patients for any Professional Services rendered pursuant to this Agreement, Practitioner must ensure that such rates are reasonable and customary. In the event that Hospital determines Practitioner's rates are unreasonable, Hospital reserves the right to approve modify rates charged by Practitioner for Services.

6. TERM AND TERMINATION

a. **Term.** The term of this Agreement shall be three (3) years commencing on the Effective Date, unless terminated earlier as provided herein.

b. **Termination Without Cause.** Either party shall have the right to terminate this Agreement without penalty or cause by providing ninety (90) days written notice to the other party.

c. **Termination for Cause.** Either Party may terminate this Agreement upon breach by the other Party of any material provision of this Agreement, provided such breach continues for fifteen (15) days after receipt by the breaching Party of written notice of such breach from the non-breaching Party, except where such breach requires immediate termination as enumerated below.

d. Immediate Termination. This Agreement may be terminated immediately and without notice for serious and incurable events, including but not limited to:

i. Breach. Hospital or Practitioner is in breach of any material term or condition of this Agreement and such breach has not been cured within thirty (30) days following notice of such breach;

ii. Sale or Transfer. Hospital or Practitioner has sold or otherwise transferred all or substantially all of its assets, has merged with another entity or has dissolved;

iii. Insolvency or Bankruptcy. Hospital or Practitioner becomes insolvent or declares bankruptcy;

iv. Practitioner's License. Suspension denial, suspension, revocation, termination, restriction, lapse, or voluntary relinquishment under threat of disciplinary action, of Practitioner's medical staff membership or privileges at Hospital or any other healthcare facility, or of Practitioner's license to practice medicine in the State of California or any other jurisdiction;

v. (a) exclusion, suspension, debarment from, or ineligibility for, participation in any federal or state health care program, or (b) conviction of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, by Practitioner;

vi. Cancellation of Insurance. Either Party fails to carry or reinstate the insurance required in Section 7 hereof or such coverage is cancelled or revoked within ten (10) days following notice thereof from its insurance carrier;

vii. Conduct Jeopardizing Licensure or Other Reimbursements. The performance by either Party of this Agreement which jeopardizes the licensure of Hospital, Hospital's participation in Medicare, Medi-Cal or other reimbursement or payment program, or Hospital's full accreditation by The Joint Commission or any other state or nationally recognized accreditation organization, or the tax-exempt status of Hospital's bonds, or if for any other reason such performance violates any statute, ordinance, or is otherwise deemed illegal, or is deemed unethical by any recognized body, agency, or association in the medical or hospital fields, and the jeopardy or violation has not been or cannot be cured within sixty (60) days from the date notice of such jeopardy or violation has been received by the parties.

viii. Misrepresentations. Any Party's representation or warranty that is false or was false at the time it was originally made, or any Party becomes the subject of any threatened, proposed or actual exclusion, suspension or debarment from, or is otherwise ineligible for participation in, any federal or state health care program including without limitation, Medicare or Medi-Cal, or is the subject of any threatened, proposed or actual criminal prosecution for, or is convicted of, any criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program.

e. One Year Prohibition on New Agreement. If this Agreement is terminated prior

to expiration of the initial year of the term hereof, the Parties shall not enter into any new agreement or arrangement during the remainder of such year.

7. INDEPENDENT CONTRACTOR. Practitioner is engaged in an independent contractor relationship with the Hospital in performing all work, duties and obligations hereunder. Hospital shall not have nor exercise any control or direction over the methods by which Practitioner performs work and functions, except that Practitioner shall perform at all times in strict accordance with then currently approved methods and practices of the professional Specialty. Hospital's sole interest is to ensure that Practitioner performs and renders services in a competent, efficient and satisfactory manner in accordance with high medical standards. The Parties expressly agree that no work, act, commission or omission of Practitioner in connection with the terms and conditions of this Agreement shall be construed to make or render Practitioner, the agent, employee or servant of Hospital. Practitioner shall not be entitled to receive from Hospital vacation pay, sick leave, retirement benefits, Social Security, workers' compensation, disability or unemployment insurance benefits or any other employee benefit of any kind. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

8. PROFESSIONAL LIABILITY INSURANCE COVERAGE. Practitioner shall secure and maintain at all times during the term, at Practitioner's sole expense, professional liability insurance covering Practitioner, with an admitted carrier (licensed to do business in the State of California) having at least an "A" BEST rating, with limits of one million (\$1,000,000) per claim/and three million (\$3,000,000) for annual aggregate claims. Such insurance shall not be cancelable except upon thirty (30) days' prior written notice to Hospital, and shall be primary and non-contributory. Annually, Practitioner shall provide Hospital with a certificate of insurance evidencing such coverages and coverage extensions upon request by the Hospital. If the coverage is on a claims-made basis, Practitioner hereby agrees that not less than thirty (30) days prior to the effective date of termination of Practitioner's current insurance coverage or termination of this Agreement, Practitioner shall either purchase unlimited tail coverage or provide proof of continuous coverage in the above stated amounts for all claims arising out of incidents occurring prior to termination of Practitioner's current coverage or prior to termination of this Agreement, as applicable, and provide Hospital a certificate of insurance evidencing such coverage.

9. OWNERSHIP OF FILMS AND RECORDS. Unless agreed upon in writing, all records of patients seen at any Hospital facilities shall be maintained by Hospital and shall be the property of the Hospital. Practitioner shall have the right to access such films and records during normal business hours.

10. NOTICES. Any notice to be given to any party hereunder shall be deposited in the United States Mail, duly registered or certified, with return receipt requested, with postage thereon paid, and addressed to the party for which intended, at the following addresses, or to such other address or addresses as the parties may hereafter designate in writing to each other.

Hospital:

Chief Executive Officer
Imperial Valley Healthcare District
West 207 Legion Road

Practitioner:

Ramaiah Indudhara, M.D..

11. CONFIDENTIALITY

a. **Confidential Information Belongs to its Respective Owner.** Each Party recognizes and acknowledges that, by virtue of entering into this Agreement and providing services to the other hereunder, Practitioner and Hospital may have access to certain information of the other Party that is confidential and constitutes valuable, special and unique property. Each Party agrees that it will not at any time, either during or subsequent to the term of this Agreement, disclose to others, use, copy or permit to be copied, without the other Party's express prior written consent, except pursuant to Practitioner's duties hereunder, any confidential or proprietary information of either Party, including, but not limited to, information which concerns Hospital's patients, costs, or treatment methods developed by Hospital for the Hospital, and which is not otherwise available to the public.

b. **This Agreement is Confidential.** Except for disclosure to Practitioner's legal counsel, accountant or financial advisors (none of whom shall be associated or affiliated in any way with Hospital or any of its affiliates), Practitioner shall not disclose the terms of this Agreement to any person who is not a party or signatory to this Agreement, unless disclosure thereof is required by law or otherwise authorized by this Agreement or consented to by Hospital. Unauthorized disclosure of the terms of this Agreement shall be a material breach of this Agreement. Except for disclosure to Hospital's legal counsel, accountant or financial advisors, its Board of Directors and/or any committee concerned with this Agreement, Hospital and its officers, directors, employees, and agents shall not disclose the terms of this Agreement to any person who is not a party or signatory to this Agreement, unless disclosure thereof is required by law or otherwise authorized by this Agreement or consented to by Practitioner. Unauthorized disclosure of the terms of this Agreement shall be a material breach of this Agreement. Upon the termination or expiration of this Agreement, Hospital all records of the patients seen or treated by Practitioner shall be the property of Hospital. However, upon Hospital's receipt of appropriately executed written request of any such patient therefor, Hospital will provide copies of the requesting patient's records to Practitioner, in paper or electronic form and the delivery of such records shall be in compliance with federal and state law.

c. **Medical Records Are Confidential.** Neither Party shall disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the other Party in writing, any patient or medical record information regarding Hospital patients, and the Parties shall comply with all federal and state laws and regulations, and all bylaws, rules, regulations, and policies of Hospital, and Hospital's Medical Staff, regarding the confidentiality of such information. Practitioner acknowledges that in receiving or otherwise dealing with any records or information from Hospital about Hospital's patients receiving treatment for alcohol or drug abuse, Practitioner is fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 C.F.R. Part 2, as amended from time to time).

d. **HIPAA Compliance is Required.** Each Party agrees to comply with the applicable

provisions of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and the requirements of any regulations promulgated thereunder including without limitation the federal privacy regulations (the “Federal Privacy Regulations”) and the federal security standards (the “Federal Security Regulations”).

12. AGREEMENT INTERPRETATION AND DISPUTE RESOLUTION

a. **Entire Agreement; Amendment.** This Agreement, its exhibits, and all documents referred to herein constitute the entire agreement between the parties pertaining to the subject matter contained herein. This Agreement supersedes all prior and contemporaneous agreements, representations and understandings of the parties which relate to the subject matter of this Agreement. No supplement, amendment or modification of this Agreement shall be binding unless executed in writing by all of the Parties.

b. **Subject Headings.** The subject headings of the Articles and Sections of this Agreement are included for purposes of convenience only and shall not affect the construction or interpretation of any of the provisions of this Agreement.

c. **Parties.** Nothing in this Agreement, whether express or implied, is intended to confer any rights or remedies on any person other than the Parties to it and their respective successors and assigns; nor is anything in this Agreement intended to relieve or discharge the obligation or liability of any third persons to any Party to this Agreement; nor shall any provision give any third person any right of subrogation or action over or against any party to this Agreement.

d. **No Assignment.** This Agreement shall be binding upon and shall inure to the benefit of the Parties to it and their respective legal representatives, successors and permitted assigns. No Party may assign this Agreement or any rights hereunder, nor may they delegate any of the duties to be performed hereunder without the prior written consent of the other party.

e. **Governing Law and Venue.** This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of California. All actions relating to, or arising out of, this Agreement shall be brought in the State Court of California in the County of Imperial. Otherwise, for actions relating to, or arising out of, this Agreement which are subject to federal jurisdiction, such action shall be brought in the Federal District Courts for the Southern District of California in the County of San Diego.

f. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which together shall constitute one and the same instrument.

g. **Attorneys' Fees.** In the event of any legal action between the Parties to interpret or enforce the terms of this Agreement, the prevailing party shall be entitled to recover its costs of suit, including reasonable attorneys' fees, from the unsuccessful Party.

h. **Arbitration.** Any dispute or controversy arising under, out of or in connection with, or in relation to this Agreement, or any amendment hereof, or the breach hereof shall be

determined and settled by arbitration before a single arbitrator in Imperial County, California, in accordance with the American Health Lawyers Association Alternative Dispute Resolution Service Rules of Procedure for Arbitration and applying the laws of the State of California. Any award rendered by the arbitrator shall be final and binding upon each of the Parties, and judgment thereon may be entered in any court having jurisdiction thereof. The costs shall be borne equally by both Parties. The prevailing Party in any such arbitration shall be entitled to recover its reasonable attorneys' fees. During the pendency of any such arbitration and until final judgment thereon has been entered, this Agreement shall remain in full force and effect unless otherwise terminated as provided hereunder. The provisions of this Section shall survive expiration or other termination of this Agreement.

i. **Exhibits.** The attached exhibits, inclusive, constitute a material part of this Agreement and are to be construed as incorporated into this Agreement in full and are made a part hereof.

j. **No Waiver.** No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute, a waiver of any other provision, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the Party making the waiver.

k. **Enforceability.** In the event that any of the terms and provisions of this Agreement are determined by a court of competent jurisdiction to be illegal, invalid, or unenforceable under the laws, regulations, ordinances, or other guidelines of the federal government or of any state or local government to which this Agreement is subject, such terms or provisions shall remain severed from this Agreement and the remaining terms and provisions shall remain unaffected thereby. If the term of this Agreement cannot be severed without materially affecting the operation of this Agreement, then this Agreement shall automatically terminate as of the date in which the term is held unenforceable.

13. GENERAL PROVISIONS

a. **Effect of Exclusion.** Notwithstanding any other provision of this Agreement to the contrary if Practitioner or any of Practitioner's agents or employees is (a) excluded, suspended, debarred from, or otherwise becomes ineligible for, participation in any federal or state health care program, or (b) convicted of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, at any time during the term of this Agreement, or if at any time after the Effective Date hereof, any Party determines that the other Party has made a false representation or is in violation or breach of this Section, this Agreement shall terminate as of the effective date of such exclusion, suspension, debarment from, or ineligibility for, any federal or state health care program or of such conviction of a criminal offense related to conduct that would or could trigger an exclusion from any federal or state health care program, or as of the date of the breach of such Section.

b. **Section 952 of Omnibus Budget Reconciliation Act of 1980.** In accordance with Section 952 of the Omnibus Reconciliation Act of 1980 (PL 96-499), Practitioner agrees that the books and records of Practitioner will be available to the Secretary of Clinic of Health and Human Services and the Comptroller General of the United States, or their duly authorized representatives,

for four (4) years after termination of this Agreement. In the event that any of the services to be performed under this Agreement are performed by any subcontractor of Practitioner at a value or cost of \$10,000 or more over a twelve (12) month period, Practitioner shall comply and assure that the such subcontractor complies with the provisions of Section 952 of the Omnibus Reconciliation Act of 1980. If regulations are issued at a later time which would determine that Section 952 of PL 96-499 is not applicable to this Agreement, this paragraph shall automatically be repealed.

c. Access to Books and Records. To the extent required by Section 1395(x)(V)(1) of Title 42 of the United States Code, until the expiration of ten (10) years after the termination of this Agreement, Practitioner shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States Department of Health and Human Services, or any of their duly authorized representatives, a copy of this Agreement and such books and documents and records as are necessary to certify the nature and extent of the costs of the services provided by Practitioner under this Agreement. Practitioner further agrees that in the event Practitioner carries out any of Practitioner's duties under this Agreement through a subcontractor, with a value or cost of ten thousand dollars (\$10,000.00) or more over a twelve (12) month period, with a related organization, such contract shall contain a clause to the effect that until the expiration of ten (10) years after the furnishing of such services pursuant to such subcontract, the related organization shall make available, upon written request to the Secretary of the United States Department of Health and Human Services, or upon request to the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of such subcontract and such books, documents and records of such organization as are necessary to verify the nature and extent of such costs. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

d. Mutual Indemnity. Practitioner and Hospital shall indemnify and hold harmless each other, including officers, directors, shareholders, members, employees, agents and representatives from any and all liabilities, loses, damages, claims and expenses of any kind, including costs and attorneys' fees, which result from or relate to the indemnifying party's performance or failure to perform under this Agreement. The provisions of this Section shall survive expiration or other termination of this Agreement, regardless of the cause of such termination.

e. Jeopardy. Notwithstanding anything to the contrary hereinabove contained, in the event that the performance by either Party hereto of any term, covenant, condition or provision of this Agreement should jeopardize the licensure of either Party, its participation in Medicare, Medi-Cal, Blue Cross or other major reimbursement or payment programs, or its full accreditation by DNV, or any other state or nationally recognized physician accreditation organization, or the tax-exempt status of interest earned on any of its bonds or other financial obligations, or if for any other reason such performance should be in violation of any statute, ordinance, or be otherwise deemed illegal, or be deemed unethical by any recognized body, agency, or association in the medical or hospital fields (collectively, the "Adverse Action"), then the Parties shall in good faith negotiate amendments to this Agreement necessary or appropriate to resolve the Adverse Action. If after a reasonable period of time, not to exceed sixty (60) calendar days, the Parties are unable to agree on an amendment necessary or appropriate to resolve the Adverse Action, then either Party may terminate this Agreement on ninety (90) days' prior written notice to the other Party.

f. **No Financial Obligation.** Practitioner shall not incur any financial obligation on behalf of Hospital without the prior written approval of Hospital.

g. **Assistance in Litigation.** Each Party shall provide information and testimony and otherwise assist the other in defending against litigation brought against the other, its directors, officers or employees based upon a claim of negligence, malpractice or any other cause of action, arising under this Agreement, except where such Party is a named adverse Party.

h. **Retention of Professional and Administrative Responsibility.** Hospital shall retain professional and administrative responsibility for the services rendered as outlined in this Agreement.

i. **Other Agreements Between Practitioner and Hospital.** Hospital and Practitioner may enter, or may have entered, into other agreements for services such as Emergency Room On-Call, Directorship, or Supervisory Services agreements. Such agreements are maintained in an online contracts management system, MediTract, and will be made available to any State or Federal entity that require access to such contracts.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the Effective Date first set forth above.

Imperial Valley Healthcare District

Ramaiah Indudhara, M.D.

Christopher R. Bjornberg
Chief Executive Officer

Ramaiah Indudhara, M.D.

Date _____

Date _____

Corporation:

Valley Sunshine Medical Associates, Inc.

By: _____
Ramaiah Indudhara, M.D.
Owner

Date: _____

EXHIBIT A
Professional Services

Provide urology specialty services for patients at Hospital and rural health clinics, as requested by Hospital, as deemed to be medically necessary by Practitioner using Practitioner's sole professional medical judgment, all of which shall be provided without regard to the patients' payor classification or ability to pay. Such services shall be provided in accordance with medical ethics, the standard of care, and medical staff privileges as requested by Practitioner and granted by the Hospital Medical Staff and Board of Directors.

EXHIBIT B

Practitioner Coverage

Urology Coverage. Practitioner shall provide a minimum of eight (8) hours per day, ten (10) days per month of urology specialty care services in the Hospital and Clinics. In addition, Practitioner shall also provide the extra time necessary for charting and keeping medical records timely, current and accurate.

The specific locations and schedule for Practitioner's services shall be mutually agreed upon by Practitioner and Hospital, including arrangements for block time in any of Hospital's Operating suites.

Practitioner shall provide Services at the Clinics during normal Clinics hours.

Vacation; Continuing Medical Education (CME). As Practitioner works at least ten (10) days per month, based on schedule of approximately two (2) to three (3) days of work, per work week. Practitioner shall be entitled to a mutually agreed upon noncumulative time off per year of four (4) of his work weeks (, plus an additional one (1) work week of time off for Continuing Medical Education (CME), for a total of five weeks of time off per year.

Emergency On-Call Coverage. Practitioner shall provide a minimum of four (4) days of on-call emergency department coverage per month. One "day" of emergency department on-call coverage is a period of 24 hours, typically beginning 7am one day and ending 7am the following day. Practitioner shall provide a monthly schedule of his availability for on-call emergency coverage in the Hospital to the Emergency Department Director and the Hospital's Medical Staff Director at least 30 days prior to the commencement of the month for which the schedule applies

EXHIBIT C

Compensation

wRVU-based Compensation. For regularly scheduled urology services provided by Practitioner as outlined in Exhibit B, Practitioner's compensation shall be based on production as calculated by wRVUs produced by Practitioner. The wRVU rate shall be based on the Medical Group Management Association (MGMA) compensation and production survey and may change year to year. Hospital shall provide Practitioner with wRVU rates at least 30 days prior to commencement of the wRVU-based compensation model. Practitioner shall be entitled to seventy-three dollars and sixty-six cents (\$73.66) per wRVU.

Only completed and locked charts will count towards physician-generated wRVU productivity for additional incentive compensation calculations.

Annual Reimbursements

Continuing Medical Education Reimbursement. Hospital shall reimburse Practitioner for up to three thousand dollars (\$3,000) per year in expenses incurred for completing required Continuing Medical Education. Practitioner must present receipts and invoices to Hospital in order to receive such reimbursement.

No Benefits

Hospital shall not provide, and Practitioner shall not receive any benefits from Hospital including but not limited to health insurance, professional liability insurance, disability insurance, retirement plan benefits, workers compensation insurance, sick leave etc.

EXHIBIT D
Time Log

Imperial Valley Healthcare District
207 West Legion Road
Brawley, California 92227

PRACTITIONER - TIME AND ACTIVITY LOG

Physician's Name: _____

Hospital Department: _____

Month: _____

Date	Services Performed	Time

I certify that I have performed the services set forth above and understand that this Time and Activity Log may be made available to law enforcement or other regulatory agencies to confirm compliance with applicable state and federal law if so requested.

Practitioner's Signature: _____ Date: _____

IMPERIAL VALLEY HEALTHCARE DISTRICT

CONSENT AGENDA

BOARD MEETING DATE:

December 2025

SUBJECT:

Renew Barracuda Email Security

BACKGROUND:

IVHD currently utilizes Exchange Online, which is a cloud-based email system. We have 1,346 users that send and receive approximately 160,000+ emails each month, making it the most used communication method in the district. Emails vary from informational hospital events to highly confidential patient and financial information. Barracuda Networks is the current email protection software blocking an average of 23k malicious emails every month.

KEY ISSUES:

Barracuda spam protection needs to be renewed for continued protection.

CONTRACT VALUE:

Total \$67,192.32

CONTRACT TERM:

1-year

BUDGETED:

Yes

BUDGET CLASSIFICATION:

Licenses

RESPONSIBLE ADMINISTRATOR:

Christopher Bjornberg

REVIEWED BY LEGAL:

☐ Yes

☒ No, GPO

RECOMMENDED ACTION:

Approve purchase



Thank you for choosing CDW. We have received your quote.

Hardware Software Services IT Solutions Brands Research Hub

QUOTE CONFIRMATION

WALTER NGUYEN,

Thank you for considering CDW•G for your technology needs. The details of your quote are below. **If you are an eProcurement or single sign on customer, please log into your system to access the CDW site.** You can search for your quote to retrieve and transfer back into your system for processing.

For all other customers, click below to convert your quote to an order.

[Convert Quote to Order](#)

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
PRFB420	11/10/2025	BARRACUDA RENEWAL BY 11/24	1979766	\$67,192.32

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
Barracuda E-Mail Protection Premium - subscription license (1 month) - 1 us	16152	6799026	\$4.16	\$67,192.32
Mfg. Part#: EP-PREMIUM-USR-1M				
Electronic distribution - NO MEDIA				
Contract: HealthTrust Pricing-Software (HPG-2500)				

SUBTOTAL		\$67,192.32
SHIPPING		\$0.00
SALES TAX		\$0.00
GRAND TOTAL		\$67,192.32

PURCHASER BILLING INFO	DELIVER TO
Billing Address: PIONEERS MEMORIAL HEALTHCARE DIST ACCTS PAYABLE 207 W LEGION RD BRAWLEY, CA 92227-7780 Phone: (760) 351-3326 Payment Terms: Net 30 Days-Healthcare	Shipping Address: PIONEERS MEMORIAL HEALTHCARE INFORMATION TECHNOLOGY 207 W LEGION RD BRAWLEY, CA 92227-7780 Phone: (909) 833-6574 Shipping Method: ELECTRONIC DISTRIBUTION
Please remit payments to:	
CDW Government 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515	



Sales Contact Info

Tom Latzke | (866) 339-7097 | tomlat@cdw.com

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This order is subject to CDW's Terms and Conditions of Sales and Service Projects at

<http://www.cdw.com/content/terms-conditions/product-sales.aspx>

For more information, contact a CDW account manager.

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IMPERIAL VALLEY HEALTHCARE DISTRICT

CONSENT AGENDA

BOARD MEETING DATE:

December 2025

SUBJECT:

Oracle Clinical AI Agent (CAA)

BACKGROUND:

IVHD implemented the Clinical AI Agent (CAA) in February/March 2025 to streamline documentation. Integrated with Oracle Health Cerner EHR, the solution uses generative AI and voice recognition to capture patient-provider conversations and generate structured notes directly within the provider workflow. Since go-live, IVHD has produced a significant volume of AI-assisted notes, reflecting strong adoption across the clinic space. We currently have 18 unique users and are trending at about 3,000 notes per month.

KEY ISSUES:

Initial scope was 10,000 notes and we are at about 18,000 notes to date which are overages that will be applied to the 50,000 notes purchased. Also noting that Inpatient and ER venues became available as it relates to the Agent use and we will be rolling out trials of the Agent in these areas.

CONTRACT VALUE:

License

\$80,000

50,000 Notes x \$1.60 = \$80,000

CONTRACT TERM:

12-months

BUDGETED:

We budgeted 20,000 notes at \$1.75/note, total of **\$35,000** for the Clinical AI Agent as we weren't aware of how quickly clinicians would adopt the new tool during budget planning for FY 2026.

BUDGET CLASSIFICATION:

Licenses

RESPONSIBLE ADMINISTRATOR:

Christopher Bjornberg

REVIEWED BY LEGAL:

☒ Yes

☐ No

RECOMMENDED ACTION:

Approve Sales Order

Ordering Document

ORACLE

CPQ-4099974

Pioneers Memorial Healthcare District

207 W Legion Rd
BRAWLEY CA, 92227
US

Contact

Carrie Teague
+1 (760) 351-4664
cteague@pmhd.org

Oracle America, Inc.

500 Oracle Parkway
Redwood Shores, CA
94065

Fee Summary

Fee Description	Net Fees	Monthly Fees	Annual Fees
Recurring Services	80,000.00	--	--
Total Fees	80,000.00	0.00	0.00

Billing Frequency

Description	Amount Due	Payment Due
Recurring Services	100%	Quarterly in advance, beginning when access issued

Ordered Items

Recurring Services

Part Number	Description	Term	Pass-Through Code	Quantity	Unit Net Price	Extended Fees
B111364	Oracle Health Clinical AI Agent Cloud Service, Clinical Note - Signed Note	12 mo	--	50,000	1.60	80,000.00

Subtotal 80,000.00

Permitted Facilities

Name	Street Address	City
Pioneers Memorial Healthcare District	207 W Legion Rd	BRAWLEY, CA, 92227 US

A. Terms of Your Order

1. Applicable Agreement

a. This order incorporates by reference the terms of the Cerner Business Agreement LA-0000077901 and all amendments and addenda thereto (the "Agreement"). The defined terms in the Agreement shall have the same meaning in this order unless otherwise specified herein.

Oracle America, Inc. is acting as ordering and invoicing agent for Cerner Corporation. Your order remains between You and Cerner Corporation. All references to "Oracle", "we", "us", or "our" shall refer to Cerner Corporation. We may refer to Client or Customer as "You".

2. Fees and Payments

a. Listed above is a summary of net fees due under this order. All fees on this order are in US Dollars.

b. Fees will be invoiced in accordance with the Billing Frequency table above.

c. You agree to pay any sales, value-added or other similar taxes imposed by applicable law that Oracle must pay based on the items You ordered, except for taxes based on Oracle's income. If You will be claiming an exemption from these taxes, You will provide to Oracle a valid certificate of tax exemption in advance of, or at the time of, the execution of this order. You are responsible to ensure that You provide Oracle with timely notification of any tax exemption status changes and to timely provide updated exemption certificates in the event any previously provided exemption certificate expires during the term of this order.

d. Once placed, Your order shall be non-cancelable and the sums paid nonrefundable, except as provided in the Agreement and this order.

3. Terms Applicable to Ordered Items

a. Scope of Use.

You will use the Ordered Items in this order in accordance with the Documentation and subject to the quantity of the item specified in the Ordered Items table(s) above. This order incorporates by reference the scope of use metric, definition, and any rules applicable to the Ordered Item as described in the Oracle Health Definitions and Rules Booklet v091525 which may be viewed at <http://www.oracle.com/contracts> on the Oracle Health tab.

If the quantity of an Ordered Item is exceeded, You agree to execute a new order setting forth the additional quantity of the item.

Where applicable, scope of use will be measured periodically by Oracle's system tools, or, for metrics that cannot be measured by system tools or obtained through industry available reporting sources (e.g., FTEs or locations), You will provide the relevant information (including records to verify the information) to Oracle at least once per year. You agree that if an event occurs that will affect Your scope of use (such as the acquisition of a new hospital or other new facility), You will notify Oracle in writing of such event no later than 30 days following the effective date of such event so that Your scope of use can be reviewed. Any additional fees due under this section will be payable within 30 days following Your receipt of an invoice for such fees. Any additional monthly fees will begin on the date the limit was exceeded and shall be paid annually (pro-rated for any partial month).

b. Solution Descriptions.

Solution Descriptions applicable to each Ordered Item identified as Licensed Software, Recurring Services or Transaction Services in the table(s) above are available on <http://www.oracle.com/contracts> on the Oracle Health tab. The Solution Description is identifiable by the Part Number in the table(s) above. These Solution Descriptions are incorporated into this order by reference.

c. Shared Computing Services.

You understand that Oracle may deliver the products and services on this order in a Shared Computing Services model. The policies that govern the Shared Computing Services model are available at <http://www.oracle.com/contracts> on the Oracle Health tab and are incorporated into this order by reference.

d. Permitted Facilities.

The Ordered Items in this order are for use by the facilities listed in the Permitted Facilities table(s) above. You may add or substitute Permitted Facilities by amending this order.

4. Recurring Services

a. The services term for all Ordered Items identified as Recurring Services in the table(s) above begins as set forth in the Billing Frequency table above.

5. Order of Precedence

a. In the event of inconsistencies between the terms contained in this order and the Agreement, this order shall take precedence. This order will control over the terms contained in any purchase order.

6. Effective Date

a. If accepting this order online, the effective date of this order is the date You submit the order. Otherwise, the effective date is the last signed date stated below.

7. Offer Validity

a. This offer is valid through 20-Dec-2025 and shall become binding upon execution by You and acceptance by Oracle.

B. Additional Order Terms

1. Continued Invoicing for Clinical Digital Assistant Services

Invoicing for your prior Clinical Digital Assistant order will continue in accordance with that order.

2. Credit Card or PayPal Payments

If the pre-tax value of this order is USD 99,999 or less and You opt to purchase the Ordered Items listed on this order by credit card or PayPal, the payment will be charged upon invoice generation with immediate payment terms.

Consulting/Professional Services may not be purchased by credit card or PayPal irrespective of the transaction size.

3. Clinical AI Agent Cloud Services

a. Cloud Services. These additional order terms apply to the Oracle Health Clinical AI Agent Cloud Services in Your order (the "CAA Services").

b. CAA Services Term. The CAA Services begin on the date that You are issued access that enables You to activate Your CAA Services and continue for the term set forth in the applicable Ordered Items table above.

c. Information Management Tool. You acknowledge and agree that the CAA Services are administrative information management tools which contemplate and require the involvement of professional medical personnel as further specified below. You acknowledge and agree that the CAA Services and its associated outputs (i) are not designed, intended or made available as a medical device(s); (ii) are not designed or intended to be a substitute for professional medical advice, diagnosis, treatment or judgment of a clinician or other professional medical personnel; (iii) are not intended to support time-critical medical, treatment or diagnostic decision-making; and (iv) should never solely inform a clinical treatment decision, including a decision to delay treatment. You further acknowledge and agree that the CAA Services are not intended to diagnose disease, prescribe treatment, or perform any other tasks that constitute or may constitute the practice of medicine or of other professional or academic disciplines.

You acknowledge and agree that: (i) You are solely responsible for Your Users appropriate and responsible use of the output of the CAA Services; (ii) You are solely responsible for Your Users reviewing, verifying and validating the accuracy of the output of the CAA Services and for reviewing, verifying and validating the output before any action is taken, including, for example, reviewing, verifying and validating draft clinical notes before they are posted to a clinical record, an order is placed or any action is taken; and (iii) Your use is limited to defined specialties as defined in the Solution Description.

d. Consents. You are responsible for providing any legally required notices or obtaining any legally required consents, authorizations or notices related to use of the CAA Services, including with respect to providing notice and obtaining consent from patients for recording of patient-clinician conversations as required by applicable law, and all appropriate and necessary consents and authorizations to enable the use of Data as set forth under this order, including use by Permitted Facilities or other entities receiving access or use of the CAA Services. You acknowledge and agree, and further agree to provide notice to patients, that recordings of patient-clinician conversations are not retained after processing, are not a part of a legal-medical record, nor are they part of a designated record set (as such term is defined at 45 CFR § 164.501). You understand that You are responsible for using the CAA Services in compliance with all applicable laws, rules, and regulations, including, but not limited to, laws governing the use and disclosure of protected health information.

In the event of any material change to federal, state, or local law or regulation applicable to the CAA Services that affect's Oracle's ability to perform under this order, the parties will negotiate in good faith to amend this order to fully comply with any material changes. If the parties have not reached agreement on the amendment after good faith negotiation of at least thirty (30) days, Oracle may immediately terminate this order and neither party shall have further liability to the other under this order except for obligations arising under provisions that survive termination. Additionally, Oracle may amend the fees if Oracle's cost of operation is increased due to an adjustment in charges imposed upon Oracle by a federal, state, or local governmental unit, law, regulation, or statute, provided that any such adjustment shall be limited to an amount reasonably related to the change.

e. Data. The parties agree and acknowledge that with respect to data processed via the CAA Services, Oracle may de-identify PHI in accordance with the standards set forth in 45 C.F.R. § 164.514(b) and may use or disclose such data for any lawful purposes. The parties further agree and acknowledge that with respect to data processed via the CAA Services, Oracle may transmit or route data through regions outside the United States subject to the requirement that all data transmitted will be encrypted and shall not be stored outside the United States. The foregoing statements are intended to amend and supersede any conflicting terms in the Business Associate Agreement and the referenced master agreement executed by the parties, provided that such amendment only applies to the data processed via the CAA Services.

Oracle may (a) compile statistical and other information related to the performance, operation, and use of the CAA Services, and (b) use data from the CAA Services in aggregated form for security and operations management, to create statistical analyses, and for research and development purposes (above clauses (a) and (b) are collectively referred to as "Service Analyses"). Service Analyses will not contain Your PHI or personal information. Oracle retains all intellectual property rights in Service Analyses.

f. Artificial Intelligence (AI) Tools. The CAA Services may involve the use of AI tools that are incorporated within the CAA Services. You acknowledge that AI tools are the product of machine learning and are not managed by human beings. AI tools are merely complementary administrative resources for You or Your clinicians and other medical personnel. You agree that You will not rely on any output from the CAA Services, including the AI tools, as a sole source of truthful or accurate information, or as a substitute for any medical or professional advice. You warrant and represent that You have trained and educated all persons who interact with the CAA Services to understand that the AI tools in the CAA Services cannot be relied upon by clinicians and other medical personnel in treating patients.

g. WARRANTY DISCLAIMER.

EXCEPT TO THE EXTENT PROHIBITED BY LAW, ORACLE MAKES NO REPRESENTATIONS OR WARRANTIES AND EXPRESSLY DISCLAIMS ANY WARRANTY CONCERNING THE OUTPUT OF THE CAA SERVICES, INCLUDING OUTPUT GENERATED BY ANY AI TOOLS INCORPORATED WITHIN THE CAA SERVICES, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE, INCLUDING BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT, AND ANY WARRANTIES ARISING OUT OF ANY COURSE OF DEALING OR USAGE OF TRADE. ORACLE DOES NOT WARRANT THAT THE OUTPUT OF THE CAA SERVICES, INCLUDING OUTPUT GENERATED BY ANY AI TOOLS, WILL BE UNINTERRUPTED, ACCURATE OR ERROR FREE, OR THAT ANY OUTPUT WILL NOT BE LOST OR ALTERED.

YOU AGREE THAT ORACLE MAKES NO WARRANTY OR REPRESENTATION THAT THE CAA SERVICES, INCLUDING ANY AI TOOLS INCORPORATED WITHIN THE CAA SERVICES, WILL MAKE ACCURATE RECOMMENDATIONS TO YOU, OR YOUR CLINICIANS OR OTHER

MEDICAL PERSONNEL, AND YOU, YOUR CLINICIANS AND OTHER MEDICAL PERSONNEL ARE INDEPENDENTLY RESPONSIBLE FOR VERIFYING THE ACCURACY OF INFORMATION GENERATED BY THE CAA SERVICES AND AI TOOLS.

Pioneers Memorial Healthcare District

Signature _____
Name _____
Title _____
Signature Date _____

Oracle America, Inc.

Signature *Anthony Hernandez*
Name Anthony Hernandez
Title Senior Director, NA Customer
Deal Desk
Signature Date 19-Nov-2025 12:24 AM PDT

Bill To / Ship To Contact Information

Bill To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Pioneers Memorial Healthcare District	207 W Legion Rd BRAWLEY, CA US 92227	Carrie Teague +1 (760) 351-4664 cteague@pmhd.org

Ship To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Pioneers Memorial Healthcare District	207 W Legion Rd BRAWLEY, CA US 92227	Carrie Teague +1 (760) 351-4664 cteague@pmhd.org

IMPERIAL VALLEY HEALTHCARE DISTRICT

CONSENT AGENDA

BOARD MEETING DATE:

December 2025

SUBJECT:

Affinity Data Archive Phase 3

BACKGROUND:

PMH went live with Cerner on 04/15/2024. Phase 1 of legacy systems archive were main systems, eClinicalWorks (clinic EMR), Pulse Check (ER EMR), QCPR (IP EMR), Affinity (Demographics ONLY). Archives were in a phased approach beginning with the main EMRs. Phase 2 of archive was Pergien (Fetal Monitoring Strips), OncoEMR (Oncology EMR), Optio/Bottomline (Document Repository, Scanning HIM).

KEY ISSUES:

In order to decommission and end maintenance on Affinity (Legacy Revenue Cycle System) we need to archive. We are currently paying \$50,000/annually to have read-only access to Affinity. Archiving is required due to data retention policies.

CONTRACT VALUE:

Subscription (Licenses)

Total: \$179,840 (\$35,968 annually)

CONTRACT TERM:

5-Year

BUDGETED:

Yes

BUDGET CLASSIFICATION:

Licenses

RESPONSIBLE ADMINISTRATOR:

Christopher Bjornberg

REVIEWED BY LEGAL:

☐

Yes

☐

No

Sent request for legal review on 11/14/2025. Pending review.

RECOMMENDED ACTION:

Approve Subscription Agreement

Exhibit A
STATEMENT OF WORK

This Statement of Work (the “SOW”), dated as of July 31, 2025 (the “SOW Effective Date”), shall be governed by the Master Service Agreement entered into as of July 31, 2025 therein (the “Agreement”), by and between, Pioneers Imperial Valley Health District (“**Client**”), and ELLKAY, LLC (“**ELLKAY**”).

1. Definitions.

- (a) **Data Set.** A Data Set is a list of data types for migration to LKOasis.
- (b) **Data Migration.** A Data Migration is the extraction and transformation of Client’s Source System data from a Source System to a destination EMR’s specifications for import by EMR.
- (c) **Electronic Medical Record or EMR.** A EMR is systematized collection of patient and population electronically stored health information in a digital format.
- (d) **Go-Live Data.** The Go-Live Data is the extraction data file that has been migrated and/or archived from the Source System and is used for Go-Live/Production according to the specifications set forth in this **SOW**. The Go-Live Data may comprise of the Source System data fully described in Section 3 below.
- (e) **Hosting.** Hosting is providing and maintaining computer servers, storage facilities, and associated resources, along with necessary technical support, for the purpose of storing, managing, and delivering digital content, data, applications, or services over the internet or a private network.
- (f) **LKOasis.** LKOasis is a software-as-a-service platform and repository that enables the storage, retrieval, and management of discrete medical/clinical/financial information, and non-discrete reports/documents, and other related data in a secure, structured, and compliant manner.
- (g) **Sample Data.** The Sample Data is a subset of patient data from the Source System data that has been migrated to destination EMR’s import specifications and/or archived to LKOasis. The Sample Data is used for Client validation that may include the data elements fully described in Section 3 below.
- (h) **Source System.** The Source System is the source Electronic Medical Record (“EMR”), Electronic Health Record (“EHR”), Practice Management System (“PM System”), or other application from which an extraction data file has been or will be migrated and/or archived.
- (i) **Subscription.** A Subscription means a fixed term right to access, use and/or benefit from LKOasis platform.

2. Term; Termination.

SOW Term. The initial term of this SOW shall be for a period of five (5) years from the Effective Date (the “Initial Term”). Upon expiration of the Initial Term, the SOW shall automatically extend for successive one (1) year periods (“Renewal Term(s)”), unless written notice of termination is given by either party sixty (60) days prior to the end of the Initial Term or any Renewal Term (the Initial Term and the Renewal Term each being a “Term”). Termination of this SOW shall be pursuant to the terms and conditions of the Agreement.

3. Professional Services and Subscription.

(a) **LKOasis** – ELLKAY will provide Client implementation services and a Subscription to LKOasis. LKOasis implementation services include: (i) project management resources; (ii) an assessment of data sets in the Source System for inclusion in LKOasis; and (iii) setup and configuration of LKOasis.

- i. **LKOasis Financial: Standard w/ Cash Posting Data Sets.** Source System Data in LKOasis is stored in LKOasis format, which may appear different than the format as it was in the Source System. Any additional modules in scope may incur additional costs and will be mutually agreed upon between the Parties in an addendum to this SOW.

Financial: Standard w/ Cash Posting

Financial: Standard w/Cash Posting Data Sets for migration and archiving to LKOasis include:

- Patient Demographics (View Only)
- Guarantor Information (View Only)
- Insurance Information including Authorizations and Case Management (View Only)
- Tickets/Encounters/Visits (View Only)
- Charges (View Only)
- Claims (View Only)

- Cash Posting (Individual Account Level)
 - Payments
 - Transactions (credits/refunds)
 - Adjustments
- Notes
- Documents/Letters (PDF Format ONLY – EOBs, Claims, Patient Statements)
- Standard Reports – Aging by Carrier, Adjustment Detail, Transaction Detail, Total Patient Balance, Charge Detail, Refund Detail
- Any additional modules in scope may incur additional costs and will be mutually agreed upon between the Parties in an addendum to this SOW.

4. Evaluation; Testing and Acceptance.

- (a) ELLKAY shall perform a remote review and evaluation of the Source System Data Sets (“Application Analysis”).
- i. For each Source System, ELLKAY will provide Client an evaluation report, detailing Data Sets included in the Scope of Work Sign-off document. Client shall be responsible for promptly reviewing the Scope of Work Sign-off document. Upon Client’s approval/signature of the Scope of Work Sign-off document, ELLKAY will provide Client with an estimated timeline for completion of Data Migration and/or LKOasis services for each Source System. Client acknowledges and agrees that any change or modification to the scope of work after Client approval will impact any estimated timeline provided and additional fees may apply.
 - ii. For any Data Migration to new EHR and/or LKOasis, ELLKAY will provide to Client the Sample Data for each Source System to be reviewed by Client. Client is responsible for review and acceptance/signature of “Testing Sign-Off Form” provided within ten (10) days of receipt of Sample Data. Any data issues or discrepancies will be resolved by ELLKAY prior to sign-off. Upon receipt of signed Sample Data “Testing Sign-Off Form”, ELLKAY will commence final extraction and migration of Source System data the Client Destination EMR import file specifications and/or to LKOasis. Client acknowledges and agrees that any changes or modification requested by Client after sign-off of Sample Data will impact the estimated timeline provided and fees agreed to.
 - iii. Once Go-Live Data is delivered to Client via import files for Data Migration and/or LKOasis, Client is required to report to ELLKAY any issues, changes, updates, functional requirements within thirty (30) days of receipt of each Go-Live Data. Client acknowledges and agrees that any changes or modifications after this thirty (30) day period, will impact the estimated timeline and additional fees may apply. If issues are identified after the 30 day period, the issue will be evaluated to see if additional fees apply to correct the issue.

(b) Source Systems for LKOasis.

Facility Name	Source System	# of Provider s/ Beds	# of Patient (MRN) Records	Size of Database	Type of LKOasis	Extract Responsibility
Pioneer Memorial Healthcare District	Harris QuadraMed Affinity v. G18	107 Beds	427,313	.285 TB	Financial Standard LKOasis	ELLKAY to extract

5. Client Responsibilities.

- (a) Client will provide (i) prompt responses to project management questions; (ii) assistance to ELLKAY for extraction of data; (iii) timely performance of all data validations presented by ELLKAY.
- (b) Client will fulfill ELLKAY project readiness prerequisites upon project initiation and understands prerequisites must be met before any development, build or configuration can be completed. ELLKAY reserves the right to postpone or cancel a project in which the readiness prerequisites have not been met. Readiness Prerequisites include:

data

1. Data Acquisition Planning Document complete
 2. Statement of Work/Contract Reviewed
 3. Project Governance/Controls Established
 4. Training Requirements (identified)
 5. Application Analysis complete and Desired Scope of Work Sign-Off
 6. Design Decisions Finalized
 7. Final Scope of Work Sign-off
 8. Project Plan Finalized
- (c) Client is responsible for completing testing and validation and reporting issues within thirty (30) calendar days upon delivery of Go-Live File, with the exception of open issues.
- (d) Client is responsible for ensuring ELLKAY has access to extract Source System data or providing Source System data (as mutually agreed upon). Client acknowledges that any delay in Source System access for data extraction or delay in receipt of Source System data could impact project timelines.
- (e) In instances where ELLKAY is reliant upon Client or Source System vendor for obtaining Source System data, Client will agree to a specific date of delivery of Source System data to ELLKAY for initial evaluation. Client acknowledges that noncompliance with the Source System data delivery date will result in delayed project initiation and completion.
- (f) In instances where ELLKAY is reliant upon Client or Source System vendor for obtaining Source System data, Client agrees to provide Source System data in the same file format for each data pull (Sample Data and Go-Live Data). Client acknowledges that any Source System data found by ELLKAY as non-conforming with the format agreed upon in Data Acquisition Strategy may impact project timeline and incur additional fees.

Client acknowledges and agrees that data extraction services contracted for include up to two (2) data pulls. ELLKAY defines a data pull as the one-time extraction of data from a source system. ELLKAY includes up to two (2) data pulls as a standard service: Sample and Go-Live. Additional data pulls may be contracted for at an additional cost to Client.

6. Fees

(a) Fee Table –LKOasis Fees.

2	Recommended Consolidate & Comply <i>As referenced in Exhibit A-1 through A-3</i>
Annual Subscription Fees:	\$34,600 Per Year
Annual Hosting Fees: <i>(Includes Hosting up to 0.285 TB)</i>	\$1,368 Per Year
Total Initial Term Fees:	\$179,840

7. Financial Terms

- (a) Upon the SOW Effective Date, ELLKAY shall invoice, and Client shall pay to ELLKAY the Annual Subscription Fees in the amount of Thirty-Four Thousand Six Hundred (\$34,600) Dollars and the Annual Hosting Fees in the amount of One Thousand Three Hundred and Sixty-Eight (\$1,368) Dollars, as set forth in Fee Schedule 6(a) above. ELLKAY shall invoice and Client shall pay to ELLKAY the Annual Subscription Fees and the Annual Hosting Fees on the anniversary of the SOW Effective Date, thereafter. The Initial Term of the LKOasis subscription shall be five (5) years (the “Subscription Initial Term”).
- (b) The Fees listed herein above do not include (i) any Source System vendor fees that Source System vendor requires to extract Source System data. Source System vendor fees are the responsibility of the Client; (ii) any third-party content management systems, in such cases, ELLKAY shall provide a fee quote for the additional third party content management Source System to be migrated or archived (iii) any customizations to the data sets, in such cases, ELLKAY shall provide feasibility analysis and additional fee if applicable and Client shall be responsible for approving additional fee before ELLKAY provides services related to customization; (iv) any data sets that have been archived or purged from the active database in such cases (ELLKAY shall provide a fee quote for the archived or purged Data Sets); (v) extraction of proprietary or encrypted files in such cases (ELLKAY shall provide a fee quote for the conversion of files to a supported LKOasis format); (vi) any custom forms and/or templated documents generated on-demand and not held as a complete and unencrypted file in the database; and (vii) any custom filtering with the exception of encounter date, active/inactive status or Provider. Modules included in scope for archiving are subject to ELLKAY evaluation of the Source System Data. Fees may be adjusted if Source System information changes.
- (c) The LKOasis Subscription and Hosting Fees may increase during any Renewal Term. The LKOasis Subscription and Hosting Fees shall not exceed a three-and-a-half percent (3.5%) increase annually during any Renewal Term.
- (d) The pricing set forth in Section 6 is valid for database and multimedia file sizes as indicated in each Source System Table 4(b). Each additional terabyte (TB) per Source System is Four-Hundred (\$400) Dollars per month and shall be invoiced to Client upon delivery of the first (1st) Sample Data.

8. Client Data Transfer Process.

- (a) When ELLKAY performs a data migration or archiving, either secure internet transfer or an external hard drive will be used to transfer the data from Client’s environment to ELLKAY’s headquarters. Alternative methods for secure transfer of data may be discussed and agreed upon with ELLKAY.
 - 1. Secure internet transfer:
 - i. If the source database is 2GB or less, ELLKAY will transfer the data securely over the internet via LogMeln or YouSendIt. ELLKAY represents and warrants that both of these tools are HIPAA compliant.
 - ii. If the size of the database is between 2GB and 5GB, ELLKAY will work with Client to transfer the data electronically using the ELLKAY SFTP.

2. External hard drive:
 - i. If Client's source database is greater than 5GB, a hard drive must be used in order to transfer data. In the case that a hard drive is needed, ELLKAY requires Client's IT to perform the encryption and data transfer.
 - ii. Once the data is transferred onto the hard drive, Client is responsible for sending the hard drive to ELLKAY's headquarters using a trackable delivery method with signature required upon delivery, such as FedEx.
- (b) The section is enforced to distinguish ownership of the hard drive and the data contained on the hard drive, ensuring that all data is the property of Client and to maintain ELLKAY's high standards of security.
- (c) After the data transfer is complete, the hard drive will be returned to Client using United Parcel Service. Upon written request to ELLKAY, ELLKAY will return the hard drive to Client in the same delivery method that Client used to send the hard drive to ELLKAY. ELLKAY will use a trackable delivery method and the data on the hard drive will be encrypted prior to ELLKAY sending the hard drive to Client. The encryption method used will be compliant with HIPAA and all other applicable law. ELLKAY will provide Client with the necessary information and/or materials to decrypt the data upon return to Client.

9. Additional Terms and Conditions.

- (a) ELLKAY reserves the right to place projects on hold for the following reasons:
 1. If Client fails to respond to ELLKAY outreach for a consecutive thirty (30) calendar day period or more.
 2. Client has been responsive but is unable to provide the data in scope to perform the services under this SOW, which has caused a delay for thirty (30) consecutive calendar days or more.
 3. Client has been responsive but has resource constraints and is unable to move forward, delaying the project for thirty (30) consecutive calendar days or more.
 4. Client cannot fulfill readiness prerequisites as outlined by ELLKAY.
- (b) ELLKAY reserves the right to cancel any projects that are in a HOLD status for more than sixty (60) days without written notification or updates from the Client. Any canceled project will be considered a new project with the same pricing as originally quoted.

IN WITNESS WHEREOF, the parties have respectfully caused this **SOW** to be executed by their duly authorized representatives on the dates hereinafter indicated.

Client

ELLKAY, LLC

By:

By:

Name:

Name:

Title:

Title:

Date:

Date:

Exhibit A-2 Assumptions

1. Client acknowledges and agrees that any requirements for interface development and support outside the scope contracted product/package will be an additional fee.
2. Client acknowledges and understands that LKOasis consolidation will not be available for any Source Systems that are not patient-centric clinical systems: including but not limited to: HR, ERP, Patient Financial systems, Laboratory Information Systems, Blood Bank, Pharmacy Information Systems, etc. Client understands that consolidation is available for similar systems identified for consolidation during project readiness and planning. Client acknowledges that design decisions concerning consolidation are made jointly with ELLKAY, with ELLKAY providing guidance and recommendations. Client acknowledges that ELLKAY has final approval authority for proceeding with archive consolidation.
3. Client acknowledges that timelines cannot be finalized until ELLKAY has received the data and evaluation has been completed.
4. Client acknowledges and agrees that any change or modification to the scope of work after Client approval, sign off on Sample Data, Go-Live Data or thirty (30) day reporting period for issues, will impact any estimated timeline provided and additional fees may apply.

Exhibit A -3
Cancellation Terms

Cancellation Terms	
Stage	Amount Invoiced
Prior to Sample File Delivery	Any fees invoiced prior to Sample File Delivery are not refundable.
Delivered Sample File	Client remains responsible for 50% of the Total Initial Term Fees for cancelled project.
Client approved Sample File	Client remains responsible for the Total Initial Term Fees for the cancelled project.

DATE: November 18, 2025

TO: Imperial Valley Healthcare District Board of Directors

FROM: Ramaiah Indudhara, M.D; Chief of Staff, Pioneers Memorial Hospital

SUBJ: PMH Medical Staff Recommendations for Approval

ITEMS FOR CONSIDERATION: Recommendations from the Medical Executive Committee for Medical Staff Membership and/or Clinical Privileges, policies/procedures/forms or other related recommendations.

SUMMARY AND BACKGROUND: The Medical Executive Committee, upon the recommendations of the Credentials Committee and the respective clinical services and/or chiefs and based on the completed credential files, policies and procedures, recommends that medical staff membership and/or clinical privileges be granted as outlined below:

1. Recommendation for **Initial Appointment** to the **Provisional Staff effective December 1, 2025** for the following:
 - Kooros, Koorosh, MD Pediatric Gastroenterology
 - Larjani, Hasti, MD Teleradiology
 - Quinones Vargas, Irmari, MD Nephrology
2. Recommend **Reappointment** effective **December 1, 2025** for the following:
 - Abdullah, Khalid, MD Internal Medicine
 - Al-Jasim, Mohammed, MD Infectious Disease
 - Azinge, Welim, MD Family Medicine
 - Farrell, Robert, MD Teleradiology
 - Hussain, Shahid, MD Nephrology
 - Thomson, Matthew, MD Teleradiology
 - Vo, Anh, DO Internal Medicine
 - Whyte, Mark, MD General Surgery, Robotic Assisted Surgery
 - Jonet, Wendy, CRNA Nurse Anesthetist
 - Larkin, Kevin, PA Physician Assistant (excluding Non Core Special Procedures)
 - Nelson, Araceli, CNM Certified Nurse Midwife
 - Valenzuela, Mercy, CNM Certified Nurse Midwife
3. Recommend **Additional Privileges** as follows effective December 1, 2025:
 - Dodd, Cameron MD Ortho - Fluoroscopy
4. Recommend Acceptance of Resignation effective November 30, 2025 as follows:
 - Corbett-Detig, James, MD Emergency Medicine (Did not return reappointment)
 - Pollock, Max, MD
5. Recommend Release from Proctoring and Advancement effective December 1, 2025 for the following:
 - Abdullah, Khalid, MD Internal Medicine (Reciprocal proctoring)
 - Roll, Brianna, MD Internal Medicine
6. Recommend acceptance of the following policies/forms:
 - Adverse Reaction Cardiopulmonary WI (CLN-01150)
 - Cardiopulmonary Assessment (CLN-01153)
 - Emergency Preparedness Medical Surge Registration and Triage (EOC-00180)
 - Group B Streptococcal Infection - Neonatal (CLN-00204)
 - *Intermediate NICU Bioethics and Bioethics Consultation (CLN-02527)*
 - *Intermediate NICU Inpatient Visitation (CLN-02522)*
 - Neonatal "Code Neo" Guidelines (CLN-02534)
 - Neonatal Guidelines for Oxygen Administration (CLN-00246)
 - *Neonatal Nursery Admission, Transfer and Discharge Criteria (CLN-02513)*

- *NICU Dietitian Discharge Planning (CLN-02512)*
- *NICU Discharge Planning/Multidisciplinary Rounds (CLN-02512)*
- *Patient Rights – Neonatal Rights and Responsibilities of Parents/Guardians (CLN-00225)*
- *Post-Arrest Hypothermia Protocol (ICU-00409)*
- *Preventing and Managing Wounds (CLN-00318)*
- *Respiratory Care for Neonatal Patients (CLN-00294)*
- *Telemetry (CLN-01077)*

Note: not all of these policies require Board approval. Only those requiring this approval will be forwarded to the Governing Body..

7. Mr. Bjornberg stated that the Master Plan has been presented and approved by the Board as well as the strategic plan. Full reports will be presented to the MEC.
8. Mr. Velez reported that we are working to put together a comprehensive compendium of the different schools who are graduating MD's and specialty physicians so that we can reach out to them when we need a certain type of physician for recruitment purposes.
9. It was noted that the target date for completion of the merger is January 24, 2026. The committee working on the Bylaws hopes to have a draft ready to be voted on soon. They continue to meet monthly to discuss the articles in the bylaws to merge into one document for both campuses. Once approved by the Medical Staff, the bylaws will be forwarded to the IVHD Board for ratification.
10. Financial reports were not yet complete for October.
11. The transfer report was discussed. There were a total of 119 in October and a total of 1118 for the year. Most transfers were accepted by Desert Regional. These include ER transfers as well as Inpatient transfers.
12. Respiratory Mask Fit Testing compliance is currently 55% for the Medical/Allied Health Staff. This is an OSHA requirement and needs to be done annually. Reminders have been sent to those who have not complied with the requirement.
13. Our letter grade for Leapfrog at PMH is a "C" currently.
14. Clinical Service and Committee Reports:
 - Medicine – Dr. Krutzik reports no meeting for the Clinical Service.
 - Emergency Medicine – Dr. Nelson noted that they did have a meeting, focus was on preparing for the upcoming flu/cold season and staffing. It was stated that there may be prolonged wait times for transfers due to the weather and flu season.
 - Surgery/Anesthesia/Pathology – Dr. Larra stated that there are two additional providers utilizing the robotics service. Two additional anesthesia providers are now working at PMH.
 - OB/GYN – Dr. Zadeh reported that no meeting was held.
 - Pediatrics – Dr. Alshareef noted that no meeting was held for the service.
 - Medical Imaging – Dr. Rapp stated that they did not have a meeting. The current nuclear medicine technician coverage ends and the new one has been hired. The MRI tech coverage will be the only one in the county.
 - Ambulatory Services – No meeting was held.
 - Credentials & Bylaws – Approved information above. In addition, the process continues to review the Medical Staff Bylaws with ad-hoc committee of members of the Medical Staff from both campuses with the help of legal counsel.
 - MSQC –approved policies as listed above.
 - Utilization Management – Reported was that the PMH Average Length of Stay for September was 2.93. Case Mix Index is 1.45/1.85. Documentation by Hospitalists has improved a great deal.

RECOMMENDATION: That Imperial Valley Healthcare District Board of Directors approves each of the recommendations of the Medical Executive Committee for medical staff membership and clinical privileges as outlined above, policies and procedures as noted and authorize the chief executive officer to sign any documents to implement the same.



Respectfully submitted,
Ramaiah Indudhara, MD, MBA, FACS
Chief of Staff, Pioneers Health Center.
RI/cb

POLICIES FOR APPROVAL AT BOARD

	Policy	Policy No.	Page #	Revisions (see policy for full description)
1.	Intermediate NICU Bioethics & Bioethics Consultation	CLN-02527	• 1-3	<ul style="list-style-type: none"> Updated name change of the organization
2.	Intermediate NICU Inpatient Visitation	CLN-02522	• 4-13	<ul style="list-style-type: none"> Reviewed and submitted without change
3.	Neonatal Nursery Admission, Transfer and Discharge Criteria	CLN-02513	• 14-18	<ul style="list-style-type: none"> Updated name change of the organization
4.	NICU Dietitian Discharge Planning	CLN-02512	• 19-20	<ul style="list-style-type: none"> Updated name change of the organization
5.	NICU Discharge Planning/Multidisciplinary Rounds	CLN-02510	• 21-28	<ul style="list-style-type: none"> Made changes to organization name
6.	Preventing and Managing Wounds	CLN-00318	• 29-38	<ul style="list-style-type: none"> Changed author Changed phrase "Pressure Ulcer" to "Pressure Injury" Added new sections 4.1 (slough) and 4.2 (eschar) Revised sections 4.1 - 5.8.6 into sections 4.3 – 12.3.5 Added new sections: 5.1.4 – 5.1.4.3, 6.0 – 6.1, 8.9, 12.1 – 12.1.4, 12.3 – 12.3.5, 13.2, 13.3, 13.4, and 13.5 Deleted sections: 5.1.3 - 5.1.14, 5.3.5, 5.3.7, 5.4, 5.5.3, 5.8.1, 5.8.3 – 5.8.6, 6.2 and 6.3 Revised and Updated Entire Attachment C (Wound Care Protocol) Added sections to Attachment C (Wound Care Protocol): <ul style="list-style-type: none"> Venous Ulcers Arterial Ulcers Addition of consult registered dietitian to 7.2 Diabetic Foot Ulcers (Wagners)
7.	Respiratory Care for Neonatal Patients	CLN-00294	• 39-40	<ul style="list-style-type: none"> Updated name of organization Added 5.3

Imperial Valley Healthcare District

Title: Intermediate NICU Bioethics and Bioethics Consultation		Policy No. CLN-02527
		Page 1 of 3
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 9/25/2018
Latest Review/Revision Date: 09/15/2025		Manual: Clinical / Nursery/NICU

Collaborating Departments: Neonatal, NICU Medical Director, NICU Manager		Keywords: Bioethics/Neonatal		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service <u>Pediatrics</u> x		MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Imperial Valley Healthcare District is committed to maintaining an environment in which bioethical issues and dilemmas can be addressed.
- 1.2 To define the process for obtaining a Bioethics Consultation for Rady Children's Hospital San Diego (RCHSD) Regional Center for the PMH Intermediate NICU.

2.0 Scope: All Staff

3.0 Policy:

- 3.1 There is multidisciplinary representation on the Bioethics Medical Staff Committee available to PMH families and staff members thru RCHSD.
- 3.2 Bioethics consultations may be requested by physicians, other health care providers or family members by contacting the RCHSD Bioethics Consultation Team.
- 3.3 The RCHSD Bioethics Consultation Team is available Monday through Sunday (all hours).
- 3.4 The Bioethics Consultation Team is a multi-disciplinary group of specially trained clinicians and ethicists from the Bioethics Committee.
- 3.5 The Bioethics Consultation Team will initiate the consultation within 24 hours of the referral.
- 3.6 Indications and the purpose for bioethics consultations include, but are not limited to:
 - 3.6.1 Cases which may benefit from bioethical case review (i.e., significant differences in the desired plan of care arising between the parents/family/family or designated care provider and the NICU team)
 - 3.6.2 A need to clarify bioethical issues
 - 3.6.3 To assist in resolution of bioethical dilemmas, particularly those in which parties cannot agree
 - 3.6.4 Provide consultation and recommendations to the healthcare team or parents/family or designated care provider regarding the range of bio-ethically defensible options in patient care:
 - 3.6.5 To assist the parents/family or designated care provider decision-making in the care of limited neonatal viability:
 - 3.6.5.1 Extremely low birth weight (less than 350 grams)
 - 3.6.5.2 Early gestational age infants (less than 22 weeks)
 - 3.6.5.3 Medical condition not compatible with life (anencephaly, encephalocele)
 - 3.6.6 The appropriateness of specific interventions, e.g., a tracheotomy, feeding tube

Imperial Valley Healthcare District

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- 3.6.7 Resuscitation i.e., code status
- 3.6.8 Permissibility of withholding or withdrawing potentially non-beneficial treatment
- 3.6.9 Clarifying hospital policies or providing ethically relevant factual information
- 3.6.10 Moral distress
- 3.6.11 Religious, cultural and spiritual issues
- 3.7 The attending physician must be notified of the request for a bioethics consultation in a timely manner and informed that a bioethics consultation has been requested.
 - 3.7.1 The attending physician does not have the authority to block or decline the bioethics consultation.

4.0 Definitions:

- 4.1 PMH – Pioneers Memorial Hospital
- 4.2 RCHSD – Rady Children’s Hospital San Diego
- 4.3 NICU – Neonatal intensive Care Unit

5.0 Procedure:

- 5.1 To initiate a Bioethics Consultation from RCHSD regional center:
 - 5.1.1 In order to initiate a Bioethics Consultation, please notify the PMH NICU nursing/medical leadership or the PMH House Supervisor.
 - 5.1.1.1 One of the above staff members will contact RCHSD hospital operator, whom has access to the Bioethics Consultation Team’s call schedule and contact information. The RCHSD Nursing House Supervisor or hospital operator will contact one member of the Bioethics Consultation Team to initiate the process of the bioethics consultation.
- 5.2 The person requesting a bioethics consultation may consult with the bioethics consultant or whoever else is designated; or request the medical staff bioethics committee to meet regarding this case.
 - 5.2.1 It is recommended that when a bioethics consultation occurs, or when critical decisions are discussed with a family, it be done in an interdisciplinary manner with all those likely to participate in care and medical treatment to be included as much as possible in the process.
- 5.3 The person requesting the bioethics consultation may specify that his/her identity be kept confidential.
 - 5.3.1 This requestor of the bioethics consultation must notify the first member of the bioethics consult team of this request for confidentiality when he/she initiates the bioethics consultation request.
- 5.4 Parents/family or designated care provider will be notified of the availability of the Bioethics Consultant as soon as possible if they are the requesting party.

6.0 References:

- 6.1 Rady Children’s Hospital, San Diego, Policy G 3-0 “Bioethics Consultation for RCHSD Community NICU” (2016)
- 6.2 Nadroo, A.M .MD, FAAP, Ethical dilemmas in decision making at limits of neonatal viability. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3516104/> (2011)

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- 6.3 Barfield, W.D., MD Standard Terminology for Fetal, Infant, and Perinatal Deaths.
<https://pediatrics.aappublications.org/content/128/1/177> (2016)
- 6.4 Verklan, M.T., Walden, M. *Core Curriculum for Neonatal intensive Care Nursing*.
AWHONN (2014)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Updated name change of the organization

Imperial Valley Healthcare District

Title: Intermediate NICU Inpatient Visitation		Policy No. CLN-02522
		Page 1 of 4
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 5/29/2018
Latest Review/Revision Date: 09/15/2025		Manual: Clinical / Nursery/NICU

Collaborating Departments: Neonatal NICU Medical Director, NICU Manager		Keywords: Visitation/Neonatal	
Approval Route: List all required approval			
MARCC x	PSQC	Other:	
Clinical Service <u>Pediatrics</u> x	MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Imperial Valley Healthcare District promotes and supports a patient and family centered approach to care encouraging the presence and participation of families, Partners-in-Care, and others who play a significant role in the lives of patients.
- 1.2 The purpose of this policy is to provide guidelines regarding persons spending time with inpatients in the NICU.
- 1.3 This policy also provides a mechanism to issue identification authorizing certain individuals to visit a newborn, and to delineate their rights and responsibilities.
- 1.4 This policy differentiates between Partners-in-Care and visitors and provides structure for care and support to take place with minimal inconvenience while simultaneously providing a safe environment for treatment and healing.

2.0 Scope: All Intermediate NICU Staff

3.0 Policy:

- 3.1 Parents are considered part of the care team and are not restricted by visiting hours.
- 3.2 The hospital will not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- 3.3 Healthcare professional staff, utilizing reasonable clinical judgment, may place clinically necessary or other reasonable restrictions or limitations on visitation rights for the following reason.
 - 3.3.1 To provide medically necessary care.
 - 3.3.2 To control infections and communicable diseases.
 - 3.3.3 To facilitate rest for the patient or other patients in the immediate vicinity.
 - 3.3.4 To protect the privacy of patients in certain sensitive situations.
 - 3.3.5 To protect the security of the unit and any time visitation would interfere with care of the patient, care of other patients or effective unit operations.
 - 3.3.6 To protect the safety of other patients, staff and visitors in situations involving disruptive behavior.
 - 3.3.7 To protect the safety of the patient in situations involving possible abuse and neglect or where the hospital is aware of an existing court order restricting contact.

4.0 Definitions:

- 4.1 PIC – Partner-in-Care; A caregiver chosen by the parent(s) who is identified as such

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upon registration/admission to the Perinatal/Neonatal department. These identified individuals may not be blood relatives but are identified as the individuals who provide physical, psychological, and emotional support of the patient. PIC will have twenty-four hour access to the patient throughout the course of their hospital stay.

- 4.2 Visitors – Are guests of the patient, family or PIC. In some cases, visitors may be relatives. Visitors have restricted times during which they may see the patient.

5.0 Procedure:

- 5.1 This procedure is intended to be flexible to respond to the diverse and individual needs and preferences of each patient/family. It is intended to accommodate unanticipated and unique circumstances and ensure the safety of patients, families, PIC, and staff.
- 5.2 In the event that circumstances require exceptions to this procedure, the health care team, in collaboration with the patient's care givers, will use professional judgment in considering the circumstances and patient needs.
- 5.3 PIC:
- 5.3.1 All hospital staff, clinicians and volunteers will welcome and encourage parents and PIC to be involved and supportive of patient needs 24 hours a day.
- 5.3.1.1 They will recognize and reinforce that PIC are integral to patient safety, comfort, medical and psychological wellbeing and the healing process.
- 5.3.2 Parents will be given information regarding visiting rights upon admission, including an explanation about the differences between PIC and visitors.
- 5.3.3 PIC will be documented on the PIC Designation and Authorization form and signed by the parent.
- 5.3.4 PIC will be provided with a band to identify which infant they are to be associated. No more than two bands will be issued.
- 5.3.5 Individuals named in the PIC Designation and Authorization form will be confirmed by staff reviewing picture identification prior to distribution of the PIC wristband.
- 5.3.6 Wristbands will not be transferred from person to person.
- 5.3.7 PIC designation will be reviewed and revised as necessary to ensure patient needs are being met on a continuous basis.
- 5.3.8 Only parents will be permitted to change designated PIC; in these circumstances, a new Partner-in-Care Designation and Authorization form must be completed, signed and placed in the infants' medical record.
- 5.3.9 If the parents disagree on PIC designation, no additional wristbands will be distributed until a consensus can be reached. If this is the circumstance, both parents will be required to sign the Partner-in-Care Designation and Authorization form. No additional armbands will be distributed until both parties have signed.
- 5.3.9.1 In the event that families have any disputes concerning PIC, visitors, the scheduling and length of visiting, the Social Worker may be consulted for assistance when indicated.
- 5.4 Visitors:
- 5.4.1 Visitors must be accompanied by a banded individual or by a parent.

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- 5.4.2 Siblings who are 3 or older are welcome to visit with their parents with some exceptions. We work hard to limit the exposure to childhood illnesses. Siblings:
 - 5.4.2.1 Must be free of illness.
 - 5.4.2.2 Under 18 years of age are not permitted during flu season, usually from September to March.
- 5.4.3 Non-sibling visitors who are under the age of 18 will not be allowed in the NICU.
- 5.4.4 Visitors are allowed from 0800-2000 as conditions in the NICU allow.
- 5.5 Parents and PICs wearing wristbands are allowed patient access 24 hours a day. The number of people welcomed at the bedside at the same time will be determined collaboratively between staff and parents/PIC. Special considerations which may be relevant to the amount of time or number of people at the bedside include:
 - 5.5.1 The clinical and emotional needs of the patient. Examples include exhaustion, overstimulation, or marked increase in agitation.
 - 5.5.2 The need to maintain infection control precautions during bedside procedures.
 - 5.5.3 Limitations as requested by the parents or PIC.
 - 5.5.4 Space limitations in infants' room. In the NICU, the preferred number of people at the bedside is no more than two at a time.
 - 5.5.5 Patient, parents, PIC, or employee safety issues.
 - 5.5.6 A community outbreak of influenza or other communicable disease.
- 5.6 Changes, limitations and restrictions to patient access will be communicated positively to PIC and clearly documented in the medical record.
- 5.7 To protect patient privacy during shift change and report, parents, PIC, and visitors will be encouraged to avoid areas where they would potentially overhear staff giving report on other patients, but access will not be unduly restricted.
- 5.8 As space allows, the parents or PIC may remain with the patient overnight. The sleep room in the nursery or the waiting room adjacent to the nursery will be offered. They may sleep in the sleeper chair, couch, padded chair, but may not sleep on the floor.
 - 5.8.1 Neither the parents or PIC staying overnight, nor their belongings may obstruct the healthcare provider's access to, or ability to, care for the patient.
- 5.9 Entry to the NICU
 - 5.9.1 When entering the NICU, parents, PIC and visitors will be asked to:
 - 5.9.1.1 Check with the staff before entering the patient care area.
 - 5.9.1.2 Visitors will be verbally screened (Appendix A in English and Appendix in Spanish) by hospital staff (RN, RT, MD) and asked if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. This includes diarrhea, cough, runny nose, sore throat, fever, vomiting, and skin rashes. If such signs are exhibited, PIC is asked to leave. If a PIC is free of signs they will be provided a sticker with the date/time and initials of staff that cleared them. The PIC will be asked to place sticker in a visible area of upper chest and it is to remain in place until they leave the unit.
 - 5.9.1.3 Wash or disinfect their hands each time they enter and leave the patient care area.
 - 5.9.1.4 Follow isolation precautions as instructed by nursing staff.

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- 5.9.1.5 Avoid coming to the hospital if they are feeling ill or have signs of, or have recently been exposed to, communicable illnesses or infections. This includes diarrhea, cough, runny nose, sore throat, fever, vomiting, and skin rashes. If such signs are exhibited the parent or PIC may be asked to leave.
- 5.9.1.6 The parents and PIC must maintain and respect the privacy of other patients by staying at the bedside of the infant they are there to see.
- 5.9.1.7 To facilitate rest and recovery of all patients, PIC and visitors will be asked to be mindful and sensitive to the needs of other patients and families by keeping noise and disturbances to a minimum.

6.0 References:

- 6.1 St Jude's Children's Research Hospital (2017) "Inpatient Visiting Guidelines"
<https://www.stjude.org/treatment/patient-resources/caregiver-resources/infection-tips/inpatient-visiting-guidelines.html>
- 6.2 Cedars – Sinai (2017) " Visitor Policy and Hours"
<https://www.cedars-sinai.edu/Patients/Patient-and-Visitor-Resources/Visitor-Services/>
- 6.3 Rady Children's Hospital, San Diego (2015). CPM 4-06

7.0 Attachment List:

- 7.1 Attachment A – Partner-in-Care Designation and Authorization Form – English
- 7.2 Attachment A– Partner-in-Care Designation and Authorization Form – Spanish
- 7.3 Appendix B – Pictography for Partner-in-Care Verbal Screening of Illness – English
- 7.4 Appendix B – Pictography for Partner-in-Care Verbal Screening of Illness – Spanish

8.0 Summary of Revisions:

- 8.1 Reviewed and submitted without change

Partners in Care Designation and Authorization Responsible Party Agreement

Partners in Care Designation and Authorization for Verbal Disclosure of Health Information to Persons Other Than Legal Guardians

In accordance with the Imperial Valley Inpatient Visitation in the Intermediate NICU Policy (CLN-02522), the parents/legal guardians for each patient admitted to the PMH Intermediate NICU may designate up to a total of two Partners in Care (PIC). These are caregivers chosen by the parents/legal guardians based upon their commitment and availability to provide physical and emotional support to the patient. PIC may have unrestricted access to the patient 24 hours a day. This limit of four includes parents/legal guardians and is valid unless visitation must be restricted as indicated in the Inpatient Visiting Policy. Partners in Care will be identified by a wristband.

Partners in Care may only be designated by the parents/legal guardians of the patient. Designated Partners in Care will be required to provide photo identification prior to receipt of the green wristband. Wristbands are not transferrable.

I understand that I may change my child's designated Partner in Care at any time with reasonable notice to the hospital and by providing an updated designation form. I further understand that this privilege should only be granted to individuals who will be present and able to provide primary emotional and physical support for my child.

I also understand that the PIC status will enable designated persons to have 24 hours physical access to my child. This designation will also result in the individuals named below having access to my child's confidential medical information.

This authorization is voluntary and PMH cannot condition services on whether or not you sign this authorization to allow access to your child's medical information by additional designated persons. Please be aware that information disclosed pursuant to this authorization could be re-disclosed by the recipient may no longer be protected by federal and state of California confidentiality law.

AUTHORIZATION: I hereby authorize (Name of individual(s)):

- ☐ To receive, as a Partner-in-Care, verbal medical information pertaining to medical history, mental or physical condition, services rendered, or treatment of:

Name of Patient: _____ Date of Birth: _____

Date of Admission: _____

The electronic version of this policy supersedes any printed copy.

I specifically authorize release of the following information (check as appropriate):

- ☐ Mental health treatment information, as appropriate in the judgment of the provider and in accordance with California law.
- ☐ HIV test results
- ☐ Alcohol/drug information
- ☐ Please specify any limitations on the information authorized for disclosure:

DURATION: I understand this authorization may be revoked in writing at any time, according to the instructions in the PMH Notice of Privacy Practices, except to the extent that action had been taken in reliance on this authorization. Unless otherwise revoked, this authorization will expire six months from the date of this authorization.

RESTRICTIONS: I understand that PMH may not further disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I hereby release PMH from any/all legal liability that may arise from the release of this information to the party(ies) named above.

ADDITIONAL COPY: I further understand that I have a right to receive a copy of this authorization upon my request.

SIGNATURES:

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date: _____ Time: _____

Parents/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ Time: _____

Witness Name: _____

Witness Signature: _____

Date: _____ Time: _____

The electronic version of this policy supersedes any printed copy.

Partners in Care Designation and Authorization Responsible Party Agreement

Asignación de los Socios en el Cuidado y la Autorización Verbal Para Divulgar la Información Médica a Personas Otras Que No Sean Los Tutores Legales

De acuerdo con la Póliza de Visitas de IVHD (CLN-02522), los padres/tutores legales de cada paciente que se ingresa a Imperial Valley Healthcare District – Brawley (IVHD) puede asignar hasta un total de dos Socios en el Cuidado (PIC). Estos son cuidadores que fueron seleccionados por el paciente o su representante basado en su compromiso y disponibilidad de proporcionar apoyo físico y emocional al paciente. El PIC puede tener acceso sin restricciones para visitar al paciente las 24 horas del día. Éste límite de cuatro incluye a los padres/tutores legales y es válido a menos que las visitas deben ser restringidas como se indica en la Póliza de Visitas. Los Socios en el Cuidado serán identificados con una pulsera.

Los Socios en el Cuidado solo pueden ser asignados por los padres/tutores legales. Los Socios en el Cuidado necesitarán proporcionar una forma de identificación fotográfica antes de recibir la pulsera verde. Las pulseras no son transferibles.

Entiendo que en cualquier momento puedo cambiar los Socios en el Cuidado que han sido asignados notificándole anticipadamente al hospital y proporcionando un formulario con las nuevas personas asignadas. Además, entiendo que este privilegio únicamente debe ser otorgado a los individuos que estarán presentes y podrán proporcionar apoyo físico y emocional a mi hijo/hija.

Además entiendo que la condición del PIC le permitirá a la persona asignada acceso físico a mi hijo/hija las 24 horas. Esta asignación también les permite acceso a los individuos nombrados para continuar recibiendo información médica de mi hijo/hija.

Ésta autorización es voluntaria y IVHD no pueden condicionar los servicios si usted firma o no ésta autorización para permitir acceso a la información médica de su hijo/hija por personas asignadas adicionales. Tenga en consideración que la información divulgada de acuerdo a esta autorización puede divulgarse de Nuevo por el recipiente y puede dejar de estar protegida por las leyes de confidencialidad federales y estatales de California.

AUTHORIZACIÓN: Con la presente autoriza (Nombre del individuo(s)):

- ☐ Para recibir, como Socio en el Cuidado, información médica verbal perteneciente al historial médico, condición mental y física, servicios recibidos o tratamientos de:

Nombre del Paciente: _____

Fecha nacimiento: _____

Fecha del ingreso al hospital: _____

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Autorizo especialmente la divulgación de la información siguiente (marque lo pertinente):

- ☐ Información del tratamiento de salud mental, de acuerdo al juicio del proveedor y de acuerdo con la ley de California.
- ☐ Resultados de la prueba del VIH
- ☐ Información del tratamiento de alcoholismo/drogadicción
- ☐ Especifique las limitaciones de autorización de divulgación:

DURACIÓN: Entiendo que esta autorización puede revocarse por escrito en cualquier momento, de acuerdo a las instrucciones de la Notificación de las Prácticas de Privacidad de IVHD, excepto al grado de la acción que se haya tomado correspondiente a esta autorización. A Menos que se revoque, esta autorización se vencerá seis meses a partir de la fecha de esta autorización.

RESTRICCIONES: Entiendo que IVHD no podrá continuar divulgando la información médica a menos que yo otorgue otra autorización o que tal uso o divulgación sea específicamente requerida o permitida por la ley. Por la presente libero a IVHD de toda responsabilidad legal que pueda surgir de la divulgación de esta información al prupo(os) arriba mencionados.

FOTOCOPIA ADICIONAL: Además entiendo que tengo el derecho de recibir una fotocopia de esta autorización se la solicito.

FIRMAS:

Nombre del padre/madre/tutor legal: _____

Firma del padre/madre/tutor legal _____

Fecha: _____ Hora: _____

Nombre del padre/madre/tutor legal: _____

Firma del padre/madre/tutor legal _____

Fecha: _____ Hora: _____

Nombre del testigo: _____

Firma del testigo: _____

Fecha: _____ Hora: _____



Los pacientes hospitalizados son susceptibles a la gripe y otras enfermedades en la comunidad.

Aquí en Imperial Valley Healthcare District estamos dedicados a proteger la salud y el bienestar de nuestros pacientes y personal.

¿Tiene alguno de los siguientes síntomas?

- **Fiebre**
- **Dolor de garganta**
- **Tos reciente**
- **Malestar corporal o escalofríos**
- **Goteo o congestión nasal**
- **Sarpullido/Ronchas**
- **Diarrea**

Si usted contestó sí a cualquiera de estas preguntas, por favor informarle a nuestro personal inmediatamente antes de que visiten a cualquier paciente - una enfermera o médico le dará instrucciones adicionales.

Gracias por su cooperación en mantener la salud de nuestros pacientes y personal.



Hospitalized patients are susceptible to flu and other illnesses in the community.

We at Imperial Valley Healthcare District are dedicated to protecting the health and welfare of our patients and staff.

Do you have any of the following symptoms?

- **Fever**
- **Sore Throat**
- **New cough**
- **Body aches or Chills**
- **Runny or Stuffy nose**
- **Rash**
- **Diarrhea**

If you answered **YES** to any of these questions please alert our staff immediately before visiting any patient – a nurse or physician will instruct you further.

Thank you for your cooperation in keeping our patients and staff healthy.

Imperial Valley Healthcare District

Title: Neonatal Nursery Admission, Transfer, and Discharge Criteria		Policy No. CLN-02513
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 1 of 5
Latest Review/Revision Date: 09/15/2025		Effective: 9/25/2018
Manual: Clinical / Nursery/NICU		

Collaborating Departments: Perinatal; Neonatal, NICU Medical Director, NICU Manager		Keywords: Neonate Admission, Transfer, Discharge Criteria		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service <u>Pediatrics</u> x		MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 To define the criteria for admission to the Neonatal Intensive Care Unit (NICU) at Pioneers Memorial Hospital (PMH), transfers to Regional Center – Rady's Children's Hospital, San Diego (RCHSD) and discharge of neonatal patients.

2.0 Scope: Neonatal NICU staff

3.0 Policy:

- 3.1 Patients are admitted under the care of a California Children's Services (CCS) paneled attending Pediatrician.
- 3.2 All admissions to the Intermediate NICU are arranged with the attending physician and the NICU charge nurse.
- 3.3 A CCS paneled Pediatrician shall review, evaluate and document the clinical management of each infant, on site, at least on a daily basis.
- 3.4 There is a CCS-paneled Pediatrician/Neonatologist who is on-call to the Intermediate NICU 24 hours a day who:
 - 3.4.1 Shall not be on-call for more than one hospital at the same time.
 - 3.4.2 Shall be no more than 30 minutes away from the Intermediate NICU at any time
 - 3.4.3 Shall be notified of new admissions and adverse changes in the status of neonates in a timely manner
 - 3.4.4 Shall be in-house and called whenever an unstable infant is in the Intermediate NICU and when there is a major change in the infant's condition which requires a reevaluation
 - 3.4.4.1 The process for any acute change in an infant's condition, which requires prompt assessment when the infants' physician or covering doctor cannot be reached within 15 minutes, the nurse is to notify nursing leadership.
 - 3.4.5 Infants will be examined by the CCS-paneled Pediatrician/Neonatologist within 12 hours of admission or sooner if clinically indicated.
- 3.5 It shall be the responsibility of the CCS paneled Pediatrician/Neonatologist to ensure that information is provided, on a regular basis, to referring physicians regarding their patients.
- 3.6 Requests for consult and/or management of patients are arranged by the referring physician directly by contacting the Pediatrician/Neonatologist on call.
- 3.7 All patients admitted to the NICU will have an NICU Admission History completed by the

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		Manual: Clinical / Nursery/NICU

registered nurse. An initial assessment is completed within 10 minutes of admission and documented within 2 hours of admission.

- 3.8 Reassessments are completed based on the patient's acuity. Reassessments are documented on the electronic medical record.
- 3.9 Neonates requiring transfer to a higher level of care are transported by the Children's Hospital Emergency Team (CHET) to Rady Children's Hospital, San Diego – Main Campus.

4.0 Definitions:

- 4.1 Transition/observation – The time from birth up to six hours of age at which time the infant will either be admitted to the Intermediate NICU or transferred to the Couplet Care Unit.
- 4.2 NICU – Neonatal Intensive Care Unit
- 4.3 CCS – California Children's Service
- 4.4 IDM – Infant of Diabetic Mother
- 4.5 MgSO₄ – Magnesium Sulfate
- 4.6 PPV – Positive Pressure Ventilation
- 4.7 CPAP – Continuous Positive Airway Pressure
- 4.8 HFNC – High Flow Nasal Cannula
- 4.9 LPM – Liters per minute
- 4.10 FiO₂ – Fraction Inspired Oxygen = oxygen concentration
- 4.11 IV – Intravenous
- 4.12 NG – Nasogastric
- 4.13 NJ – Nasojejunal
- 4.14 PMH – Pioneers Memorial Hospital
- 4.15 AGA – Average for Gestational Age
- 4.16 UAC – Umbilical Arterial Catheter
- 4.17 UVC – Umbilical Venous Catheter

5.0 Procedure:

- 5.1 Admission Criteria:
 - 5.1.1 Transitional/Observational Status:
 - 5.1.1.1 Infants requiring observation but who are expected to stabilize or improve may be transitioned in the Intermediate NICU.
 - 5.1.1.2 The infant's physician will be notified within 30 minutes of the infant's arrival in the Intermediate NICU by nursing staff. The following conditions are required to be transitioned in the Intermediate NICU:
 - 5.1.1.2.1 Infants less than 36 weeks gestation
 - 5.1.1.2.2 Symptomatic IDM per Neonatal Hypoglycemia Policy
 - 5.1.1.2.3 Maternal or neonatal conditions requiring close observation of the neonate:
 - 5.1.1.2.3.1 Mother receiving Mg SO₄ prior to delivery,
 - 5.1.1.2.3.2 Infants delivered via cesarean section
 - 5.1.1.2.3.3 Infants requiring resuscitation or prolonged

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PPV/CPAP

5.1.1.2.3.4 See criteria for Therapeutic Hypothermia

5.1.2 Intermediate NICU Status:

- 5.1.2.1 Infants requiring close observation, monitoring, stabilization or resuscitation (requiring chest compressions, prolonged PPV/CPAP) will be admitted to the Intermediate NICU pending stabilization or transfer to a higher level of care.
- 5.1.2.2 Stable infants greater than 1500 grams
- 5.1.2.3 Stable infant greater than or equal to 32 weeks gestation
- 5.1.2.4 Patients requiring continuous monitoring, receiving oxygen therapy, but stabilizing:
 - 5.1.2.4.1 Patients requiring mechanical ventilation less than 4 hours in duration
 - 5.1.2.4.2 HFNC \leq 2 LPM
 - 5.1.2.4.3 Maximum FiO₂ 60% and weaning from 60% within 6 hours.
- 5.1.2.5 Hyperbilirubinemia (unless non-hemolytic with bilirubin greater than 25 mg/dL or hemolytic disease with bilirubin greater than 20 mg/dL)
- 5.1.2.6 Maternal chorioamnionitis admitted for sepsis evaluation.
- 5.1.2.7 Stable infants with suspected or confirmed sepsis/pneumonia requiring saline lock IV antibiotics.
- 5.1.2.8 Hypoglycemia – simple and nonrecurring <See policy CLN-02506; *Hypoglycemia in the Newborn*>
- 5.1.2.9 Intrauterine drug exposure at risk for neonatal abstinence syndrome.
- 5.1.2.10 Failed Critical Congenital Heart Disease Screen
- 5.1.2.11 Transitional/Observational infants (see 5.1.1)

5.2 Regional Center Neonatology Consult & Transfer Criteria to Regional Center or another Acute Care Facility from PMH:

5.2.1 Respiratory

- 5.2.1.1 Persistent Fio₂ requirements greater than or equal to 60% for greater than 6 hours and an inability to wean.
- 5.2.1.2 Requiring endotracheal tube intubation and mechanical ventilation, nasal CPAP, or HFNC \geq 2 LPM.
- 5.2.1.3 Persistent apnea requiring frequent intervention and not responding to treatment
- 5.2.1.4 Respiratory requiring progressive modes of ventilation
- 5.2.1.5 Extracorporeal Membrane Observation (ECMO)
- 5.2.1.6 Pulmonary hypoplasia
- 5.2.1.7 Severe complicated apnea
- 5.2.1.8 Unstable, multiple and/or requiring surgical intervention for pneumothorax

5.2.2 Cardiac

- 5.2.2.1 Suspected cyanotic cardiac disease and/or defect
- 5.2.2.2 Vasopressor therapy
- 5.2.2.3 Life-threatening arrhythmias

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- 5.2.2.4 Patients with confirmed or suspected complex congenital heart defects that may require surgical intervention
- 5.2.3 Endocrine/Metabolic/Hematologic
 - 5.2.3.1 Patients receiving therapy for inborn errors of metabolism
 - 5.2.3.2 Patients with active life threatening bleeding
 - 5.2.3.3 Thrombocytopenia (platelet count less than 60,000)
 - 5.2.3.4 Acute Anemia with Hemoglobin less than 10 grams
 - 5.2.3.5 Infants requiring exchange transfusion
- 5.2.4 Neurological
 - 5.2.4.1 Uncontrolled seizure disorder
- 5.2.5 Other
 - 5.2.5.1 Sepsis
 - 5.2.5.2 Infection refractory to medication
 - 5.2.5.3 Septic shock refractory to treatment
 - 5.2.5.4 Persistent hypotension requiring vasopressor therapy, vasoactive agent, or other continuous drip medication.
 - 5.2.5.5 Patients requiring surgical evaluation/intervention
 - 5.2.5.6 Dysmorphic patients with complicated life-threatening anomalies
 - 5.2.5.7 Weight less than or equal to 1500 grams
 - 5.2.5.8 Less than 32 weeks gestation
 - 5.2.5.9 Feeding disorders:
 - 5.2.5.9.1 Severe feeding intolerance requiring NG or NJ feeding.
 - 5.2.5.9.2 Suspected necrotizing enterocolitis.
 - 5.2.5.9.3 Gastro-esophageal reflux requiring pharmacological therapy.
 - 5.2.5.10 Infants that meet criteria for possible therapeutic hypothermia treatment.
 - 5.2.5.11 Any infant at the discretion of the Pediatrician/Neonatologist.
- 5.3 Back transport criteria: Based on level of care required and bed availability, infant may be transferred back to PMH Intermediate NICU for completion of care.
 - 5.3.1 The infant is referred to, and accepted by, an attending Pediatrician/Neonatologist.
 - 5.3.2 These babies may include, but are not limited to, the following:
 - 5.3.2.1 Weight greater than 1500 grams AGA, gestation greater than or equal to 32 weeks.
 - 5.3.2.2 Apnea controlled with medication
 - 5.3.2.3 Oxygen hood or cannula flow \leq 1 LPM, unlikely to need further CPAP or mechanical ventilation.
 - 5.3.2.4 Infants not requiring continued invasive monitoring or central vascular access (i.e., UAC, UVC)
 - 5.3.2.5 Neurological disease unlikely to need inpatient Neurology follow-up
 - 5.3.2.6 Cardiac disease that does not require inpatient Cardiology follow-up
 - 5.3.2.7 No significant feeding problems, and does not require inpatient Gastrointestinal follow-up
 - 5.3.2.7.1 Stable NG feedings

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5.4 Discharge Criteria

5.4.1 To Home:

- 5.4.1.1 A sustained pattern of weight gain of sufficient duration has been demonstrated
- 5.4.1.2 The infant has demonstrated adequate maintenance of normal body temperature fully clothed in an open bed with normal ambient temperature (68° – 77°F)
- 5.4.1.3 The infant has established competent feeding by breast or bottle without cardio/respiratory compromise
- 5.4.1.4 Physiologically mature and stable cardio/respiratory function has been documented for a sufficient duration
- 5.4.1.5 Appropriate immunizations have been administered
- 5.4.1.6 Appropriate metabolic screening has been performed
- 5.4.1.7 Hematologic status has been assessed and appropriate therapy has been instituted, if indicated
- 5.4.1.8 Hearing evaluation has been completed
- 5.4.1.9 Funduscopic examinations have been completed, as indicated, or outpatient referral appointment arranged.
- 5.4.1.10 Neurodevelopmental and neurobehavioral status has been assessed and demonstrated to the parents
- 5.4.1.11 Car seat evaluation has been successfully completed, as indicated
- 5.4.1.12 Critical Congenital Heart Disease screening successfully completed, as indicated.
- 5.4.1.13 Review of the hospital course has been completed, unresolved medical problems have been identified, and plans for follow-up monitoring and treatment have been instituted.
- 5.4.1.14 An individual home-care plan has been developed with input from all appropriate disciplines. <See *Intermediate NICU Discharge Planning/Multidisciplinary Rounds*>

6.0 References:

- 6.1 American Academy of Pediatrics. (2012). AAP: Committee on Fetus and Newborn Levels of Neonatal Care, Pediatrics, <http://pediatrics.aappublications.org/content/130/3/587>
- 6.2 American Academy of Pediatrics. (2008). AAP: Hospital Discharge of the High Risk Neonate, Pediatrics, <http://pediatrics.aappublications.org/content/122/5/1119>
- 6.3 Rady Children's Hospital policy PM 9-165; Admission, Transfer & Discharge Criteria for the NICU (2016)

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Updated name of organization

Imperial Valley Healthcare District

Title: NICU Dietitian Discharge Planning		Policy No. CLN-02512
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 1 of 2
Latest Review/Revision Date: 09/15/2025		Effective: 4/18/2018
Manual: Clinical / Nursery/NICU		

Collaborating Departments: Perinatal, Neonatal, Dietary		Keywords: NICU- Dietary		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service <u>Pediatrics</u> x		MSQC x	MEC x	BOD x

NOTE: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 To describe the dietitian's role in patient discharge planning of the neonate in the NICU

2.0 Scope: Dietitian

3.0 Policy:

- 3.1 Nutritional assessments and consultation services for discharge planning with neonatal patients will be provided by a Registered Dietitian. Nutritional assessments and consultation services can be initiated by a licensed independent practitioner, registered nurse and/or a registered dietitian.

4.0 Definitions:

- 4.1 Nutritional Assessment – The comprehensive process for defining an individual's nutrition status and needs using medical, dietary intake, and medication intake histories, physical examination, anthropometric measurements, laboratory data, and patient interview as appropriate.

5.0 Procedure:

- 5.1 The dietitian will assess the patient's needs for discharge through nutrition assessment, nutrition follow-up, multidisciplinary meetings and rounds
- 5.2 The dietitian will participate in discharge planning for the nutritional care of patients on a special/modified diet, specialty formula and enteral or parenteral feeding regimen as appropriate. This may include nutrition education and documentation in the medical record, referral to community resources, recommendation for follow-up care and further participation in discharge planning meetings.
- 5.3 In the event of patient transfer to another institution, when possible and when applicable, the dietitian will provide and updated the patient's nutritional assessment including the current nutrition plan.
- 5.4 The dietitian will document discharge diet instructions in the patient's electronic chart under Clinical Services and patient's/caregiver's level of comprehension as well as recommendations for follow-up in outpatient clinics as appropriate.
- 5.5 The dietitian will document education handouts, formula instruction, and other important discharge information in their nutritional assessment notes.

6.0 References:

- 6.1 California Children's Service Manual of Procedures (2021)

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<http://www.dhcs.ca.gov/services/ccs/Documents/RegionalNICU.pdf>

- 6.2 Daily, D., Carter, A., Article – *Discharge Planning and Follow-up of the Neonatal Intensive Care Unit Infant* (2015) <http://clinicalgate.com/discharge-planning-and-follow-up-of-the-neonatal-intensive-care-unit-infant/>

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

- 8.1 Updated name of organization

Imperial Valley Healthcare District

Title: NICU Discharge Planning/Multidisciplinary Rounds		Policy No. CLN-02510
		Page 1 of 8
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective: 4/19/2018
Latest Review/Revision Date: 09/15/2025		Manual: Clinical / Nursery/NICU

Collaborating Departments: Perinatal; Neonatal; Case Management, Social Worker, NICU Medical Director, NICU Manager		Keywords: Discharge Planning, NICU		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service <u>Pediatrics</u> x		MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 To provide discharge assessment, planning, interventions, and reassessments to facilitate timely transition for neonatal patients and their families
- 1.2 To use a collaborative, interdisciplinary approach to coordinate care and planning to meet infant and their parents care goals and achieve optimal outcomes
- 1.3 To improve the effectiveness of communication, support collaborative work and enhance patient safety

2.0 Scope: Clinical staff, Case Management

3.0 Policy:

- 3.1 All families in the NICU (significant others when applicable) are to be provided on admission with the following information that is culturally and linguistically correct (English or Spanish)
 - 3.1.1 Literature regarding Sudden Infant Death Syndrome (SIDS), Car Seat and Air Bag Safety, Shaken Baby Syndrome
 - 3.1.2 Hearing screening information
 - 3.1.3 Immunization schedule
- 3.2 All newborns are required to complete newborn screening and hearing testing per procedures, unless a release has been signed by the parents or care taker
- 3.3 The Case Manager-MSW (Masters in Social Worker) evaluates the patient for discharge needs within 2 days of admission or the first business day thereafter and discusses results of the evaluation with the care team, patient and family/caregiver as appropriate
- 3.4 PMH relies on multidisciplinary participation in case conferences and discharge planning activities for patients with complex discharge needs; requirement of specialized placement or equipment to ensure a coordinated and effective discharge plan is developed and implemented as needed
 - 3.4.1 Multidisciplinary team rounds are held weekly to evaluate patients and involve the necessary team members
 - 3.4.1.1 The multidisciplinary team consists of the following members (not an inclusive list):
 - 3.4.1.1.1 Case Manager-MSW
 - 3.4.1.1.2 Physician
 - 3.4.1.1.3 Registered Nurse

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3.4.1.1.4 Dietician

3.4.1.1.5 Medical Therapies (PT, Speech)

3.4.1.1.6 Respiratory Care Practitioners

3.4.2 The individual team member's recommendations and treatments are documented in the EMR

3.4.3 Multidisciplinary/discharge team meeting notes are documented in the EMR

3.5 The Case Manager-MSW coordinate discharge needs with managed care/third-party payers, arranges durable medical equipment, supplies, community resources and homecare services as applicable to patient needs at discharge

3.5.1 A list of participating home health agencies or skilled nursing facilities, in the appropriate geographical area, is provided to the parents when the patient requires these services and is documented in the EMR

4.0 Definitions:

4.1 The Case Manager-MSW – Individual responsible for coordinating care between the patient's clinical team and primary care physician, community agencies, outpatient services, CCS designated programs and regional centers when required

4.2 Discharge Information – Includes, but is not limited to: the patient's diagnosis, medications, injury and illness prevention and education, follow-up appointments, and instructions on any medical treatments

4.3 Discharge Summary – Summarizes the reason for hospitalization, significant findings, procedure(s) performed (if any), treatment(s) rendered, patient's condition on discharge, patient instructions and provisions for follow-up care

4.4 California Children's Services (CCS) designated programs – CCS special care center, medical in home operations unit, early start program, medical therapy units and regional centers

4.5 After Visit Summary (AVS) – Includes, but not limited to: relevant information regarding the patient's diagnosis, medications, injury and illness prevention and education (as appropriate), follow-up appointments, and instructions on any medical treatments

4.6 Discharge Release Form – Form completed by the patient's legal guardian specifying to whom the patient may be discharged

4.7 PMH – Pioneers Memorial Hospital

4.8 NICU – Neonatal Intensive Care Unit

4.9 EMR – Electronic Medical Record

4.10 OT – Occupational Therapy

4.11 PT – Physical Therapy

5.0 Procedure:

5.1 Plans for the patient's discharge begin at admission and is considered as part of the overall Nursing Care Plan

5.1.1 Any barriers to learning are assessed and their education method is modified

5.1.2 The plan of care is implemented on admission and is updated as appropriate to the patient condition in the EMR

5.1.3 The admission assessment includes discharge readiness questions to screen for

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discharge needs upon admission which may result in a case management referral

- 5.2 A plan is formulated utilizing a multidisciplinary approach including the family to achieve the best outcome. Appropriate community resources (e.g., health clinics, public health, regional center, WIC, etc.) are identified for follow-up care.

5.2.1 Social Services

5.2.1.1 Risk factors identified during admission, or any time during hospitalization are communicated by the healthcare staff to Case Manager-MSW and entered into the EMR

5.2.1.2 A family psychosocial assessment will be done on all NICU patients by a social worker with expertise in Maternal-Child health

5.2.2 Dietary

5.2.2.1 Risk factors identified during admission, or any time during hospitalization are communicated by the healthcare staff to the Dietitian and entered into the EMR

5.2.3 Cultural and ethnicity considerations are documented as appropriate

- 5.3 The neonatologist or pediatrician will determine if a neonate needs to be referred to a higher level CCS approved NICU

5.3.1 Referrals to CCS special care centers shall be made for children with, but not limited to, the following conditions:

5.3.1.1 Conditions involving the heart (congenital heart disease)

5.3.1.2 Neoplasms (cancers, tumors)

5.3.1.3 Disorders of the blood (hemophilia, sickle cell anemia)

5.3.1.4 Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)

5.3.1.5 Disorders of the genito-urinary system (serious chronic kidney problems)

5.3.1.6 Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)

5.3.1.7 Serious birth defects (cleft lip/palate, Spina bifida)

5.3.1.8 Disorders of the nervous system (cerebral palsy, uncontrolled seizures)

5.3.1.9 Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)

5.3.1.10 Severe disorders of the immune system (HIV infection)

5.3.1.11 Disabling conditions requiring intensive care or rehabilitation (severe head, brain or spinal cord injuries)

5.3.1.12 Complications of premature birth that goes beyond the scope of our facility <See *transport criteria listed in CLN-00216*>

5.3.1.13 Disorders of the skin and/or subcutaneous tissue or severely disfiguring condition (severe hemangioma or craniofacial issue)

- 5.4 All patients discharged from the NICU will be provided discharge instructions specific to the patient's needs in the form of a printed After Visit Summary (AVS)

5.4.1 A copy of all printed AVS's will be retained in the patient's EMR

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- 5.5 At the time of discharge, the clinician will assure that documentation related to discharge is accurate and complete
 - 5.5.1 Patients are discharged with home instructions per the physician
 - 5.5.2 Information relevant to specific medications (e.g., time of last dose of medication before discharge or other instructions) will be annotated in the EMR/AVS prior to printing the final copy of the AVS as clinically indicated
 - 5.5.3 The clinician printing the AVS will evaluate the contents for sensitive items. If the AVS contains sensitive items, the medical provider will be notified to determine whether the AVS needs to be modified prior to reviewing with the family/guardian
 - 5.5.4 The final printed copy of the AVS will be the copy given to and reviewed with the parents/legal guardian
 - 5.5.4.1 The nurse discharging the patient reviews all medications with regard to dose, frequency, and route with the parents/legal guardian
 - 5.5.4.2 The clinician will document in the EMR with whom the AVS was reviewed
 - 5.5.5 Discharge teaching, based on the plan of care, is provided to the parents/caregiver and documented in the EMR
 - 5.5.5.1 Discharge teaching is provided using an interpreter when applicable
- 5.6 Multidisciplinary Rounds – NICU: Weekly multidisciplinary rounds are held for NICU patients. The following health care providers are included during the rounds: the attending physician, the bedside nurse, respiratory therapist, dietician, and case manager-MSW. Other health care providers are encouraged to attend, such as charge nurse, home health RN, pharmacists.
 - 5.6.1 All newborns admitted to the NICU are discussed at the weekly multidisciplinary rounds for medical progress and social risk factors. Referrals for follow-up care are determined at this time. Care plan revisions are completed accordingly.
 - 5.6.2 Documentation of the rounds and all referrals are recorded in the EMR. The NICU Multidisciplinary Rounds documentation lists the health care providers who attended and provides a summary of what was discussed about the infant.
 - 5.6.2.1 The bedside nurse will make changes in the plan of care identified during rounds
 - 5.6.2.2 The bedside nurse will document the referrals recommended in the EMR
 - 5.6.2.3 The attending physician will also document in the EMR the findings and recommendation of the NICU Multidisciplinary Rounds
 - 5.6.2.3.1 A Primary Care Provider (PCP) is identified by the parents prior to discharge and arrangements are made before discharge for the first follow-up appointment. A referral will be made to a local clinic if they have not identified a PCP. A discharge summary is sent to the PCP or follow-up clinic upon discharge. The identified PCP or clinic is documented in the electronic medical record
 - 5.6.2.3.2 Ophthalmology referrals are identified and follow-up consults

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are documented during rounds

- 5.6.2.3.3 Upon request from the social worker a Public Health Nurse (PHN) will provide pre-discharge home visit prior to discharge
- 5.6.2.3.4 All infants admitted to the NICU who meet California Children's Services (CCS) criteria are referred by the MSW in collaboration with the multidisciplinary team to CCS
- 5.6.2.3.5 Infants eligible for CCS that require High Risk infant Follow-up (HRIF) may be referred prior to or at discharge by the MSW in collaboration with the multidisciplinary health care team to Rady Children's hospital San Diego HRIF program. Newborns identified as developmentally delayed, or at risk for developmental delay, will be referred to the high risk follow-up clinic at Rady Children's Hospital San Diego. The HRIF program received the referral and contacts the parents to set up an appointment. Infants may qualify for both HRIF and Early Start programs. An infant shall be medically eligible for HRIF program when the infants:
 - 5.6.2.3.5.1 Birth weight is less than 1500 grams or the gestational age at birth is less than 32 weeks
 - 5.6.2.3.5.2 Birth weight is 1500 grams or more and the gestational age at birth is 32 weeks or more and one of the following criteria is met during the NICU stay
 - ♦ Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical cord blood gas sample or a blood gas obtained within one hour of life), or an Apgar score of less than or equal to three at five minutes of age.
 - ♦ A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia, and/or hypotension requiring pressor support.
 - ♦ Persistent apnea which required medication (e.g., caffeine) for the treatment of apnea at discharge
 - ♦ Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease
 - ♦ History of documented seizure activity
 - ♦ Other problems that could result in a neurologic abnormality (e.g., history of central nervous system infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability).
- 5.6.2.3.6 The following are completed by the MSW upon discharge for the HRIF referrals:
 - 5.6.2.3.6.1 An online HRIF registration form at <http://www.ccshrif.org/hrif/signout>.action or the discharge summary and current contact is faxed or

The electronic version of this policy supersedes any printed copy.

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mailed to RCHSD HRIF at fax# (951) 600-1760

5.6.2.3.7 Regional Center offers support services through Early Start. Infant eligible for California Early Start may be referred by the MSW in collaboration with the multidisciplinary team prior to or at discharge

5.6.2.3.7.1 MSW may fax or mail the referral form to California Early Start Unit 13-SDRC at fax # (858) 496-4302

5.6.2.3.7.2 Families may self-refer to California Early Start at any time

5.6.2.3.7.3 The Imperial County phone # is (760) 355-8383

5.6.2.3.7.4 Not all infants who qualify for Early Start will qualify for HRIF

5.6.2.3.7.5 Eligibility requirements for Imperial County:

- ◆ Birth to age 3 years
- ◆ Residence in Imperial County
- ◆ No financial qualifications
- ◆ One of the following three categories:
 - High risk for developmental disabilities
 - Small for gestational age
 - Seizures in the first week of life
 - Less than 32 weeks gestation at birth
 - Assisted ventilation for 48 hours or more
 - Failure to thrive
- ◆ Established risk for developmental disabilities:
 - Conditions known to cause delay in development (e.g., Downs Syndrome, Prader-Willi, Spina bifida)
 - Need not be demonstrating delays at the time of referral
- ◆ Developmental delay in one or more of these areas:
 - Cognitive development (e.g., limited interest in environment, limited interest in play and learning)
 - Physical and motor development including vision and hearing (e.g., hypertonia, dystonia or asymmetry)
 - Communication development (e.g., limited sound repertoire, limited response to communication with others)
 - Emotional-social development (e.g., unusual responses to interactions, impaired attachment)
 - Adaptive development (e.g., feeding difficulties)

5.6.2.3.8 Infants may be referred by the MSW in collaboration with the multidisciplinary team to the Imperial County Home Visiting Program. Once the infant is discharged, the MSW faxes the referral and discharge summary to the Imperial County Home

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Visiting Program
(442) 265-1369)

5.6.2.3.8.1 Criteria for Public referrals to the Imperial County Home Visiting Program:

- ♦ Pregnant teens and other high risk pregnancies including those women with current gestational diabetes, hypertension, placenta previa, no prenatal care
- ♦ Post-partum families including first time mothers, current domestic violence, drug use during this pregnancy, evidence of postpartum depression
- ♦ High risk infants who meet the following criteria
 - Birth weight less than 1500 grams or prematurity of 32 weeks or less
 - Apgar scores of 0-3 at 5 minutes of age, hypotonia persisting up to 2 hours of age
 - Documented intracranial abnormal pathology
 - Genetic, systemic or metabolic conditions which may be associated with developmental delay
 - Perinatal substance abuse exposure defined as a positive tox screen for infants or infants exhibiting signs of toxicity/withdrawal
 - Documented Intrauterine Growth Retardation (IUGR) defined as birth weight less than the third percentile on Standard IUG chart or National Center for Health Statistics growth chart

6.0 References:

- 6.1 American Academy of Pediatrics; (2008); AAP: Hospital Discharge of the High Risk Neonate, Pediatrics
<http://pediatrics.aappublications.org/content/122/5/1119>
- 6.2 American Academy of Pediatrics (2015); AAP Issues Recommendations on Newborn Hospital Discharge Readiness
<https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Issues-Recommendations-on-Newborn-Hospital-Discharge-Readiness.aspx>
- 6.3 California Early Start Program – The Roll of the Health Care Provider
<http://www.dds.ca.gov/earlstart/docs/HealthCareProvidersRole08.pdf>
- 6.4 California Early Start Program – Home page – Department of Developmental Services
<http://www.dds.ca.gov/earlstart/index.cfm>
- 6.5 CCS High Risk Infant Follow-up (HRIF) Program
<http://www.dhcs.ca.gov/services/ccs/Pages/HRIF.aspx>
- 6.6 California Department of Health Services, California Children Services (CCS)
<http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

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7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Made changes to organization name

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Title: Preventing and Managing Wounds		Policy No. CLN-00318
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Collaborating Departments: Physical Therapy, Dietary, Wound Care Center, Pharmacy, MD Papp, MD Bivens, Inpatient Nursing Units, and Purchasing Department			Keywords: Pressure Injuries, decubitus ulcers, skin breakdown, eschar, slough,	
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service <u>Medicine</u> x		MSQC x	MEC x	Board x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Assure proper assessment and management of patients for prevention of pressure injuries. Nurses and other caregivers involved with the patient who have already developed pressure injuries must work as an interdisciplinary team to provide the medically prescribed treatment for the best benefit to the patient.

2.0 Scope: Clinical and Ancillary

3.0 Policy:

- 3.1 Wounds and pressure injuries are often preventable however; when they do exist they will be managed in a vigorous manner to minimize their effects on the patient's well-being, comfort and to promote improved healing of such wounds.

4.0 Definitions:

- 4.1 **Slough:** Non-viable or dead tissue containing fibrin, protein, bacteria and neutrophils. Can be impacted by mechanical cleansing or various types of debridement. Can be moist or dry and varies in color.
- 4.2 **Eschar:** Necrotic or devitalized tissue on the surface of a wound. This can be black, brown, gray, or yellow. Tissue may be loose or firmly adherent; hard, soft, or soggy.
- 4.3 **Classification of Tissue Destruction:** Injuries such as skin tears, donor sites, vascular ulcers, surgical wounds and burns are described as **partial** or **full-thickness** to indicate the depth of tissue destruction.
- 4.4 **Pressure Injuries:** Classified based on the 2019 National Pressure Ulcer Advisory Panel guidelines, which describe the extent of tissue damage. A pressure injury is a localized damage to the skin and/or underlying tissue, often over a bony prominence, due to pressure, or a combination of pressure, shear, and/or friction.
- 4.5 **Stage 1 Pressure Injury:** Intact skin with non-blanchable redness over a bony area (color may differ on darker skin). Affected area may be painful, firm, soft, warmer, or cooler than surrounding tissue. Purple or maroon discoloration suggests a DTI.
- 4.6 **Stage 2 Pressure Injury:** Partial-thickness skin loss with exposed dermis, with a pink or red, moist wound bed, or an intact or ruptured blister. No visible adipose tissue, deeper tissues, slough, or eschar. Does not include moisture-associated skin damage or traumatic wounds. Purple or maroon discoloration suggests a DTI.
- 4.7 **Stage 3 Pressure Injury:** Full-thickness skin loss with visible adipose, granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. Depth varies by anatomical location; undermining and tunneling may occur.

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Fascia, muscle, tendon, ligament, cartilage and/or bone are **not** exposed. If tissue loss extent is obscured by slough or eschar this is an Unstageable Pressure Injury.

- 4.8 **Stage 4 Pressure Injury:** Full-thickness skin and tissue loss with exposed or palpable fascia, muscle, tendon, ligament, cartilage or bone. Slough and/ or eschar may be visible with possible epibole, undermining and/or tunneling. Depth varies by anatomical location. If tissue loss extent is obscured by slough/ or eschar this is an Unstageable Pressure Injury.
- 4.9 **Suspected Deep Tissue Injury (DTI):** Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister (color may differ in darker skin). Wound may evolve to reveal the actual extent of tissue injury, or may resolve. If deeper structures are visible, it is a full-thickness pressure injury. Do not use DTI to describe vascular, traumatic, neuropathic, or dermatologic conditions.
- 4.10 **Unstageable Pressure Injury:** Full-thickness tissue loss where the extent of damage is obscured by slough or eschar. The true depth and stage can only be determined once obstruction is removed. Stable eschar should not be softened or removed.
- 4.11 **Diabetic Foot Ulcers:** Wounds caused by angiopathy and neuropathy, leading to impaired healing and loss of sensation. Typically occur below the ankle on pressure points (heel, metatarsal heads). Characterized by round, even margins with a periwound callus, increasing the risk of further tissue breakdown.
 - 4.11.1 **Diabetic Foot Ulcers are Classified using the “WAGNER SCALE”**
 - 4.11.1.1 GRADE 0 – Intact skin
 - 4.11.1.2 GRADE I – Superficial without penetration of deeper levels
 - 4.11.1.3 GRADE II – Deeper, reaching tendon, bone, or joint capsule
 - 4.11.1.4 GRADE III – Deeper with abscess, osteomyelitis, or tendonitis extending to those structures
 - 4.11.1.5 GRADE IV – Gangrene on some portion of the toe, toes, and/or foot
 - 4.11.1.6 GRADE V – Gangrene involving the whole foot or enough of the foot that no local procedures are possible.
- 4.12 **Venous Stasis Ulcers:** Develop from venous hypertension due to damage in superficial, deep, or perforating veins associated with venous disease. Typically shallow but may cause full-thickness tissue loss. Characterized by irregular edges, a yellow/red wound bed, heavy drainage, and often macerated or scaly surrounding skin.
- 4.13 **Arterial Ulcers:** Caused by reduced blood flow and oxygen supply, leading to partial or full-thickness tissue loss. Characterized by well-defined borders, edema, erythema, minimal drainage, and often necrotic tissue.
- 4.14 **Skin Tears:** Occur due to trauma by mechanical forces. Severity may vary by depth but does not extend to the subcutaneous layer.

5.0 Procedure:

- 5.1 **Wound Assessment:** A complete wound assessment must be documented in the electronic medical record (EMR). Photographs of wound(s) must be obtained within 24 hours of admission, once per week, when significant changes are noted, and at discharge (unless taken within the last 24 hours). Photographs must be uploaded to patients' EMR.

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- 5.1.1 **Wound Picture Files Uploaded must include:**
 - 5.1.1.1 Patient identifiers (e.g. MRN or FIN)
 - 5.1.1.2 Date the picture was taken
 - 5.1.1.3 Wound Location
- 5.1.2 **Wound Assessment must include:**
 - 5.1.2.1 Wound Location
 - 5.1.2.2 Wound Type
 - 5.1.2.3 Description of Wound (color, shape, drainage, wet/dry)
 - 5.1.2.4 Size of Wound (length, width, and depth) – Only required on occasions when pictures of wounds are taken or as ordered by physician.
- 5.1.3 **Quality Review Report (QRR) Entries:** Entry of QRR is to be completed only if a wound is **not** present on admission and/or if the wound category/stage worsens.
- 5.1.4 **Wound Care Order Entry**
 - 5.1.4.1 Nurses may order the "Wound Care Protocol" for nurse-driven wound management, while notifying the physician about the wound (refer to Attachment A for the protocol).
 - 5.1.4.2 If the physician provides specific wound care instructions, a separate "Wound Care Order" will be entered with detailed instructions.
 - 5.1.4.3 Physician or LIP may prescribe a referral to podiatry or diabetic educator.
- 5.2 **Risk Factors for Impaired Skin/Tissue Integrity include, but are not limited to:**
 - 5.2.1 Limited mobility, Incontinence, Loss of Sensation, Poor Nutritional Status, Anemia, Elevated Temperature, Dehydration, Edema, and Prolonged Contact with Equipment.
- 5.3 **Client/Family Education include, but are not limited to:**
 - 5.3.1 Emphasize the importance of frequent position changes and use pillows or towel rolls to reduce pressure on bony prominences.
 - 5.3.2 Advise on increasing nutrition and fluids to promote healing, if allowed by the physician. Order to consult registered dietitian recommended.
 - 5.3.3 Follow the physician's instructions for pressure injury care and request assistance for dressing changes if needed.
 - 5.3.4 Emphasize the importance of proper foot care for diabetic patients.
- 5.4 **Nursing Diagnosis/ Care Plans**
 - 5.4.1 **Care Plans are updated daily by the RN or LVN, these may include:**
 - 5.4.1.1 Risk for Impaired Skin/Tissue Integrity
 - 5.4.1.2 Impaired Skin/Tissue Integrity or Altered Skin Status
 - 5.4.1.3 Risk for infection
 - 5.4.1.4 Impaired physical mobility
 - 5.4.1.5 Pain Management (Acute/Chronic)
- 5.5 **Planning**
 - 5.5.1 **Expected outcomes:**
 - 5.5.1.1 The patient will not experience a disruption of the skin integrity.
 - 5.5.1.2 The patient will benefit from wound care and pressure injury reducing supportive measures to begin tissue healing.
 - 5.5.1.3 The patient will experience regular turning and re-positioning.
 - 5.5.1.4 The patient will have an increase in nutrition to meet metabolic demands.
 - 5.5.1.5 The patient will remain free from infection.

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- 5.5.1.6 The patient will develop positive coping mechanisms in dealing with the wounds.
- 5.5.1.7 The patient or family member will understand the proper techniques in preventing pressure injuries.
- 5.5.2 **Equipment needed (for prevention):**
 - 5.5.2.1 Pillows
 - 5.5.2.2 Rolled up blankets or towels
 - 5.5.2.3 Offloading or Positioning system
 - 5.5.2.4 Specialty beds, if ordered by the physician
 - 5.5.2.5 Heel or elbow protectors
 - 5.5.2.6 Skin care products as needed or as prescribed.
- 5.6 **Implementation**
 - 5.6.1 Review Orders – Wound care protocol or physician's wound care order for instructions
 - 5.6.2 Pain Management – Assess pain and pre-medicate if needed.
 - 5.6.3 Patient Preparation – Identify patient, explain procedure, ensure privacy, gather supplies, adjust bed height, and position patient for wound care.
 - 5.6.4 Hand Hygiene & PPE – Perform hand hygiene and don appropriate PPE.
 - 5.6.5 Skin Care – Clean soiled areas without massaging pressure points.
 - 5.6.6 Wound Care – Perform wound care dressing changes using aseptic technique.
 - 5.6.7 Final Steps – Remove PPE, perform hand hygiene, and document wound care, skin assessment, and repositioning.
- 5.7 **Evaluation**
 - 5.7.1 Evaluate risk for pressure injury development via the Braden Scale (document every shift).
 - 5.7.2 Evaluate pressure injury points and the patient's ability for active movement.
 - 5.7.3 Evaluate patient's understanding of position changes and hygiene needs.
 - 5.7.4 Evaluate the effectiveness of pressure relief devices and wound care dressings.
 - 5.7.5 Evaluate wound progression and overall skin healing.
- 5.8 **Documentation**
 - 5.8.1 **Wound Assessment Documentation includes:**
 - 5.8.1.1 Wound type or Stage/Category
 - 5.8.1.2 Description (color, shape, drainage, wet/dry)
 - 5.8.1.3 Location
 - 5.8.1.4 Size (length/width/depth)
 - 5.8.2 **Wound Measurement**
 - 5.8.2.1 Length – Measure longitudinal distance (head to toe, or 12 to 6 o'clock direction).
 - 5.8.2.2 Width – Measure horizontal distance (left to right, or 9 to 3 o'clock direction).
 - 5.8.2.3 Depth – Insert a cotton tip applicator into the deepest part of the wound bed, perpendicular to the surface; mark the applicator remove measure and document.
 - 5.8.2.4 Tunneling or Undermining – A sterile Q-tip is passed into the tunnel or pocket or undermining, measuring the distance traveled. Document findings using the clock face method, referencing anatomical position to describe the direction.

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5.9 Wound/Skin Care Documentation may include:

- 5.9.1 Details of the procedure performed, including wound care, solutions or materials used, and whether aseptic or sterile techniques were applied.
- 5.9.2 The patient's response to the procedure and their level of tolerance.
- 5.9.3 Interventions used to prevent, reduce, or limit pressure on bony prominences.
- 5.9.4 Patient/family education and understanding on risk factors and prevention.
- 5.9.5 Documentation of any refusal of turning, wound care, or prevention measures, including the education provided and details of the refusal.

6.0 References:

- 6.1 Bryant Ruth A. & Nix Denise P. (2007). Acute & Chronic Wounds: Current Management Concepts (5th Ed.) St. Louis: Elsevier
- 6.2 Bowers, S., & Franco, E. (2020). Chronic Wounds: Evaluation and Management. *American Family Physician*, 101(3), 159–166.
<https://www.aafp.org/pubs/afp/issues/2020/0201/p159.html>
- 6.3 European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. (2019). *Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline Pressure Injury Alliance*.
<https://static1.squarespace.com/static/6479484083027f25a6246fcb/t/6553d3440e18d57a550c4e7e/1699992399539/CPG2019edition-digital-Nov2023version.pdf>
- 6.4 International Skin Tear Advisory Panel (2023) *Resources & Downloads*. ISTAP.
<https://www.skintears.org/resources>
- 6.5 Kalra, M. G., Higgins, K. E., & Kinney, B. S. (2014). Intertrigo and Secondary Skin Infections. *American Family Physician*, 89(7), 569–573.
<https://www.aafp.org/pubs/afp/issues/2014/0401/p569.html>

7.0 Attachment List:

- 7.1 Attachment A – Photographic Wound Assessment Documentation Form
- 7.2 Attachment B – Physician's Wound Care Orders
- 7.3 Attachment C - Wound Care Protocol

8.0 Summary of Revisions:

- 8.1 Changed author
- 8.2 Changed phrase "Pressure Ulcer" to "Pressure Injury"
- 8.3 Added new sections 4.1 (slough) and 4.2 (eschar)
- 8.4 Revised sections 4.1 - 5.8.6 into sections 4.3 – 12.3.5
- 8.5 Added new sections: 5.1.4 – 5.1.4.3, 6.0 – 6.1, 8.9, 12.1 – 12.1.4, 12.3 – 12.3.5, 13.2, 13.3, 13.4, and 13.5
- 8.6 Deleted sections: 5.1.3 - 5.1.14, 5.3.5, 5.3.7, 5.4, 5.5.3, 5.8.1, 5.8.3 – 5.8.6, 6.2 and 6.3
- 8.7 Revised and Updated Entire Attachment C (Wound Care Protocol)
- 8.8 Added sections to Attachment C (Wound Care Protocol):
 - 8.8.1 Venous Ulcers
 - 8.8.2 Arterial Ulcers
- 8.9 Addition of consult registered dietitian to 7.2
- 8.10 Diabetic Foot Ulcers (Wagners)

Tape picture of Impaired Skin Integrity type here.

You may overlap pictures of same wound on one sheet. However, use different sheet(s) for additional impaired skin integrity issues.

PLACE PICTURE HERE. PRINT 5X7 TO PRINT ON TOP.

Wound Photograph Nursing Documentation (R.N to complete for all skin integrity photographs taken.)

Location: _____ **Impaired skin Integrity Type:** ☐ Pressure Ulcer ☐ Diabetic Foot Ulcer ☐ venous leg ulcer ☐ Arterial leg ulcer ☐ Skin tear ☐ Abrasion ☐ Surgical Wound ☐ Burn ☐ Excoriation ☐ Bruise ☐ other

Description: _____

Size: Length _____ cm Width _____ cm Depth _____ cm

Was the wound present on admission ☐ Yes ☐ No

Physician Signature: _____ **Date/Time:** _____

RN Print Name: _____

RN Signature: _____ **Date/Time:** _____

Photographic Impaired Skin Integrity Assessment Documentation Form

For Pressure Ulcers only:

PRESSURE ULCER PRESENT ON ADMISSION

(Physician documentation of a pressure ulcer present on admission is required.)

Pressure Ulcer Stage: _____ If Stage 2 or greater, wound care consultation ordered? ☐ Yes ☐ No

If no, why? _____

Assessment Key

1. **Location:** Where is impaired skin integrity location on body.
2. **Classification:** See below.
 - **Only Pressure Ulcers are to be staged as a pressure ulcer.**
3. **Size:** Measurements go here in cm.
4. **Tunneling:** Track starting at impaired skin integrity bed projecting out.
5. **Undermining:** Tissue destruction to underlying intact skin along wound margins.

Pressure Ulcer (P.U.) Definition

- **Stage 1 Pressure Injury:** Intact skin with non-blanchable redness over a bony area (color may differ on darker skin). Affected area may be painful, firm, soft, warmer, or cooler than surrounding tissue. Purple or maroon discoloration suggests a DTI.
- **Stage 2 Pressure Injury:** Partial-thickness skin loss with exposed dermis, with a pink or red, moist wound bed, or an intact or ruptured blister. No visible adipose tissue, deeper tissues, slough, or eschar. Does not include moisture-associated skin damage or traumatic wounds. Purple or maroon discoloration suggests a DTI.
- **Stage 3 Pressure Injury:** Full-thickness skin loss with visible adipose, granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. Depth varies by anatomical location; undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If tissue loss extent is obscured by slough or eschar this is an Unstageable Pressure Injury.
- **Suspected Deep Tissue Injury (DTI):** Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister (color may differ in darker skin). Wound may evolve to reveal the actual extent of tissue injury, or may resolve. If deeper structures are visible, it is a full-thickness pressure injury. Do not use DTI to describe vascular, traumatic, neuropathic, or dermatologic conditions.
- **Unstageable Pressure Injury:** Full-thickness tissue loss where the extent of damage is obscured by slough or eschar. The true depth and stage can only be determined once obstruction is removed. Stable eschar should not be softened or removed.
- **Diabetic Foot Ulcers:** Wounds caused by angiopathy and neuropathy, leading to impaired healing and loss of sensation. Typically occur below the ankle on pressure points (heel, metatarsal heads). Characterized by round, even margins with a periwound callus, increasing the risk of further tissue breakdown.
- **Diabetic Foot Ulcers are Classified using the “WAGNER SCALE”**
 - GRADE 0 – Intact skin
 - GRADE I – Superficial without penetration of deeper levels
 - GRADE II – Deeper, reaching tendon, bone, or joint capsule
 - GRADE III – Deeper with abscess, osteomyelitis, or tendonitis extending to those structures
 - GRADE IV – Gangrene on some portion of the toe, toes, and/or foot
 - GRADE V – Gangrene involving the whole foot or enough of the foot that no local procedures are possible.
- **Venous Stasis Ulcers:** Develop from venous hypertension due to damage in superficial, deep, or perforating veins associated with venous disease. Typically shallow but may cause full-thickness tissue loss. Characterized by irregular edges, a yellow/red wound bed, heavy drainage, and often macerated or scaly surrounding skin.
- **Arterial Ulcers:** Caused by reduced blood flow and oxygen supply, leading to partial or full-thickness tissue loss. Characterized by well-defined borders, edema, erythema, minimal drainage, and often necrotic tissue.
- **Skin Tears:** Occur due to trauma by mechanical forces. Severity may vary by depth but does not extend to the subcutaneous layer.

Note: Photo documentation with impaired skin integrity assessment will be performed:

- For pre-existing wounds within 24 hours of admission
- Upon identifying hospital acquired pressure ulcers or other hospital acquired skin injuries.
- Weekly to track improvement or decline of wound.
- Within 48 hours prior to discharge from the hospital.

Physician's Wound Care Orders

- ☒ Implement prevention protocol.
- ☒ Measure all wounds and take pictures on: admission, new discovery, weekly and upon discharge if more than 24 hours since last picture.
- ☐ Weekly Wound Care Consultation
- ☐ Wound Care Follow-Up at discharge
- ☐ Nutritional Consult
- ☐ Surgical Consult
- ☐ Diabetes Educator Consult
- ☐ Physical Therapy Consult
- ☐ Infectious Disease Consultation
- ☐ Multivitamin PO once daily
- ☐ Obtain Wound(s) Culture and Sensitivity
- ☐ Pre-Albumin level with next lab draw and weekly.
- ☐ Transferrin level with the next lab draw & weekly.
- ☐ Offload heels with heel-lift suspension boots
- ☐ Specialty Surface: _____
- ☐ **Negative-Pressure Wound Therapy Settings:** _____ **Wound(s):** _____
- ☐ **Compression Therapy:** ☐ L Leg ☐ R leg ☐ Bilateral legs **Type:** _____
- ☐ **Other:** _____

Wound Type and Staging:

- ☐ **Pressure Ulcer Stage I:** _____
- ☐ **Pressure Ulcer Stage II:** _____
- ☐ **Pressure Ulcer Stage III:** _____
- ☐ **Pressure Ulcer Stage IV:** _____
- ☐ **Unstageable:** _____
- ☐ **Other:** _____

Wound Treatment:

- ☒ Cleanse wound(s) with Wound Cleanser and pat dry.
- ☒ Apply skin-prep to surrounding intact skin.
- ☒ For Urinary or Fecal Incontinence: Apply Zinc paste.

CLEANSING PRODUCTS

O.9% Normal Saline / Sterile Water / Wound Cleanser

TOPICAL OINTMENTS & GELS

Neosporin / Bactroban / Hydrogel / Silvasorb Gel / Santyl

SECONDARY DRESSINGS

Adaptic/ Tegaderm / Sterile Gauze / ABD Pad/ Telfa / Foam
Bordered Composite Dressing / bordered Foam dressing

PROTECTANT PRODUCTS:

No-sting Skin Prep / Zinc Paste / Antifungal Powder / Water-barrier Cream

PRIMARY DRESSINGS

Adaptic / Hydrocolloid / Calcium Alginate / Silver Calcium Alginate / Fibrocol / Prisma
Promogran / Foam / Xeroform / Tegaderm

SECURING PRODUCTS

Medipore tape / Paper tape / Kerlix / kling/ Tubinet / Coban

Physician Signature: _____ ☐ TORB **Date/Time:** _____

(PHYSICIAN SIGNATURE)

RN Signature: _____ **Date/Time:** _____

(RN SIGNATURE)

Wound Care Protocol

<input checked="" type="checkbox"/>	Notify primary physician of wound(s).
<input checked="" type="checkbox"/>	Implement Wound Care Protocol per physician's order and/or if Wound Care Consultation is pending.
<input checked="" type="checkbox"/>	Implement Prevention Care Plan. Implement turning schedule (turn and position every 2 hours).
<input checked="" type="checkbox"/>	Measure & take pictures of all wounds on admission, newly discovered, weekly & upon discharge if > 24 hours since last picture was taken.
<input checked="" type="checkbox"/>	RN/LVN must assess and document wound assessment and dressing condition every shift.
<input type="checkbox"/>	Place a Wound Care Consultation as per Inpatient Physician Orders
<input type="checkbox"/>	Incontinence/Dermatitis <input checked="" type="checkbox"/> Cleanse with perineal cleanser. Pat skin dry. Apply a thin layer zinc paste to affected area. Check skin routinely for incontinence.
<input type="checkbox"/>	Fungal Rash- Skin Folds <input checked="" type="checkbox"/> Cleanse area and dry thoroughly. Apply anti-fungal powder to skin folds BID. Separate skin folds with moisture-wicking cloths. Change every 3 days or when soiled.
<input type="checkbox"/>	Fungal Rash – Perineal/Peri-rectal Area <input checked="" type="checkbox"/> Cleanse area & dry thoroughly. Apply thin layer of anti-fungal ointment to area BID and PRN to keep area protected at all times. Check skin routinely for incontinence.
<input type="checkbox"/>	Skin Tear(s) <input checked="" type="checkbox"/> Cleanse wound(s) with 0.9% normal saline or wound cleanser and pat dry. If possible, re-approximate flap over skin tear. Apply non-adherent contact layer then cover with sterile gauze. Secure wounds on extremities with roll gauze. Change every 3 days or as needed.
<input type="checkbox"/>	Blister(s) <input checked="" type="checkbox"/> If blisters on heels, float heels off bed surface with pillows and/or heel boots bilaterally. <input checked="" type="checkbox"/> Intact: Do not rupture. Apply skin-prep. Do not cover. <input checked="" type="checkbox"/> Ruptured: Cleanse wound(s) with 0.9% normal saline or wound cleanser and pat dry. Apply a non-adherent contact layer and then cover with sterile gauze or foam dressing. Secure wounds on extremities with roll gauze. Change every 3 days or as needed.
<input type="checkbox"/>	Intact, Dry Black Eschar on Heels (firm with no S/S of infection or drainage). <input checked="" type="checkbox"/> Paint with Povidine-Iodine Daily. Omit Povidine-Iodine if history of Iodine Allergy. <input checked="" type="checkbox"/> Float heels off bed surface with pillows and/or heel boots. <input checked="" type="checkbox"/> Assess for improvement, deterioration/progression every shift. <input checked="" type="checkbox"/> DO NOT COVER OR MASSAGE
<input type="checkbox"/>	Stage I or Deep Tissue Injury (DTI) <input checked="" type="checkbox"/> Assess for improvement /deterioration/progression every shift. <input checked="" type="checkbox"/> Apply skin-prep to surrounding intact skin. Place a foam dressing. Change dressing every 3 days or as needed. <input checked="" type="checkbox"/> DO NOT MASSAGE RED/PURPLE AREAS
<input type="checkbox"/>	Stage II/ Partial – Thickness wound(s): <input checked="" type="checkbox"/> Cleanse wound(s) with 0.9% normal saline or wound cleanser and pat dry. Apply skin-prep to surrounding intact skin. <input checked="" type="checkbox"/> Apply foam dressing or non-adherent contact layer and cover with gauze. May apply topical agent to keep wound moist as needed. Change every 3 days and PRN. <input checked="" type="checkbox"/> Incontinent patients: May apply a thin layer of zinc based barrier cream and reapply zinc barrier cream as needed.
<input type="checkbox"/>	Stage III or Stage IV/Full – Thickness wound(s): <input checked="" type="checkbox"/> Cleanse wound(s) with wound cleanser and pat dry. Apply skin-prep (barrier) to surrounding intact skin. <input checked="" type="checkbox"/> May apply and/or pack with topical agent or wet-to-dry dressing to keep wound moist as needed. <input checked="" type="checkbox"/> Scant/Small draining wound: Apply silver antimicrobial gel and/or medical grade honey dressing (for present slough or eschar) for packing under foam. DO NOT extend silver antimicrobial gel beyond wound edges. Cover with foam dressing or non-adherent contact layer and cover with gauze. Change every 3 days and PRN. <input checked="" type="checkbox"/> Moderate/Large draining wound: Apply absorptive alginate dressing and cover with foam dressing or non-adherent contact layer and cover with gauze. May apply silver antimicrobial gel and/or medical grade honey dressing (for present slough or eschar) for packing under foam. DO NOT extend Silver antimicrobial gel beyond wound edges. Change every 3 days and PRN. <input checked="" type="checkbox"/> Tunneling & Undermining: Loosely pack tunneling or undermining with silver calcium alginate rope.
<input type="checkbox"/>	Unstageable wounds: <input checked="" type="checkbox"/> Cleanse wound(s) with wound cleanser and pat dry. Apply skin-prep to surrounding intact skin. <input checked="" type="checkbox"/> Wounds covered with Dry Eschar: Apply povidine-iodone and leave open to air; apply daily and PRN. DO NOT COVER OR MASSAGE. Omit Povidine-Iodine if history of Iodine Allergy. <input checked="" type="checkbox"/> Wounds covered with Wet Eschar and/or Slough: Apply and/or pack with medical grade honey dressing. Cover with foam dressing or non-adherent contact layer and cover with gauze. Change every 3 days and PRN.
<input type="checkbox"/>	Venous Ulcers: <input checked="" type="checkbox"/> Cleanse wound(s) with wound cleanser or 0.9% normal saline and pat to leave area moist. <input checked="" type="checkbox"/> Elevate the extremity above level of the heart at rest. <input checked="" type="checkbox"/> Wrap with compression dressing as per clinician order. <input checked="" type="checkbox"/> Scant/Small draining wound: Apply topical agent to keep wound moist, cover with non-adherent dressing, and wrap with gauze dressing. <input checked="" type="checkbox"/> Moderate/Large draining wound: Apply calcium alginate dressing, cover with non-adherent dressing, and wrap with gauze dressing. <input checked="" type="checkbox"/> DO NOT APPLY COMPRESSION DRESSING TO AREAS AT RISK FOR UNDERLYING ARTERIAL DISEASE.

- ☐ **Arterial Ulcers:**
- ☒ Cleanse wound(s) with wound cleanser or 0.9% normal saline and pat to leave area moist.
 - ☒ Apply topical agent to keep wound moist, cover with non-adherent dressing, and apply gauze dressing. May apply silver antimicrobial gel. **DO NOT** extend silver antimicrobial gel beyond wound edges.
 - ☒ **DO NOT APPLY COMPRESSION DRESSING TO ARTERIAL ULCERS.**
 - ☒ **DO NOT ELEVATE EXTREMITY ABOVE HEART LEVEL.**

- ☐ **Diabetic Foot Ulcers (Wagners):**
- ☒ Cleanse wound(s) with wound cleanser or 0.9% normal saline and pat to leave area moist.
 - ☒ Offload lower extremities.
 - ☒ Apply topical agent to keep wound moist, cover with non-adherent dressing, and apply gauze dressing. May apply silver antimicrobial gel. **DO NOT** extend silver antimicrobial gel beyond wound edges.
 - ☒ **DO NOT APPLY COMPRESSION DRESSING DUE TO RISK OF PERIPHERAL ARTERIAL DISEASE.**

Protocol Initiated By: _____ **Date/Time:** _____
 (RN SIGNATURE)

☐ **Implement** ☐ **Continue with Wound Care Protocol:** _____ ☐ **TORB** **Date/Time:** _____
 (Physician Signature)



Patient ID

Attachment C: Preventing and Managing Wounds CLN-00318

Imperial Valley Healthcare District

Title: Respiratory Care for Neonatal Patients		Policy No. CLN-00294
		Page 1 of 2
Current Author: Sandra Taylor, RNC-NIC, BSN		Effective:
Latest Review/Revision Date: 09/19/2025 r1		Manual: Clinical / Nursery/NICU

Collaborating Departments: Cardiopulmonary NICU Medical Director, NICU Manager		Keywords: Respiratory/Neonatal		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service Pediatrics x		MSQC x	MEC x	BOD x

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 To provide respiratory therapy services in keeping with regulatory standards for neonatal patients.

2.0 Scope: Respiratory Care Practitioners (RCPs)

3.0 Policy:

- 3.1 Respiratory care services shall be provided by RCPs who are licensed by the State of California and who have additional training and experience in neonatal respiratory care. Additional training in neonatal respiratory care shall be demonstrated by the following:
 - 3.1.1 Completion of a formal neonatal respiratory therapy course at an approved school of respiratory therapy that includes didactic and clinical course work;
 - 3.1.2 Completion of a minimum of 20 hours of didactic and four weeks of precepted neonatal clinical experience in a hospital-based course at a facility with a NICU equivalent to a Community or Regional NICU
- 3.2 The facility shall maintain a written job description delineating the qualifications and duties of the RCP in the NICU which reflects the provision of practice in accordance with Business and Professions Code, Respiratory Care Practice Act, Chapter 8.3, Article 1, Section 3702 and CCR, Title 16, Division 13.6, Articles 1 through 8.
- 3.3 Through the Regional Cooperation agreement the Intermediate NICU has access to respiratory care resources at Rady's Main for consultation, education, and training.

4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 The RCP shall be responsible, at a minimum, for the monitoring and application of respiratory equipment.
- 5.2 There shall be an identified RCP with expertise in neonatal respiratory care practice available at all times to the NICU.
- 5.3 Competency validation will be maintained as described in the RCP job description.
- 5.4 RCPs shall be assigned solely to the NICU when supportive ventilation is being provided and the staffing level shall be such that immediate availability of the RCP to the NICU is assured at all times.

6.0 References:

Imperial Valley Healthcare District

Title: Respiratory Care for Neonatal Patients		Policy No. CLN-00294
Current Author: Sandra Taylor, RNC-NIC, BSN		Page 2 of 2
Latest Review/Revision Date: 09/19/2025 r1		Effective:
		Manual: Clinical / Nursery/NICU

6.1 CCS Manual of Procedures, Issued 1/1/2021; Chapter 3.25.2

7.0 Attachment List: Not applicable

8.0 Summary of Revisions:

8.1 Updated name of organization

8.2 Added 5.3

IMPERIAL VALLEY HEALTHCARE DISTRICT

CONSENT AGENDA

BOARD MEETING DATE:

December 2025

SUBJECT:

Oracle Health EHR Nursing Mobility

BACKGROUND:

Historically PMH MedSurg unit has utilized workstation on wheels for BCMA. Workstations on wheels (WOWs), depending on configuration, can range from \$4,000 to \$6,000 per workstation to deploy. The unit normally has need for anywhere from 10-15 WOWs. There have also been issues brought up by regulatory bodies in regards to storage of the WOWs within this unit as they can not remain in the hallway areas. There is limited storage available.

The plan is to eliminate all WOWs from the MedSurg area and replace with Zebra Handhelds running the Nursing Mobility solution.

KEY ISSUES:

One thing to note, you must pass a network assessment of which PMH did prior to the Cerner go live (in 2023). Cerner would require an additional network assessment, which comes with a cost if we do not implement the mobility solution within 3-years of that assessment.

CONTRACT VALUE:

License Fees (60 Handheld Devices)	\$64,800 (36-months)
Purchased Services	\$103,632.75 (one-time)
Travel Estimate	<u>\$16,000 (one-time)</u>
	\$184,432.75
Hardware (60 Handheld Devices)	\$120,000 (not to exceed, one-time)
Total Project Value:	\$304,432.75

CONTRACT TERM:

36-months

BUDGETED:

Yes

\$180,000 in CapEx associated with WOW upgrades or handhelds

\$194,466.35 in Purchased Services for implementation.

\$24,480 in Licensing costs (monthly fees, 1st years cost budgeted to licenses)

BUDGET CLASSIFICATION:

Maintenance

RESPONSIBLE ADMINISTRATOR:

Christopher Bjornberg

REVIEWED BY LEGAL:

☐ Yes

☒ No

RECOMMENDED ACTION:

Approve Ordering Document for Nursing Mobility and approve hardware purchase not to exceed \$120,000.

Pioneers Memorial Healthcare District
207 W Legion Rd
BRAWLEY CA, 92227
US

Oracle America, Inc.
500 Oracle Parkway
Redwood Shores, CA
94065

Contact
Carrie Teague
+1 (760) 351-4664
cteague@pmhd.org

Fee Summary

Fee Description	Net Fees	Monthly Fees	Annual Fees
Recurring Services	--	1,800.00	--
Professional Services -- Time and Materials	103,632.75	--	--
Professional Services -- Estimated Expenses	16,000.00	--	--
Total Fees	119,632.75	1,800.00	0.00

Billing Frequency

Description	Amount Due	Payment Due
Professional Services -- Estimated Expenses	100%	Monthly in arrears
Professional Services -- Time and Materials	100%	Monthly in arrears
Recurring Services	100%	Annually in advance, beginning when access issued

Ordered Items

Recurring Services

Part Number	Description	Term	Pass-Through Code	Quantity	Unit Net Price	Extended Monthly Fees
B100058	Oracle Health EHR Nursing Mobility - Device	36 mo	--	60	30.00	1,800.00
Subtotal						1,800.00

Professional Services

Professional Services - Time and Materials

Part Number	Description / Role	Service Descriptions	Hourly Rate	Estimated Fees
B110297	Oracle Health Professional Services - Clinical Suite [PION_CA Nursing Mobility]	Attached	--	30,115.80
B102821	Principal Consultant - Technology Consultant - per Hour [PION]	--	138.45	--
B104435	Consulting Project Snr Principal Consultant - per Hour [PION]	--	182.00	--
B104440	Consulting Technical Manager - per Hour [PION]	--	182.00	--
B110297	Oracle Health Professional Services - Clinical Suite [PION_CA Nursing Mobility Medication Administration]	Attached	--	53,303.25
B104444	Principal Consultant - per Hour [PION]	--	138.45	--
B110297	Oracle Health Professional Services - Clinical Suite [PION_CA Nursing Mobility Specimen Collection]	Attached	--	20,213.70
B104446	Senior Consultant - per Hour [PION]	--	138.45	--
B104446	Senior Consultant - per Hour [PION]	--	138.45	--
Subtotal				103,632.75

Professional Services - Estimated Expenses

Part Number	Description	Estimated Fees
B102173	Oracle Health Travel and Expenses for Commercial Estimate - Each [Travel and Expenses]	16,000.00
Subtotal		16,000.00

Permitted Facilities

Name	Street Address	City
Pioneers Memorial Healthcare District	207 W Legion Rd	BRAWLEY, CA, 92227 US

A. Terms of Your Order

1. Applicable Agreement

a. This order incorporates by reference the terms of the Cerner Business Agreement LA-0000077901 and all amendments and addenda thereto (the "Agreement"). The defined terms in the Agreement shall have the same meaning in this order unless otherwise specified herein.

Oracle America, Inc. is acting as ordering and invoicing agent for Cerner Corporation. Your order remains between You and Cerner Corporation. All references to "Oracle", "we", "us", or "our" shall refer to Cerner Corporation. We may refer to Client or Customer as "You".

2. Fees and Payments

a. Listed above is a summary of net fees due under this order. All fees on this order are in US Dollars.

b. Fees will be invoiced in accordance with the Billing Frequency table above.

c. You agree to pay any sales, value-added or other similar taxes imposed by applicable law that Oracle must pay based on the items You ordered, except for taxes based on Oracle's income. If You will be claiming an exemption from these taxes, You will provide to Oracle a valid certificate of tax exemption in advance of, or at the time of, the execution of this order. You are responsible to ensure that You provide Oracle with timely notification of any tax exemption status changes and to timely provide updated exemption certificates in the event any previously provided exemption certificate expires during the term of this order.

d. Once placed, Your order shall be non-cancelable and the sums paid nonrefundable, except as provided in the Agreement and this order.

3. Terms Applicable to Ordered Items

a. Scope of Use.

You will use the Ordered Items in this order in accordance with the Documentation and subject to the quantity of the item specified in the Ordered Items table(s) above. This order incorporates by reference the scope of use metric, definition, and any rules applicable to the Ordered Item as described in the Oracle Health Definitions and Rules Booklet v091525 which may be viewed at <http://www.oracle.com/contracts> on the Oracle Health tab.

If the quantity of an Ordered Item is exceeded, You agree to execute a new order setting forth the additional quantity of the item.

Where applicable, scope of use will be measured periodically by Oracle's system tools, or, for metrics that cannot be measured by system tools or obtained through industry available reporting sources (e.g., FTEs or locations), You will provide the relevant information (including records to verify the information) to Oracle at least once per year. You agree that if an event occurs that will affect Your scope of use (such as the acquisition of a new hospital or other new facility), You will notify Oracle in writing of such event no later than 30 days following the effective date of such event so that Your scope of use can be reviewed. Any additional fees due under this section will be payable within 30 days following Your receipt of an invoice for such fees. Any additional monthly fees will begin on the date the limit was exceeded and shall be paid annually (pro-rated for any partial month).

b. Solution Descriptions.

Solution Descriptions applicable to each Ordered Item identified as Licensed Software, Recurring Services or Transaction Services in the table(s) above are available on <http://www.oracle.com/contracts> on the Oracle Health tab. The Solution Description is identifiable by the Part Number in the table(s) above. These Solution Descriptions are incorporated into this order by reference.

c. Shared Computing Services.

You understand that Oracle may deliver the products and services on this order in a Shared Computing Services model. The policies that govern the Shared Computing Services model are available at <http://www.oracle.com/contracts> on the Oracle Health tab and are incorporated into this order by reference.

d. Permitted Facilities.

The Ordered Items in this order are for use by the facilities listed in the Permitted Facilities table(s) above. You may add or substitute Permitted Facilities by amending this order.

4. Recurring Services

a. The services term for all Ordered Items identified as Recurring Services in the table(s) above begins as set forth in the Billing Frequency table above.

5. Professional Services

a. Oracle Health Professional Services Delivery Policies.

The Oracle Health Professional Services Delivery Policies ("Health PSDP") available at <http://www.oracle.com/contracts> on the Oracle Health tab apply to and are incorporated into this order.

b. Service Descriptions.

Service Descriptions applicable to each Ordered Item identified as Professional Services in the table(s) above may be found (i) at <http://www.oracle.com/contracts> on the Oracle Health Tab (where identified as "Online" in the Professional Services table(s)), or (ii) as an attachment to this order (where identified as "Attached" in the Professional Services table(s)). These Service Descriptions are incorporated into this order by reference.

c. Estimated Expenses.

Fees for Professional Services identified in this order as "Professional Services -- Estimated Expenses" are estimates intended only to be for Your budgeting purposes and may exceed the estimated totals; these estimates do not include taxes. Actual expenses shall be invoiced as incurred, in accordance with the Billing Frequency table.

d. As required by U.S. Department of Labor regulations (20 CFR 655.734), You will allow Oracle to post a notice regarding Oracle H-1B employee(s) at the work site prior to the employee's arrival on site.

e. Estimated Fees.

Fees for Professional Services identified in this order as "Professional Services -- Time and Materials" are estimates intended only to be for Your budgeting and Oracle's resource scheduling purposes and may exceed the estimated totals: these estimates do not include taxes. For Professional Services performed on a time and materials (T&M) basis, You shall pay Oracle for all of the time spent performing such services at the rate specified in the Ordered Items table(s) above, plus materials and taxes. Once fees for Professional Services reach the estimate and upon amendment to this order, Oracle will cooperate with You to provide continuing Professional Services on a T&M basis.

6. Order of Precedence

a. In the event of inconsistencies between the terms contained in this order and the Agreement, this order shall take precedence. This order will control over the terms contained in any purchase order.

7. Effective Date

a. If accepting this order online, the effective date of this order is the date You submit the order. Otherwise, the effective date is the last signed date stated below.

8. Offer Validity

a. This offer is valid through 30-Nov-2025 and shall become binding upon execution by You and acceptance by Oracle.

Pioneers Memorial Healthcare District

Signature _____
Name _____
Title _____
Signature Date _____

Oracle America, Inc.

Signature *Anthony Hernandez*
Name Anthony Hernandez
Title Senior Director, NA Customer
Deal Desk
Signature Date 7-Nov-2025 12:29 AM PDT

Oracle Health EHR Nursing Mobility Medication Administration Implementation - CommunityWorks

Part #: B103729 and B110297

Cerner Legacy Part #: CTS-CONNECTADMIN-CW

Description of Services	<p>Oracle will provide the following Services:</p> <ul style="list-style-type: none"> • Configure Oracle Health EHR Nursing Mobility to enable Barcode Medication Administration. • Provide one (1) label-with-armband, that includes an Aztec bar code, if Oracle Health Registration is being implemented. • Conduct audits on the formulary, order sentences, and PowerPlan plans to identify potential scanning issues (Oracle Health EHR Nursing Mobility Medication Administration relies on intact CareAdmin or CareMobile scanning functionality). • For each facility provide three (3) business days of 12-hour command center support and three (3) business days of 12-hour Clinical Consultant support on the units.
Your Cooperation / Obligations	<p>You are responsible for the following obligations:</p> <ul style="list-style-type: none"> • Utilize a medication supply company, repackager, robot or pharmacy label including a dispense history ID bar code to have the ability to administer scheduled, unscheduled, PRN, and continuous infusions (begin bag event only), uniquely bar coded at the unit dose level. • Provide to Oracle Health Pharmacy-generated labels with a dispense history id bar code. • Make any necessary modifications to the patient wristband. • Perform scan through on-shelf formulary items to validate formulary completeness. • Complete Pharmacy Shelf Scanning for additional areas containing medications and/or purchase additional services from Oracle for subsequent assistance. • Provide Oracle implementation team remote access to Mobile Device Management and Enterprise Mobility Management for the duration of the engagement.
Assumptions	<ul style="list-style-type: none"> • Oracle Health Cloud domains to be implemented will include one (1) production and two (2) non-production domains. The non-production domains for Oracle Health EHR Nursing Mobility in the Oracle Health Cloud cannot be moved once onboarded. • On-site conversion support is limited to one (1) facility. • Oracle Wireless Network Validation Assessment must be successfully completed, with the Network Assessment report stating that Data is 'Ready', and You have passed Oracle's wireless requirements, prior to resources being assigned and prior to the project kickoff. • A separate Oracle Health Ordering Document is required if You request extended support, support coverage, or both. • A new Oracle Health Ordering Document is required to implement in additional facilities or Oracle Health Millennium Platform domains; additional fees will apply.

Oracle Health EHR Nursing Mobility Custom Services

Part #: B103924

Cerner Legacy Part #: CTS-CSM-CACONNECT

Description of Services	<p>Oracle will provide the following Services:</p> <ul style="list-style-type: none"> • Onboard You to iBus cloud environment (if applicable) <ul style="list-style-type: none"> ◦ iBus Cloud Service includes access to one (1) production and up to two (2) non-production environments. • Oracle Health EHR Nursing Mobility Application Configuration <ul style="list-style-type: none"> ◦ Deploy the following Oracle Health EHR Nursing Mobility applications and features: <ul style="list-style-type: none"> ▪ Oracle Health EHR Nursing Mobility App (Note: patient to device association requires a separate scope of work and additional fees) <ul style="list-style-type: none"> ▫ Patient information ▫ Care team and patient list integration ▫ Viewing of clinical results ▫ Items for review ▪ Oracle Health EHR Nursing Mobility with Barcode Medication Administration <ul style="list-style-type: none"> ▫ Provide one (1) label-with-armband, that includes an Aztec bar code, if Oracle Registration is being implemented. ▫ Conduct audits on the formulary, order sentences, and PowerPlan plans to identify potential scanning issues (Oracle Health EHR Nursing Mobility – Medication Administration relies on intact CareAdmin or CareMobile scanning functionality). • Oracle Health EHR Nursing Mobility Setup and Configuration <ul style="list-style-type: none"> ◦ Provision mobile devices (if purchased from Oracle and leveraging Oracle Health Mobile Device Management (MDM)). ◦ Provide training on the user provision process. ◦ Support unit and integration testing events. ◦ Provide system maintenance training. ◦ Provide super user and educator training. ◦ Deploy Oracle Cloud Appliance (if applicable). ◦ Setup of Oracle Health EHR Nursing Mobility is limited to three (3) environments (one (1) production, two (2) non-production), Oracle communication servers with Your single private branch exchange (PBX) integration or similar (such as Cisco Unified Call Manager) for SIP integration. • Assist in troubleshooting and resolving issues that arise from Your testing. • Test Device Connectivity <ul style="list-style-type: none"> ◦ Test basic device connectivity and communication functionality. ◦ Ensure standard communication with the device is successful; You are responsible for performing unit, integration, and system tests with all devices in the environment. ◦ Perform troubleshooting and assistance in resolving issues that arise from Your testing. • Conversion Support <ul style="list-style-type: none"> ◦ Provide conversion support per facility (Note: extended support and support coverage require a separate scope of work and additional fees). <ul style="list-style-type: none"> ▪ Three (3) business days of one (1) 10-hour command center support ▪ Three (3) days business of one (1) 10-hour split shift clinical rounding support
Your Cooperation / Obligations	<p>You are responsible for the following obligations:</p> <ul style="list-style-type: none"> • Responsible for procurement, installation, management, and support related to equipment owned by You and medical devices located at Your facilities • Provide connectivity from Your facility to the iBus Cloud application through secured internet connection. • Provision mobile devices (if not purchased from Oracle nor leveraging Oracle Health Mobile Device Management (MDM)). <ul style="list-style-type: none"> ◦ Perform all patching and provisioning tasks. • Create testing scripts and perform solution unit and integration testing. • Identify roles to participate in system maintenance training events. • Identify two (2) super users per unit or department per shift to participate in super-user training. • Ensure identified parties actively participate in system maintenance training and super-user training events and assume support responsibilities during conversion. • Provide and facilitate end-user training.

	<ul style="list-style-type: none"> o Create custom education and training collateral o Facilitate and schedule in-person end-user training. o Ensure end users successfully sign into the Oracle Health EHR Nursing Mobility application prior to conversion. • Roll out smartphones and if applicable, carts, cabinets, and charging cradles. <ul style="list-style-type: none"> o Validate power and networking infrastructure. • Secure a medication supply company, repackage, robot or pharmacy label including a dispense history ID bar code who has the ability to administer scheduled, unscheduled, PRN, and continuous infusions (begin bag event only), uniquely bar coded at the unit dose level. • Provide Oracle Health Pharmacy-generated labels with a dispense history ID bar code. • Make any necessary modifications to the patient wristband. • Perform scan through on-shelf formulary items to validate formulary completeness. • Complete Pharmacy Shelf Scanning for additional areas containing medications and/or purchase additional services from Oracle for subsequent assistance. • Perform the following conversion support activities: <ul style="list-style-type: none"> o Designate an on-site command center and staff with project manager, clinical analyst, IT analyst, and help desk/desktop support. o Ensure issue management and escalation processes are in place. • Provide Oracle implementation team remote access to Mobile Device Management and Enterprise Mobility Management for the duration of the engagement.
Assumptions	<ul style="list-style-type: none"> • Installation is limited to three (3) Oracle Health Millennium Platform environments (one (1) production and two (2) non-production). The non-production domain for Oracle Health EHR Nursing Mobility in the Oracle Health Millennium Platform+ cloud cannot be moved once onboarded. • This scope of work will be delivered by Oracle as a single-phase implementation spanning 4-5 months per facility as defined in this scope. If any features or functionalities within scope are delivered in multiple implementation phases, or if project timeline exceeds 4-5 months due to Your request, additional Services may be required. • Oracle Wireless Network Validation Assessment must be successfully completed, with the Network Assessment report stating that Data is 'Ready', and You have passed Oracle's wireless requirements, prior to resources being assigned and prior to the project kickoff. • You will determine, based on site-specific standard operating procedures, governing regulatory bodies, patient population, employees, and tools, how best to validate all aspects of Your system. In addition, You assume all risk for software and device testing. Oracle accepts no responsibility or liability for any costs, expenses, claims, or damages incurred by You or any third party as a result of system failure or any component thereof, or any other Your system to function properly or without interruption due to improper testing. • You will remain actively engaged until project completion. In the event You place the project on hold or otherwise delays the project beyond a 2-week period for reasons not attributable to Oracle, Oracle resources may be subject to reassignment to other projects, thereby delaying Your project and resulting in additional Service fees. • This scope assumes activation is restricted to a single production Oracle Health Millennium Platform domain. • Oracle Health CareAware Platform iBus installation services are not included in this scope. • Oracle Health CareAware Platform iBus upgrade services are not included in this scope. • Services for network (wired and wireless) redesign and remediation are not included in this Scope. • Number of facilities to be implemented: one (1) • Number of Oracle Health CareAware Platform iBus environments: one (1) production, two (2) non-production • Number of smartphone communication device types per facility: 1

Oracle Health EHR Nursing Mobility Specimen Collection Implementation

Part #: B103733

Cerner Legacy Part #: CTS-CONNECT-SPECIMENCOLL

Description of Services	<p>Oracle will provide the following Services:</p> <ul style="list-style-type: none"> Assist in the deployment of the following features of Oracle Health EHR Nursing Mobility Specimen Collection: <ul style="list-style-type: none"> Patient information Care team and patient list integration Real-time at point of care capture of collection information including date and time and the collector's ID Identification of the correct specimen to be collected Configure Oracle Health EHR Nursing Mobility to enable the Specimen Collection application Include one (1) label-with-armband that includes an Aztec barcode if Oracle Health Registration is being implemented. <ul style="list-style-type: none"> If Oracle Health Registration is already live or a foreign registration system is being used, then You will be responsible for making necessary modifications to the patient wristband. Assist in the validation of up to two (2) Oracle-supported printers per facility in scope. Conduct kickoff and current-state review event. Support integration testing. Provide test scripts and assist You in development of training plans Code Sets: Reasons Missed, Specimen Filtering, Container Colors, Order Priority Reporting Metrics for Specimen Collections Security, Task Access, and Privileges (Allow Chart Not Done) Install Oracle-hosted appliance (if applicable)
Your Cooperation / Obligations	<p>You are responsible for the following obligations:</p> <ul style="list-style-type: none"> Your technical team will be responsible for wireless printer deployment for additional printers. Make any necessary modifications to the patient wristband. Perform scan-through by scanning accession labels to ensure they scan appropriately. Localize education collateral and training of solution users
Assumptions	<ul style="list-style-type: none"> Implementation of the traditional Oracle Health CareAware Platform implementation is limited to one (1) production environment and two (2) non-production environment. Implementation of the Oracle Health CareAware Platform Cloud platform implementation is limited to one (1) production and two (2) non-production environments. The non-production domains for Oracle Health CareAware Platform EHR Nursing Mobility in the Oracle Health Cloud cannot be moved once onboarded. On-site conversion support is limited to one (1) facility. Nurse Collect and Phlebotomy Management workflows are implemented on the same timeline accounting for a single conversion event. Oracle Wireless Network Validation Assessment must be successfully completed, with the Network Assessment report stating that data is 'Ready', and You have passed Oracle's wireless requirements, prior to resources being assigned and prior to the project kickoff. A separate Oracle Health Ordering Document must be executed by You for Oracle to implement in additional facilities or Oracle Health Millennium domains; additional fees will apply. Project prerequisites include: <ul style="list-style-type: none"> Point of Care Specimen Collections licensed Oracle Health EHR Nursing Mobility or Clinical Mobility Extension licensed One (1) of the following major Oracle Health Millennium laboratory solutions should be implemented and/or in-process of implementation: General Laboratory, Microbiology, HLA, Blood Bank Transfusion, or Oracle Health Millennium Helix for Laboratory. Oracle will provide the following conversion support per facility: Three (3) days of twelve (12) hour command center technical support and three (3) days of twelve (12) hour Clinical Consultant support on the units. For each facility provide three (3) business days of twelve (12) hour command center support and three (3) business days of twelve (12) hour Clinical Consultant support on the units. A separate Oracle Health Ordering Document is required if You request extended support.

Bill To / Ship To Contact Information

Bill To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Pioneers Memorial Healthcare District	207 W Legion Rd BRAWLEY, CA US 92227	Carrie Teague +1 (760) 351-4664 cteague@pmhd.org

Ship To Contact

Customer Name	Customer Address	Contact Name / Phone / Email
Pioneers Memorial Healthcare District	207 W Legion Rd BRAWLEY, CA US 92227	Carrie Teague +1 (760) 351-4664 cteague@pmhd.org

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: December 11, 2025

SUBJECT:

Authorize Amendment No. 4 to the Supplemental Funding Enhancement Program Agreement with Steve Clark & Associates (SCA).

BACKGROUND:

The District has contracted with SCA since 2011 for consulting services related to Medi-Cal Disproportionate Share payments and eligibility. With this Agreement, SCA will provide on-going financial and reimbursement expertise on District Hospital supplemental funding programs and help identify other funding opportunities available to IVHD.

KEY ISSUES:

SCA's support and guidance will help optimize reimbursement opportunities for IVHD.

CONTRACT VALUE: \$90,000/year, no increase

CONTRACT TERM: One Year Agreement From January 1, 2026 to December 31, 2026

BUDGETED: Yes

BUDGET CLASSIFICATION: Purchased Services

RESPONSIBLE ADMINISTRATOR: Carly Loper, CFO

DATE SUBMITTED TO LEGAL: 11/26/25 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

REVIEWED BY FINANCE COMMITTEE: ☐ Yes ☒ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

That the Board authorizes Amendment No. 3 to the Supplemental Funding Enhancement Program Agreement with Steve Clark & Associates (SCA), as outlined.

AMENDMENT NO. 4 TO AGREEMENT FOR SERVICES

This Amendment No. 4 ("Amendment No. 4") effective January 1, 2026 ("Effective Date") is to that certain Agreement for Services by and between **Imperial Valley Healthcare District** (formerly Pioneers Memorial Hospital), and **SCA Consulting, Inc.** (formerly Steve Clark & Associates, Inc.), a California corporation ("SCA").

RECITALS

- A. Imperial Valley Healthcare District (formerly Pioneers Memorial Hospital) and SCA Consulting, Inc. entered into an Agreement for Services dated December 8, 2021, for consulting services pertaining to providing financial and reimbursement expertise on district hospital supplemental funding programs ("Service Agreement").
- B. The parties desire to amend the Service Agreement to extend the term of the Service Agreement.

The parties hereby agree as follows:


1. Term. The term of the Service Agreement, as amended, is for twelve additional months, from January 1, 2026 through December 31, 2026.
2. Compensation. Section 3 "Compensation and Expenses" of the Service Agreement will remain unchanged at the current rate of \$7,500 per month.
3. Full Force and Effect. This Amendment No. 4 amends the terms of the Service Agreement and is deemed incorporated into, and governed by all other terms of the Service Agreement. To the extent that the Service Agreement is explicitly amended by this Amendment No. 4, the terms of this Amendment No. 4 will control. Where the Service Agreement is not explicitly amended, the terms of the Service Agreement will remain in full force and effect.
4. Further Actions. Each party shall execute, acknowledge and deliver such further instruments, and do all other acts, as may be necessary or appropriate in order to carry out the purposes and intent of this Amendment No. 4.
5. Counterparts. This Amendment No. 4 may be signed in counterparts, each and every one of which shall be deemed an original, notwithstanding variations in format or file designation, which may result from the electronic transmission, storage and printing of copies of this Amendment No. 4.

The parties have executed this Amendment No. 4 as of the Effective Date first set forth above.

Imperial Valley Healthcare District

SCA Consulting, Inc.

By: _____
Christopher Bjornberg, Chief Executive Officer


By: _____
Nathan Davis, Managing Partner

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: December 11, 2025

SUBJECT:

Authorize the payment of annual membership dues for the District Hospital Leadership Forum (DHLF) for Imperial Valley Healthcare District.

BACKGROUND:

The DHLF is a Sacramento based professional advocacy group that provides representation for the California District hospitals at the state and federal levels. DHLF provides IVHD with relevant updates regarding upcoming senate bills and issues related to Medicare/Medi-Cal programs.

KEY ISSUES: None

CONTRACT VALUE: Annual Membership dues are \$76,535.73

CONTRACT TERM: One Year Membership (January 1, 2026 – December 31, 2026)

BUDGETED: Yes

BUDGET CLASSIFICATION: Dues and Subscriptions

RESPONSIBLE ADMINISTRATOR: Carly Loper, Chief Financial Officer

DATE SUBMITTED TO LEGAL: 11/20/25 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

FIRST OR SECOND SUBMITTAL: ☒ 1st ☐ 2nd

RECOMMENDED ACTION:

That the Board authorizes the payment of annual membership dues for the District Hospital Leadership Forum (DHLF) for IVHD, as outlined.



November 20, 2025

Ms. Carly Loper
Chief Financial Officer
Pioneers Memorial Hospital
207 West Legion Road
Brawley, CA 92227

Dear Ms. Loper,

Enclosed is the invoice for Pioneers Memorial Hospital's 2026 annual membership to the District Hospital Leadership Forum (DHLF), along with a Value Statement. The 2026 dues were approved at the November 5, 2025, DHLF Board of Directors meeting.

The annual dues are calculated as **0.37%** of the net benefit from the Medi-Cal supplemental funds received by the hospital in the past year from the programs and advocacy initiatives championed by the DHLF. Such programs include the Medi-Cal supplemental revenues received from Assembly Bill 113, Hospital Quality Assurance Fee, Medi-Cal Rate Range, Quality Incentive Pool (QIP), District Hospital Directed Payments (DHDP), and the Medi-Cal Graduate Medical Education (GME) Program. The Value Statement provides a historical illustration of the benefit by program that the DHLF has helped to generate for its members.

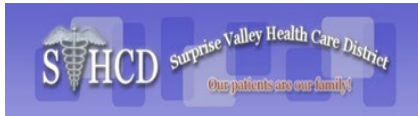
We look forward to continuing this advocacy for your hospital in 2026 and searching for new ways to add value to our members. If you have any questions, please feel free to reach out to us for assistance.

Thank You,

Ryan Witz
Executive Director
District Hospital Leadership Forum



DISTRICT HOSPITAL LEADERSHIP FORUM



“All for One and One for All”



PALO VERDE HOSPITAL
Bringing Health & Care Together





November 20, 2025

L26021

Ms. Carly Loper
Chief Financial Officer
Pioneers Memorial Hospital
207 West Legion Road
Brawley, CA 92227

Dues for participation in the District Hospital Leadership Forum:

- 2026 Annual Dues for the period January 1, 2026 – December 31, 2026, is: \$76,535.73
- ***At the November 5, 2025 DHLF Board of Directors meeting, the Board approved the 2026 DHLF budget, which contained the dues amount for your hospital listed below.***

Amount Due\$76,535.73

Notice: There will be a separate invoice sent in October 2026 for additional work DHLF contracted for related to the District Hospital Directed Payment Program. Please refer to the memo from the DHLF Board Treasurer for additional information.

Please make check payable to: **District Hospital Leadership Forum**

Mail To:

California Hospital Association
1215 K Street, Suite 700
Sacramento, CA 95814

If you have any questions regarding this invoice, please contact J.P. Marion at jpmarion@scaconsultinginc.com or 916-673-2020 ext. 101.

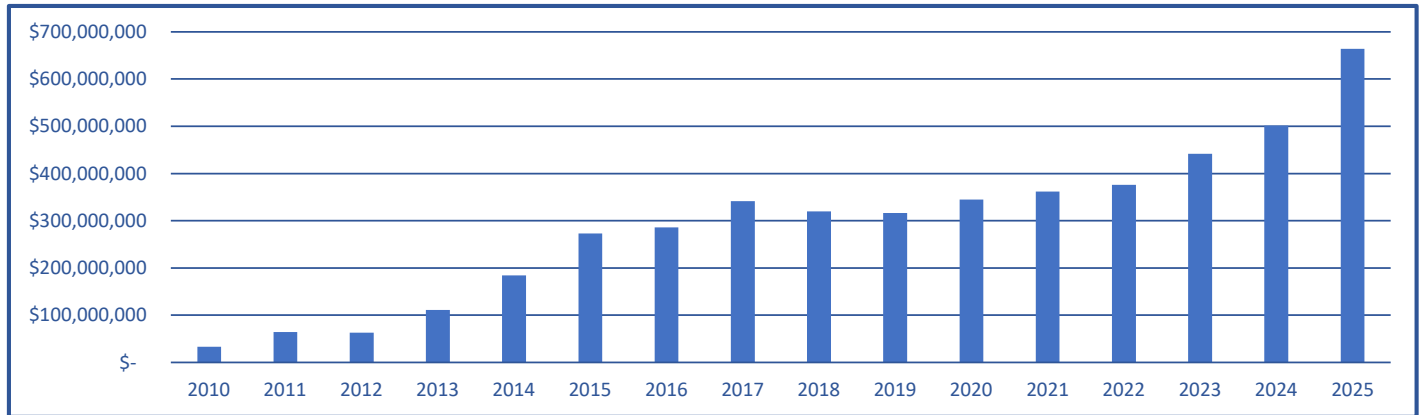
The following information is for tax-exempt entities: For calendar year 2025, 990 and Medicare reporting, 18.68% of your consolidated dues are for direct lobbying expenses.



DISTRICT HOSPITAL LEADERSHIP FORUM

2025 DHLF Value Statement: Aggregate Net Supplemental Funding for District/Municipal Hospitals, 2010-2025, *Cash Basis*

The District Hospital Leadership Forum (DHLF) represents district and municipal hospitals throughout California. The DHLF advocates for district/municipal hospitals to address issues related to Medicare/Medi-Cal programs, and since its inception, has helped promote access to public funding opportunities including the programs identified below.



	AB 113	HQAF	Rate Range	PRIME/QIP	DHDP**	GME***	TOTAL
2010		\$ 27,000,000	\$ 6,000,000				\$ 33,000,000
2011	\$ 36,000,000	\$ 18,000,000	\$ 10,000,000				\$ 64,000,000
2012	\$ 30,000,000	\$ 18,000,000	\$ 15,000,000				\$ 63,000,000
2013	\$ 30,000,000	\$ 26,000,000	\$ 55,000,000				\$ 111,000,000
2014	\$ 52,000,000	\$ 71,000,000	\$ 61,000,000				\$ 184,000,000
2015	\$ 38,000,000	\$ 73,000,000	\$ 62,000,000	\$ 100,000,000			\$ 273,000,000
2016	\$ 38,000,000	\$ 73,000,000	\$ 75,000,000	\$ 100,000,000			\$ 286,000,000
2017	\$ 35,000,000	\$ 108,000,000	\$ 100,000,000	\$ 100,000,000			\$ 343,000,000
2018	\$ 22,000,000	\$ 108,000,000	\$ 100,000,000	\$ 90,000,000			\$ 320,000,000
2019	\$ 17,000,000	\$ 108,000,000	\$ 115,000,000	\$ 76,500,000			\$ 316,500,000
2020	\$ 14,350,000	\$ 110,000,000	\$ 142,946,000	\$ 83,275,000			\$ 350,571,000
2021	\$ 13,170,000	\$ 107,600,000	\$ 147,420,000	\$ 93,250,000			\$ 361,440,000
2022	\$ 20,301,000	\$ 108,400,000	\$ 147,420,000	\$ 100,000,000			\$ 376,121,000
2023	\$ 23,840,000	\$ 108,480,000	\$ 205,810,000	\$ 103,930,000	**		\$ 442,060,000
2024	\$ 44,723,609	\$ 123,640,789	\$ 236,285,629	\$ 96,488,816	**		\$ 501,138,843
2025	\$ 29,274,130	\$ 122,691,430	\$ 278,204,569	\$ 104,410,166	\$ 129,348,596	***	\$ 663,928,890

*Excludes Medi-Cal DSH, AB 915 and DP/NF supplemental payments

**Excludes the significant increase achieved for CY 2025 District Hospital Directed Payment (DHDP) program since the table reflects actual net benefit, based on a cash basis. The DHDP program went into effect for CY 2023 services, but supplemental revenue for the CY 2025 Phase I program isn't expected to be distributed to hospitals until October 2026.

***GME, authorized by SB 246 (Statutes of 2025), is pending CMS approval and is expected to implement in Q3 or Q4 2026.

IMPERIAL VALLEY HEALTHCARE DISTRICT

BOARD MEETING DATE: December 11, 2025

SUBJECT:

Authorize Off-Site Biomedical Waste Treatment and Disposal Service Agreement with Veolia ES Technical Solutions, L.L.C.

BACKGROUND:

Pioneers Memorial Hospital has contracted with Veolia for Biomedical Waste Treatment and Disposal Services for more than ten years, during which Veolia has consistently provided reliable and compliant support. As the District evaluates the opportunity to standardize biomedical waste services with El Centro Regional Medical Center (ECRMC), additional time is needed to complete the assessment and determine whether standardization will provide operational and financial advantages.

To ensure uninterrupted service during this evaluation period, a short-term, six-month agreement with Veolia is recommended. This interim contract will maintain continuity of essential waste management operations while allowing the District to complete its review and, if appropriate, transition to a standardized service model in a timely and orderly manner.

KEY ISSUES:

The Veolia contract is expiring while the District evaluates possible service standardization with ECRMC. A six-month contract is needed to ensure uninterrupted biomedical waste services during this review.

CONTRACT VALUE: \$75,000/six months (cost is based on weight)

CONTRACT TERM: Six Month Agreement from January 1, 2026 to June 30, 2026

BUDGETED: Yes

BUDGET CLASSIFICATION: Purchased Services

RESPONSIBLE ADMINISTRATOR: Carly Loper, CFO

DATE SUBMITTED TO LEGAL: 12/1/25 **REVIEWED BY LEGAL:** ☒ Yes ☐ No

REVIEWED BY FINANCE COMMITTEE:

☐ Yes

☒ No

FIRST OR SECOND SUBMITTAL:

☒ 1st

☐ 2nd

RECOMMENDED ACTION:

That the Board authorizes Off-Site Biomedical Waste Treatment and Disposal Service Agreement with Veolia ES Technical Solutions, L.L.C.



SERVICE AGREEMENT AND PRICING QUOTATION

(Off-Site Biomedical Waste Treatment and Disposal Service Agreement)

2025-11-06

PIONEERS MEMORIAL HOSPITAL
207 WEST LEGION ROAD
BRAWLEY, CA 92227

Yvette Lewis
Tel: 760-651-4656
Fax:
ylewis@iv-hd.org

RE: Service Agreement and Pricing Quotation # 19616

Yvette Lewis:

Thank you for requesting pricing for packaging, proper handling and disposal of medical waste from Veolia ES Technical Solution, L.L.C. (Veolia). We offer a variety of disposal programs available to customers, based on the volume and types of waste materials generated. Veolia services are backed by industry-leading:

- A comprehensive risk management and insurance program
- Excellent environmental compliance
- Technical expertise from customer service, sales and logistics personnel
- On time pickups supported by our transportation network

The prices quoted in this document expire in 30 days from date above if this quotation is not agreed to and executed by then. This quotation supersedes any previous or existing quotations for similar services. The pricing may be subject to proper profiling and approval of the waste stream in accordance with the destination facility's requirements.

To obtain services, we request you complete, sign and return via fax or email the completed AGREEMENT and CREDIT APPLICATION if attached and required.

Feel free to contact me should you require additional information or have questions about our services. We look forward to developing a mutually-beneficial relationship.

Sincerely,

Brent Bickenbach

Veolia
Account Manager
909-370-0730
909-370-0730
brent.bickenbach@veolia.com
www.VeoliaNorthAmerica.com

Company: 2116-1
Service Agreement and Pricing Quotation: # 19616
© 2020 Veolia ES Technical Solutions L.L.C.
Off-Site Biomedical Waste Treatment and Disposal Service

Return All Signed Paperwork to:
Brent Bickenbach
909-370-0730 | Email: brent.bickenbach@veolia.com
Call 909-370-0730 for Customer Service



Veolia ES Technical Solutions, L.L.C.
241 W LAUREL STREET COLTON, CA 92324
TEL: (909) 370-0730 FAX: (909) 370-0163

This Off-Site Biomedical Waste Treatment and Disposal Service Agreement "Agreement", executed this 2026-01-01, is by and between Veolia ES Technical Solutions, L.L.C., hereinafter known as "Veolia" and PIONEERS MEMORIAL HOSPITAL hereinafter "Customer," whose Service information is identified below. The Parties agree as follows;

CUSTOMER BILLING INFORMATION:	CUSTOMER SERVICE INFORMATION:
Yvette Lewis Tel: 760-651-4656 Fax: ylewis@iv-hd.org PIONEERS MEMORIAL HOSPITAL 207 WEST LEGION ROAD BRAWLEY, CA 92227 Pricing Quotation Sheet: 19616 Effective Date: 2026-01-01 Date Issued: 2025-11-06	VEOLIA ES TECHNICAL SERVICES, L.L.C.: 241 West Laurel Street Colton, CA 92324 Tel: (909) 370-0730 Fax: (909) 370-0163

SERVICES Customer and Veolia hereby agree to the Agreement, as stated herein and on each page of this document, and with regard to the lawful and proper storing, packaging, handling, transporting, orderly treatment and disposal by Veolia thermal processes, all biomedical and non-hazardous waste materials generated by Customer at the above stated location in

Service Fees(B)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
DISP-CHEMO	Disposal - Chemotherapy Waste	\$3.44	P			
DISP-CHEMO Notes: PER/LB						
DISP-OVWTR44	Surcharge - Overweight Container - RED 44	\$16.60	EA			
DISP-OVWTR44 Notes: ANY SINGLE BARREL OF BIOHAZARD MEDICAL WASTE EXCEEDING 35LBS WILL CARRY THIS FEE						
DISP-PATHO	Disposal - Pathological Human Tissue Specimens	\$3.44	P			
DISP-PATHO Notes: PER/LB						
DISP-PHARM	Disposal - Outdated/Spent Pharmaceuticals and Medicines	\$3.44	P			
DISP-PHARM Notes: PER/LB						
DISP-R44	Disposal - Red 44 Gal Biohazard Container	\$16.60	EA		44	

SERVICE FEES. A Service Fee Rate per pickup is provided above and shall apply and includes a waste volume of up the minimum quantity. An additional charge will apply, if required, for each barrel thereafter, per pickup.

Service Term(D)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
ADM-TERM1	Service Term Six (6) Months: Effective: 2026-01-01		YR			

SERVICE DATE. Upon execution of this Agreement by both Parties, this Agreement is effective date described above (Service Term).

Service Frequency Schedule(E)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
ADM-SERFRWEEK	Service Frequency Per Week		WK			

Company: 2116-1

Service Agreement and Pricing Quotation: # 19616

© 2020 Veolia ES Technical Solutions L.L.C.

Off-Site Biomedical Waste Treatment and Disposal Service

Return All Signed Paperwork to:

Brent Bickenbach

909-370-0730 | Email: brent.bickenbach@veolia.com

Call 909-370-0730 for Customer Service



Service Frequency Schedule(E)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
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Administrative Charges(H)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
DISP-MINCHAR-PU	Minimum Charge - Per Pickup	\$179.60	EA	10		
DISP-MINCHAR-PU Notes: MINIMUM PICK UP FEE WILL ONLY APPLY IF LESS THAN TEN (10) MEDICAL WASTE BARRELS ARE PICKED UP						
FEE-CCN	Customer Courtesy Notice	\$125.00	EA			
FEE-SCIF	State AB-1807 and County Imposed Fee		P			

Administrative Fee: A minimum charge if noted above only applies to orders received whereby the total invoice is less than the amount stated above.

Transportation Charges(I)		PRICE	U.O.M.	MIN QTY	CONTAINER	MIN CHARGE
FEE-TRANS-ENSC	Energy, Security and Insurance Fee		%			

Transportation Fees: Transportation fees may be quoted on a case-by-case basis, if not included with this quote. Transportation is based upon volume of material, anticipated time on site, and market conditions. Typical turn-around time for pickup of materials is 3-5 business days unless otherwise agreed to in advance. Expedited transportation charges are quoted on a case by case basis.

PAYMENT TERMS: Customer shall be invoiced once per month, in arrears, or after a pick-up disposal service is performed. Payment terms shall be "NET" 30 days. Customer agrees to pay a minimum of \$5.00 or a 1-1/2% monthly service charge, which is greater, charged monthly and applied to all invoices which are paid thirty (30) days, or more, past due. Service prices contained in this Agreement will be held firm for an initial six (6) months of service. After such 6-month period, Customer is subject to a price increase thereafter, by notice from Veolia.

COMPLIANCE TRAINING ADMINISTRATIVE SETUP FEE: Veolia provides all of its medical waste customers access to its online waste training system through "Compliance Publishing." This online waste training system allows you, as the customer, to gain access to OSHA compliant training for Blood Borne Pathogen, HazCom, Fire Safety, Electrical Safety, Health & Human Services (HHS) compliant HIPAA, recognizing Medicare Fraud and Abuse, and much more. This training will be available to all of your employees on 1-credit-per-training basis (Compliance Training Credits). There will be a one-time administration setup fee of \$75 which is your responsibility. The administration setup includes 10 training credits for all accounts created; after that, additional credits can be purchased individually or in groups.

[] Check here if you choose to "opt" out of this online training application so you will not be charged or if you have no interest in this online training.

FEE: Energy, Security, and Insurance (ESI) fee is applied as percentage to all invoices, excluding bulk transportation services. This fee is applied to total invoice amount before taxes. The energy component covers the cost of various fuel types (fossil fuel, diesel, gasoline, and natural gas) and energy utilities impacting our waste processing and service operations. The energy surcharge calculation is tied directly to the national average price of diesel fuel as reported weekly by the U.S. Department of Energy (DOE). The ESI fee may be adjusted monthly. The Security and Insurance component helps to cover costs of security and insurance required for the collection, storage, distribution, and processing of waste impacting our disposal, recycling, and service operations. This component is evaluated annually.

Company: 2116-1

Service Agreement and Pricing Quotation: # 19616

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Off-Site Biomedical Waste Treatment and Disposal Service

Return All Signed Paperwork to:

Brent Bickenbach

909-370-0730 | Email: brent.bickenbach@veolia.com

Call 909-370-0730 for Customer Service



Off-Site Biomedical Waste Treatment and Disposal Service Agreement (*modified)

(REV 070119)

This Services Agreement ("Agreement"), which includes any exhibits attached to it, is made as of the date shown below between **PIONEERS MEMORIAL HOSPITAL**, with offices at **207 WEST LEGION ROAD, BRAWLEY, CA 92227**, ("you", "your") and Veolia ES Technical Solutions, L.L.C., with offices at 241West Laurel Street, Colton, CA 92324, ("Veolia").

TERMS AND CONDITIONS

1. **COMPLIANCE WITH LAWS.** Veolia hereby agrees to carry General Liability, Automobile Liability, and Worker's Compensation insurance as required by applicable state law, and to otherwise comply with all federal and state laws, rules and regulations applicable thereto and relating to its performance hereunder. Customer hereby agrees to comply with all federal and state laws, rules and regulations applicable thereto, including without limitation, all applicable record keeping, documentation, hazardous waste control laws, and all the provisions of the Medical Waste Management Act, its amendments and subsequent legislation, as stated in the California State Health and Safety Code and any subsequent recodification, if any. The term "Biomedical Waste", as used herein, shall include only those wastes (i) defined by the United States Environmental Protection Agency (USEPA) as infectious wastes in its Guide for Infectious Waste Management and (ii) all waste categories defined in the "Medical Waste Management Act" of the California Health and Safety Code and its subsequent legislative amendments. The term Biomedical Waste specifically **excludes** (i) human torsos, (ii) any or all hazardous wastes or substances as defined in any applicable federal, state, county or municipal laws, regulations and guidelines.

2. **WASTE STORAGE AND PACKAGING REQUIREMENTS.** Customer shall be solely responsible for properly and lawfully segregating, labeling, packaging and storing biomedical waste on customer's premises. Veolia reserves the right to decline to accept for collection, transport or treatment any biomedical waste which in its sole judgment it cannot transport or dispose of in a lawful manner or without risk of harm to public health, the environment or Veolia employees. Improperly packaged, leaking, overweight or damaged containers are subject to rejection or additional charges for repackaging and special handling. Absolutely no containers will be picked up that are wet or leaking. All Bio-hazardous Sharp Medical Waste shall be properly contained in approved, puncture proof, rigid plastic sharp containers, with lids sealed tightly. All non-sharp Bio-hazardous Medical Waste shall be properly bagged in approved, printed, red bags and securely tied off prior to placing into VEOLIA-provided storage barrels. VEOLIA respective waste packaging policies for Bio-hazardous medical (i) Pathological Human tissue/specimen waste, (ii) Anatomical Limb waste, (iii) Animal Carcass/Specimen tissue waste, (iv) Trace Chemotherapy waste, (v) Outdated/ Spent Pharmaceutical and Medicine waste, (vi) Confidential Medical or Administrative Records, shall be referenced, attached, and made part of this Agreement, as applicable, and Customer agrees to adhere to its requirements. It is the sole responsibility of Customer not to release Radioactive Nuclear Medical Wastes, that detects above three (3) times background, as measured in Micro-rem, to VEOLIA for treatment and disposal. Customer shall bear all reasonable costs of VEOLIA, or other vendors, necessary to handle, decay, return, or otherwise properly process Radioactive Nuclear Medical Wastes inadvertently released to VEOLIA by Customer.

3. **INDEMNIFICATION AND LIMITATION OF LIABILITY.** VEOLIA shall indemnify and hold harmless the Customer from any liability arising solely from the gross negligence or willful misconduct of VEOLIA in the performance of its obligations hereunder. The foregoing indemnity from VEOLIA in favor of Customer under this paragraph shall be inapplicable to the extent that the loss, damages, suits, penalties, costs, liabilities and/or expenses result from the Customer's provision to VEOLIA of waste other than Biomedical Waste. In any instance in which Customer claims indemnity under this paragraph, VEOLIA shall have the right, but not the duty, to defend Customer in (and control the defense of) any litigation arising out of the occurrence from which Customer claims that VEOLIA's indemnity obligation exists. VEOLIA shall not be liable for any damages, losses, or liabilities arising from the negligent performance willful misconduct, or failure to perform of others, including, but not limited to, the failure to properly package and segregate medical waste. Customer agrees to pay VEOLIA's reasonable attorney's fees incurred for any successful defense by VEOLIA of a suit for indemnification brought against VEOLIA by Customer.

Customer hereby agrees to indemnify and hold VEOLIA harmless from any and all loss, damages, suits, penalties, costs, liabilities and expenses (including, but not limited to, reasonable investigation and legal expenses) arising out of any claim for loss of or damage to property, including VEOLIA's property, and injuries to or death of person, including VEOLIA's employees,

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(i) caused by or resulting from Customer's negligence or willful misconduct, or (ii) caused by or resulting from Customer's providing to VEOLIA waste materials other than Biomedical Waste or any other breach of this Agreement by Customer.

With respect to any claim for indemnification, the party claiming a right to indemnity shall (i) give written notice thereof within a reasonable period following the event or occurrence as to which the right to indemnification is or may be asserted and (ii) allow the other party (including its employees, agents and counsel) reasonable access to any of its employees, property and records for the purpose of conducting an investigation of such claim and for the purpose of obtaining statements, photographs, and chemical analyses and taking such other steps as may be necessary to preserve evidence of the occurrence on which the claim is based. If the party claiming a right to indemnity denies the other party reasonable access as set forth above, the party claiming a right to indemnity shall assume sole responsibility for the claim for which indemnification is sought and shall not be entitled to indemnity.

IN NO EVENT SHALL EITHER PARTY BE RESPONSIBLE TO THE OTHER FOR CONSEQUENTIAL, INCIDENTAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES IN CONNECTION WITH THIS AGREEMENT, WHETHER BASED IN CONTRACT, TORT, STRICT LIABILITY, STATUTE, OR OTHERWISE.

Notwithstanding anything to the contrary in this Agreement, VEOLIA's aggregate liability arising out of services provided hereunder, shall not exceed the greater of the aggregate fees paid in any calendar year hereunder or one million dollars (\$ 1,000,000).

4. **EXCLUSIVITY.** Customer agrees to use no other biomedical waste disposal service or method other than VEOLIA for the contract period stated in this Agreement.

5. **EXCUSE OF PERFORMANCE.** VEOLIA shall not be responsible if its performance of this Agreement is interrupted or delayed by contingencies beyond its control, including, without limitation, acts of God, war, blockades, riots, explosions, strikes, lockouts or other industrial disturbances, fires, accidents to equipment, injunctions or compliance with laws, regulations, guidelines or orders of any government body or instrumentality thereof (whether now existing or hereafter created).

6. **INDEPENDENT CONTRACTOR.** (i) VEOLIA's relationship with Customer pursuant hereto is that of an independent contractor, and nothing in this Agreement shall be construed to designate VEOLIA as an employee, agent or partner of or a joint venture with Customer, (ii) All containers or equipment owned by VEOLIA shall remain the property and equipment of VEOLIA and shall be returned upon the Customer's termination service. Any damage, or theft, or loss, to such property and equipment other than normal wear and tear, will be charged to Customer and payable to VEOLIA as additional service or equipment replacement costs.

7. ***BILLING AND TERM.** VEOLIA shall provide the Customer with an invoice which shall be paid within 30 days of Customer's receipt thereof. In the event of non-payment of charges or any amounts due VEOLIA pursuant to this Agreement, the Customer shall bear all costs of collection, including but not limited to, reasonable attorney's fees. In the event any charges remain unpaid for more than 30 days from the invoice date, VEOLIA shall have the right to suspend service to Customer, without notice to Customer, and to remove all containers belonging to it from Customer's premises, until such time as all payments outstanding hereunder are satisfied in full. Customer is responsible for all monthly payments, or average monthly sums, during the term(s) of this Agreement. This Agreement **may** be renewed for successive terms equal to original the original term of this agreement. Either party has the right to terminate this Agreement for its convenience and without penalty (financial, business or otherwise) by providing the other party with a 30-day prior written notice. Each such renewal shall be for the original term of this agreement, commencing on the relevant renewal date and ending at the completion of the relevant renewal term. All renewals shall be subject to the same terms and conditions as the original agreement, except adjustment to service fees in subsequent service terms after the initial term, if any.

8. **FEES.** You agree to pay us the fees set forth in Exhibit A or in any pricing document either signed by or otherwise consent to by the parties relating to the work performed by us under this Agreement within 30 days from the date of our invoice. This pricing document may include a fuel surcharge and/or energy, security and insurance fee, which are tied directly to the national average price of diesel fuel as reported weekly by the US Department of Energy (DOE).

9. **MISCELLANEOUS.** This Agreement is governed by, and the parties agree to comply with, all applicable Federal, State and local laws and ordinances. This Agreement shall be binding upon and shall inure to the benefit of the successors, assigns, legal representatives and heirs of the parties hereto. This Agreement may not be modified or amended and no term or provision hereof may be waived except by a written instrument executed by both parties or in the case of a waiver, by the

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party granting such waiver. No waiver of any provision hereof shall be deemed a waiver of any other provision hereof or shall constitute a continuing waiver. This Agreement embodies the entire agreement and understanding between the parties hereto with respect to the subject matter hereof and supersedes all prior agreement(s), if any, commitments, arrangements, negotiations and understandings, if any, between the parties with respect thereto. In case any one or more of the provisions contained in this Agreement shall, for any reason, be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provisions of this Agreement. This Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein, unless such finding shall impair the rights or obligations of VEOLIA hereunder, in which event at VEOLIA's option. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original but all of which when taken together shall constitute one and the same instrument.

10. BY SIGNING IN THE SPACE PROVIDED BELOW, THE CUSTOMER ACKNOWLEDGES HAVING READ AND THAT CUSTOMER IS BOUND BY THE TERMS AND CONDITIONS ABOVE ON THIS PAGE AND CONTINUING ON THE REVERSE SIDE, WHICH ALSO GOVERN THIS AGREEMENT.

NAMED CUSTOMER INFORMATION: Yvette Lewis Tel: 760-651-4656 Fax: ylewis@iv-hd.org PIONEERS MEMORIAL HOSPITAL 207 WEST LEGION ROAD BRAWLEY, CA 92227 Pricing Quotation Sheet: 19616 Effective Date: 2026-01-01 Date Issued: 2025-11-06	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.: 241 West Laurel Street Colton, CA 92324 Tel: (909) 370-0730 Fax: (909) 370-0163
CUSTOMER: Signature: _____ Printed Name: _____ Title: _____ Date: _____	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.: Signature: _____ Printed Name: _____ Title: _____ Date: _____



CREDIT APPLICATION

Date: 2025-41-06

BUSINESS INFORMATION

Applicant's Name:	PIONEERS MEMORIAL HOSPITAL	Account Manager:	Brent Bickenbach
Address:	207 WEST LEGION ROAD BRAWLEY, CA 92227	Customer Number:	2116-1
Telephone Number:	760-651-4656	Sales Tax Exempt Number:	
Email Address:	ylewis@iv-hd.org	(Please Enclose A Copy)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Owner (If Partner or Owner, please fill in Social Security number below)	

OFFICERS, PARTNERS OR OWNERS

Name:		Title:	
Name:		Title:	

BANK REFERENCES

Name:		Account Rep:	
Address:			
City:	State:	Zip:	
Telephone Number:		Account Number:	

BUSINESS REFERENCES

Name:		Account Rep:	
Address:			
City:	State:	Zip:	
Telephone Number:		Account Number:	

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following:

1. Terms are that which are stated on the invoice or separately provided by us to you in writing. All amounts are due in accordance with terms provided.
2. Past due balances are subject to a service charge of 1 1/2% per month on the unpaid balance.
3. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all the subsequent collection charges and legal fees shall be paid by the applicant.
4. The undersigned agrees to the terms and conditions stated herein.
5. THE UNDERSIGNED HEREBY AUTHORIZES AND INSTRUCTS THE ABOVE MENTIONED BANKS AND COMPANIES TO RELEASE THE

The undersigned hereby consent(s) to VEOLIA ES TECHNICAL SOLUTIONS, L.L.C., its' divisions and or subsidiaries use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the principal(s), proprietor(s) and or guarantor(s) in connection with the extension of businesses contemplated by this credit application. The undersigned hereby authorize(s) to VEOLIA ES TECHNICAL SOLUTIONS, L.L.C., its' divisions and subsidiaries to utilize a consumer credit report on the undersigned from time to time in connection with the extension or communication of the business credit represented by this credit application. The undersigned as (an) individual (s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1618 et seq.

CUSTOMER

Signature: _____
Printed Name: _____
Title: _____

Social Security or FEIN: _____
Date: _____

Company: 2116-1

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IMPERIAL VALLEY HEALTHCARE DISTRICT

CONSENT AGENDA

BOARD MEETING DATE: December 2025

SUBJECT: Purchase of Chemistry Analyzer (Vitros 7600)

BACKGROUND:

PMH Laboratory purchased 2 Chemistry analyzers in 2023; one serves as a back-up of the other. Over 60 different tests are performed using these analyzers including the cardiac menu that are necessary for Emergency and In-Patient management. Due to water damage, one of the two analyzers was found to be unserviceable.

KEY ISSUES:

1. On November 18, 2025, the ceiling (below Medical-Surgical Units) directly above one of the analyzers had heavy water leak.
2. The Vitros Chemistry Analyzer was deemed damaged, resulting in a \$200K loss.
3. Loss of this analyzer delayed key laboratory tests, including chemistry panels, hepatitis testing, and Troponin levels.
4. A replacement analyzer is necessary to accommodate the workload and provide an opportunity for the lab staff to perform regular preventive maintenance without a disruption in reporting of test results.
5. Emergency Department has been put on 'bypass' twice since November 18th, 2025.

CONTRACT VALUE: \$209,875

CONTRACT TERM: Purchase; 3-year warranty included.

BUDGETED: No; PMH filed for an insurance claim, possibility of a reimbursement.

BUDGET CLASSIFICATION: Capital Equipment

RESPONSIBLE ADMINISTRATOR: Carly Zamora/Annabel Limentang

REVIEWED BY LEGAL:

☒

Yes-In Review

☐

No

RECOMMENDED ACTION: Approve purchase of one Vitros 7600.

**QuidelOrtho Instrument Quote**

FISHER HEALTHCARE, 300 Industry Drive, Pittsburgh, PA 15275

Created on Dec 02, 2025

*Offer valid for 90 days***CUSTOMER INFORMATION**

Account Name:	Pioneers Memorial Healthcare District	Account Manager:	Cheri Aquilino
Account Number:	299431001	Acct Mgr Phone Nbr:	760-458-1301
Street Address:	207 W Legion Road	Instrument Specialist:	Jennifer Minneci
City, State ZIP:	Brawley, CA 92227	Specialist Phone Nbr:	480-292-2702

INSTRUMENT, ACCESSORIES, SHIPPING

Fisher Cat #	Vendor Cat #	Description	Acquisition Method	Qty	Price/Unit	Extended Price	Category
23610201	6844461	VITROS® XT7600 Integrated System	Purchase	1	\$ 209,875	\$ 209,875	Instrument
23057110	6803935	UPS (6kVA) - 7600 - Value of \$8,060	Purchase	1	Included	*	Accessory
		Freight - 7600 - Value of \$2,800	Purchase	1	Included	*	Freight
TOTAL SPEND						\$ 209,875	

**Included items supplied by QuidelOrtho*

Customers may be required to evaluate as a discount, for cost-reporting purposes, the value of any Product listed as \$0.00 (INCLUDED) on any invoice. Product(s) listed as INCLUDED represents an in-kind discount and is included in the total fair market value price for the instrument product.

NOTE: Equipment service must be obtained through QuidelOrtho

The following to be supplied by QuidelOrtho:

VITROS® XT7600 Warranty term 36 months

PMH

- 1.1 Notify Infection Control, Administration and the Public Health Department.
 - 1.1.1 House Supervisor or Administrator will initiate the Emergency Operations Plan EOC-00213
- 1.2 *Precautions:* Instruct all patients with respiratory symptoms to wear a mask. Manage these patients with droplet precautions.
 - 1.2.1 Actively screen all persons entering the facility for symptoms; all persons shall be required to perform hand hygiene upon entry to the facility.
 - 1.2.2 Instruct all patients presenting with febrile illness or respiratory symptoms to wear a mask and place them in isolation. If large numbers, cohort patients with masks.
 - 1.2.3 In the case of influx, place signs at all entry points detailing Symptoms of any current epidemiologic risk factors. Signs should Direct any person meeting these criteria to the Emergency Department for evaluation and isolation.
 - 1.2.4 Initiate screening of patients on entry to the emergency department For symptoms. Patients with febrile illness and epidemiologic risks Should perform hand hygiene, wear a surgical mask, and be placed In droplet isolation. Co-horting, with all patients wearing surgical Masks, shall be established if droplet isolation is not possible.
 - 1.2.5 Triage staff shall practice frequent hand hygiene and wear surgical Masks.
- 1.3 Personal Protective Equipment (PPE) - Healthcare workers will wear the indicated PPE for the type of precautions indicated for the patient. For respiratory Illness patients should be placed in droplet precautions.
 - 1.3.1 Correctly sized gloves (non-sterile examination gloves) when entering the patient care area.
 - 1.3.2 A disposable, impermeable gown to cover clothing and exposed skin.
 - 1.3.3 A medical mask and eye protection (eye visor, goggles or face shield) to prevent splashes to the nose, mouth and eyes.
- 1.4 Patient Placement
 - 1.4.1 If isolation rooms are unavailable, cohort these patients in specific confined areas.
 - 1.4.2 Ensure the items listed for isolation rooms are readily available.
- 1.5 Staff Allocation
 - 1.5.1 Restrict all non-essential staff from isolation patient care areas.
- 1.6 Visitors
 - 1.6.1 Stopping visitor's access to the patient is preferred.
 - 1.6.2 If this is not possible, limit their number to include only those necessary for the patient's well-being and care, such as a child's parent.
 - 1.6.3 Do not allow other visitors to enter the isolation rooms/areas.
- 1.7 Hand-Hygiene, PPE, and other Precautions
 - 1.7.1 Ensure that all staff, patients and visitors use PPE and perform hand hygiene.

- 1.7.2 Ensure that all HCWs (including aides and housekeeping) wear PPE according to the expected level of risk before entering the isolation rooms/areas and having contacts with the patients and/or the environment.
- 1.8 Re-Useable Equipment
 - 1.8.1 Carefully clean and decontaminate reusable equipment.
 - 1.8.2 Rigorously use dedicated equipment (e.g. stethoscopes) for each patient.
 - 1.8.3 If this is not possible, decontaminate the items between each patient contact.
 - 1.8.4 For instance, if the stethoscope has to be used on different patients, it is essential that the full stethoscope (i.e. staff hand contact as well as patient contact surfaces) be thoroughly cleaned first with water and soap using appropriate PPE to remove organic matter and then wiped with alcohol.
 - 1.8.5 All waste generated during the decontamination process should be treated as infectious waste.
 - 1.8.6 Items and equipment should not be moved between isolation rooms/areas and other areas of the facility, unless they are appropriately discarded and disposed.
- 1.11 Environmental Cleaning
 - 1.11.3 Environmental surfaces or objects contaminated with blood, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard hospital detergents/disinfectants (1:10 Bleach Solution).
 - 1.11.4 Cleaning should always be carried out from “clean” areas to “dirty” areas, in order to avoid contaminant transfer.
- 1.12 Management of Linen
 - 1.12.3 Place soiled linen in clearly-labeled, leak-proof bags or buckets at the site of use.
 - 1.12.4 Container surfaces should be disinfected before removal from the isolation room/area.
 - 1.12.6 If the linen is transported out of the patient room/area, it should be put in a separate container – it should never be carried against the body.
- 1.13 Waste Management
 - 1.13.3 Avoid splashing when disposing of liquid infectious waste.
 - 1.13.4 Waste should be segregated at point of generation to enable appropriate and safe handling.
 - 1.13.5 Collect all solid, non-sharp, infectious waste using leak-proof waste bags and covered bins. Bins should never be carried against the body (e.g. on the shoulder)
- 1.14 Post-Mortem Care
 - 1.14.1 Any death due to Influenza must be reported to the Health Department per title 17.

- 1.1 Notify Infection Control, Administration and the Public Health Department. See attachments
 - 1.1.1 House Supervisor or Administrator will initiate the Emergency Operations Plan EOC-00213
- 1.2 *Precautions:* Patients shall be placed in standard, contact, and droplet precautions. *Airborne Precautions should be used whenever risk of aerosol generating procedures will be used (i.e. suctioning).*
- 1.3 Personal Protective Equipment (PPE) - Healthcare workers will wear the indicated PPE for the type of precautions indicated for the patient. In the case of Ebola there are three different types of precaution indicated by the CDC and WHO organizations. It is the recommendation of the Infection Preventionist and the Infection Control Committee for all EBV cases to be place in Droplet Precautions (excepting those patients requiring Airborne Precautions) and Droplet PPE to be worn (gloves, gown, mask, and eyewear). EBV patients receiving aerosol generating procedures will require all the aforementioned PPE with the addition of an N95 OSHA approved respirator mask or facility issued PAPR.
 - 1.3.1 Correctly sized gloves (non-sterile examination gloves) when entering the patient care area.
 - 1.3.2 A disposable, impermeable gown to cover clothing and exposed skin.
 - 1.3.3 A medical mask and eye protection (eye visor, goggles or face shield) to prevent splashes to the nose, mouth and eyes.
 - 1.3.4 Closed, puncture and fluid resistant shoes (e.g. rubber boots) to avoid contamination with blood or other body fluids or accidents with misplaced, contaminated sharp objects.
- 1.4 Patient Placement
 - 1.4.1 If isolation rooms are unavailable, cohort these patients in specific confined areas.
 - 1.4.2 Rigorously keep suspected and confirmed cases separate.
 - 1.4.3 Ensure the items listed for isolation rooms are readily available.
 - 1.4.4 Make sure that there is at least 1 meter (3 feet) distance between patient beds.
 - 1.4.5 Note: CDC Recommends Airborne Isolation Room if aerosol generating procedures are absolutely necessary (suctioning, etc.).
- 1.5 Staff Allocation
 - 1.5.1 Ensure that clinical and non-clinical personnel are assigned exclusively to EVD patient care areas.
 - 1.5.2 Ensure that members of staff do not move freely between the EVD isolation areas and other clinical areas during the outbreak.
 - 1.5.3 Restrict all non-essential staff from EVD patient care areas.
- 1.6 Visitors
 - 1.6.1 Stopping visitor's access to the patient is preferred.
 - 1.6.2 If this is not possible, limit their number to include only those necessary for the patient's well-being and care, such as a child's parent.

- 1.6.3 Do not allow other visitors to enter the isolation rooms/areas and ensure that any visitors wishing to observe the patient do so from an adequate distance (approximately 15 m or 50 feet).
- 1.6.4 Before allowing visitors to EVD patients to enter the facility screen them for signs and symptoms of EVD.
- 1.6.5 A non-clinical staff person shall be assigned to each room to monitor visitor traffic flow in and out of the room. A sign in/out sheet will be maintained to document all visitors in and out of the room.
- 1.7 Hand-Hygiene, PPE, and other Precautions
 - 1.7.1 Ensure that all visitors use PPE and perform hand hygiene and are provided with related instructions prior to entry into the isolation room/area.
 - 1.7.2 Ensure that all HCWs (including aides and cleaners) wear PPE according to the expected level of risk before entering the isolation rooms/areas and having contacts with the patients and/or the environment.
 - 1.7.3 Personal clothing should not be worn for working in the patient areas. Scrub or medical suits should be worn.
- 1.8 Re-Useable Equipment
 - 1.8.1 Carefully clean and decontaminate reusable equipment.
 - 1.8.2 Rigorously use dedicated equipment (e.g. stethoscopes) for each patient.
 - 1.8.3 If this is not possible, decontaminate the items between each patient contact.
 - 1.8.4 For instance, if the stethoscope has to be used on different patients, it is essential that the full stethoscope (i.e. staff hand contact as well as patient contact surfaces) be thoroughly cleaned first with water and soap using appropriate PPE to remove organic matter and then wiped with alcohol.
 - 1.8.5 All waste generated during the decontamination process should be treated as infectious waste.
 - 1.8.6 Items and equipment should not be moved between isolation rooms/areas and other areas of the HCF, unless they are appropriately discarded and disposed.
- 1.9 Laboratory specimens
 - 1.9.1 U.S. clinical laboratories can safely handle specimens from these potential Ebola patients by taking all required precautions and practices in the laboratory, specifically designed for pathogens spread in the blood.
 - 1.9.2 Risk assessments should be conducted by each laboratory director, biosafety officer, or other responsible person to determine the potential for sprays, splashes, or aerosol generated during laboratory procedures.
 - 1.9.3 Any person collecting specimens from a patient with suspected Ebola virus disease should wear gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth.
 - 1.9.4 Anyone collecting specimens from a patient should follow the procedures below for transporting them through the healthcare facility, clean-up of spills, storing, packaging and shipping to CDC for testing.

- 1.9.5 All laboratorians and other healthcare personnel collecting or handling specimens must follow established standards compliant with the OSHA Blood borne pathogens standards
- 1.9.6 Recommendations for risk assessment to staff: Risk assessments should be conducted by each laboratory director, biosafety officer, or other responsible personnel to determine the potential for sprays, splashes, or aerosols generated from laboratory procedures. They should adjust, as needed, PPE requirements, practices, and safety equipment controls to protect the laboratorian's skin, eyes, and mucous membranes.
- 1.9.7 Recommendations for specimen collection by staff: Any person collecting specimens from a patient with a case of suspected Ebola virus disease should wear gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth. Additional PPE may be required in certain situations.
- 1.9.8 Recommendations for laboratory testing by staff: Any person testing specimens from a patient with a suspected case of Ebola virus disease should wear gloves, water-resistant gowns, full face shield or goggles, and masks to cover all of nose and mouth, and as an added precaution use a certified class II Biosafety cabinet or Plexiglass splash guard with PPE to protect skin and mucous membranes. All manufacturer-installed safety features for laboratory instruments should be used.
- 1.10 Use of Injection Equipment
 - 1.10.1 Each patient should have exclusively dedicated injection and parenteral medication equipment which should be disposed of at the point of care.
 - 1.10.2 Syringes, needles or similar equipment should never be reused.
 - 1.10.3 Limit the use of needles and other sharp objects as much as possible.
 - 1.10.4 Limit the use of phlebotomy and laboratory testing to the minimum necessary for essential diagnostic evaluation and patient care.
- 1.11 Environmental Cleaning
 - 1.11.1 Wear heavy duty/rubber gloves, impermeable gown and closed shoes (e.g. boots) when cleaning the environment and handling infectious waste.
 - 1.11.2 Add facial protection (mask and goggle or face shield) and overshoes if boots are unavailable when undertaking cleaning activities with increased risk of splashes or in which contact with blood and body fluids is anticipated.
 - 1.11.3 Environmental surfaces or objects contaminated with blood, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard hospital detergents/disinfectants (1:10 Bleach Solution).
 - 1.11.4 Cleaning should always be carried out from "clean" areas to "dirty" areas, in order to avoid contaminant transfer.
- 1.12 Management of Linen
 - 1.12.1 Linen that has been used on patients can be heavily contaminated with body fluids (e.g. blood, vomit) and splashes may result during handling.

- 1.12.2 When handling soiled linen from patients, use gloves, impermeable gown, closed shoes (e.g., boots) and facial protection (masks and goggle or face shield).
- 1.12.3 Place soiled linen in clearly-labeled, leak-proof bags or buckets at the site of use.
- 1.12.4 Container surfaces should be disinfected before removal from the isolation room/area.
- 1.12.5 If there is any solid excrement such as feces or vomit, scrape off carefully using a flat firm object and flush it down the toilet or in the sluice before linen is placed in its container.
- 1.12.6 If the linen is transported out of the patient room/area, it should be put in a separate container – it should never be carried against the body.
- 1.12.7 Linen should be transported directly to the laundry area and laundered promptly with water and detergent.
- 1.12.8 For low-temperature laundering, wash curtains with detergent and water, rinse and then soak in 0.05% chlorine for 30 minutes. Curtains should then be dried according to routine standards and procedures.
- 1.12.9 Washing contaminated linen by hand should be discouraged.
- 1.12.10 If washing machines are not available or power is not ensured, take the soiled linen out of the container and empty it into a large drum container of hot water and soap. Soak the linen in this drum and make sure it is totally covered with water.
- 1.12.11 Use a stick to stir; then throw out the water and refill the drum with clean water and add bleach and allow to soak for 10 –15 minutes. Remove the linen and then rinse in clean water. Remove excess water and spread out to dry. Avoid as much splashing as possible.
- 1.12.12 If safe cleaning and disinfection of heavily soiled linen is not possible or reliable, burn the linen to avoid any unnecessary risks to individuals handling these items.
- 1.13 Waste Management
 - 1.13.1 Wear heavy duty/rubber gloves, impermeable gown, closed shoes (e.g. boots) and facial protection (mask and goggle or face shield), when handling infectious waste (e.g. solid waste or any secretion or excretion with visible blood even if it originated from a normally sterile body cavity)
 - 1.13.2 Goggles provide greater protection than visors from splashes that may come from below when pouring liquid waste from a bucket
 - 1.13.3 Avoid splashing when disposing of liquid infectious waste.
 - 1.13.4 Waste should be segregated at point of generation to enable appropriate and safe handling.
 - 1.13.5 Collect all solid, non-sharp, infectious waste using leak-proof waste bags and covered bins. Bins should never be carried against the body (e.g. on the shoulder)
 - 1.13.6 Waste will be labeled with EBV written on the Biohazard label to identify EBV for carrier.
- 1.14 Post-Mortem Care and Transfer of Bodies

- 1.14.1 Personal protective equipment (PPE): Prior to contact with body, postmortem care personnel must wear PPE consisting of: surgical scrub suit, surgical cap, impervious gown with full sleeve coverage, eye protection (e.g., face shield, goggles), facemask, shoe covers, and double surgical gloves. Additional PPE (leg coverings, apron) might be required in certain situations (e.g., copious amounts of blood, vomit, feces, or other body fluids that can contaminate the environment).
- 1.14.2 Putting on, wearing, removing, and disposing of protective equipment: PPE should be in place BEFORE contact with the body, worn during the process of collection and placement in body bags, and should be removed immediately after and discarded as regulated medical waste. Use caution when removing PPE as to avoid contaminating the wearer. Hand hygiene (washing your hands thoroughly with soap and water or an alcohol based hand rub) should be performed immediately following the removal of PPE. If hands are visibly soiled, use soap and water.
- 1.14.3 Preparation of the body: At the site of death, the body should be wrapped in a plastic shroud. Wrapping of the body should be done in a way that prevents contamination of the outside of the shroud. Change your gown or gloves if they become heavily contaminated with blood or body fluids. Leave any intravenous lines or endotracheal tubes that may be present in place. Avoid washing or cleaning the body. After wrapping, the body should be immediately placed in a leak-proof plastic bag not less than 150 µm thick and zippered closed. The bagged body should then be placed in another leak-proof plastic bag not less than 150 µm thick and zippered closed before being transported to the morgue.
- 1.14.4 Surface decontamination: Prior to transport to the morgue, perform surface decontamination of the corpse-containing body bags by removing visible soil on outer bag surfaces with EPA-registered disinfectants which can kill a wide range of viruses. Follow the product's label instructions. Once the visible soil has been removed, reapply the disinfectant to the entire bag surface and allow to air dry. Following the removal of the body, the patient room should be cleaned and disinfected. Reusable equipment should be cleaned and disinfected according to standard procedures.
- 1.14.5 Individuals driving or riding in a vehicle carrying human remains: PPE is not required for individuals driving or riding in a vehicle carrying human remains, provided that drivers or riders will not be handling the remains of a suspected or confirmed case of Ebola, and the remains are safely contained and the body bag is disinfected as described above.
- 1.14.6 Bodies may be temporarily stored in WCH Temporary Morgue until transport to Attamortuary.

Ebola Virus Emergency Room Procedures

If patient answers yes to Ebola Screening Questions:

1. Place mask on patient and visitor(s) with patient.
2. Notify charge nurse by calling Triage Travel
3. Registration will move the patient and visitor(s) to **Triage Treatment Room**.
4. Patient triaged by ER if Ebola is suspected, patient and visitors will be moved to the cardiac suite once the area is prepared.
5. Absolutely minimize number of staff entering room.
6. Charge Nurse will notify infection control, administration and Public Health Officials. Activate Incident Command Center.
7. ER physician will put on appropriate PPE (PAPR if indicated) and perform Medical Screening Exam and provide minimal appropriate treatment.
8. If patient requires lab work (blood or urine), **all specimens are required to remain in the room and lab will collect and perform on STAT only basis while in ER.**
9. Dispose of all patient care items in the room. Do not bring out of room. All items should be placed in biohazard containers.
10. Disinfect any necessary equipment that needs to be removed from the room with 1:10 bleach solution. Do not remove items if not necessary.
11. Patients requiring additional labs - notify lab supervisor before transporting specimens. Always hand-carry specimens to lab. **Do not send in carrier.**
12. After patient disposition, perform terminal clean with CDC recommended Bleach wipes (1:10 dilution).

Hospital Leadership: 760-351-5500 who will call Admin on call or notify during regular hours. House Supervisor: 760-351-5500 after hour's house

supervisor to notify Public Health Department: Lab: 760-482-4437 General:
760-482-4723



Ebola Virus Disease (EVD) Screening

Emergency Department screening criteria for patient isolation/testing are likely to be:

- 1.** Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

AND

- 2.** Travel to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where EVD transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

If both criteria are met, then the patient should be moved to a private room with a bathroom, and STANDARD, CONTACT, and DROPLET precautions followed during further assessment. (Triage room outside ER then Cardiac Stress Suite)

IMMEDIATELY Report Person Under Investigation (PUI) for Ebola to:

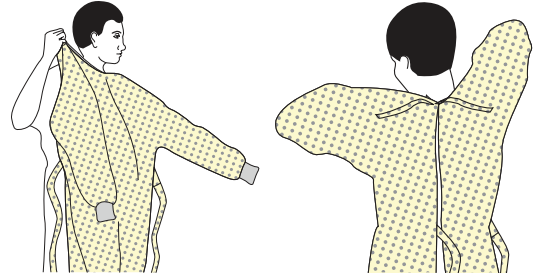
1. Hospital Leadership:
2. Local and State Public Health Authorities:
3. U.S. Centers for Disease Control and Prevention (CDC) by calling the CDC Emergency Operations Center (EOC) at 770-488-7100 or via email at eocreport@cdc.gov .

SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

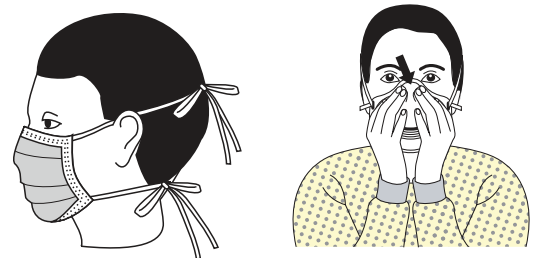
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



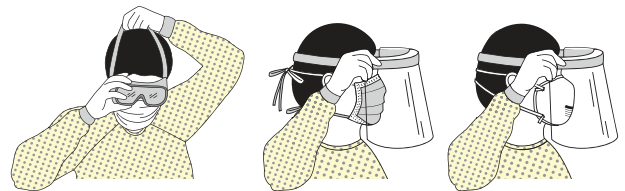
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



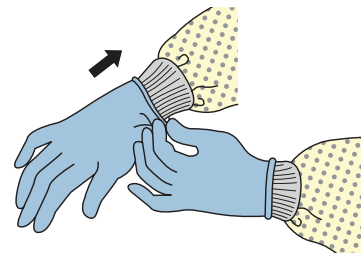
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



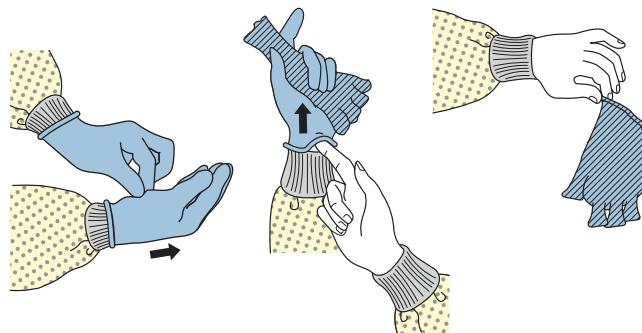
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious* waste container



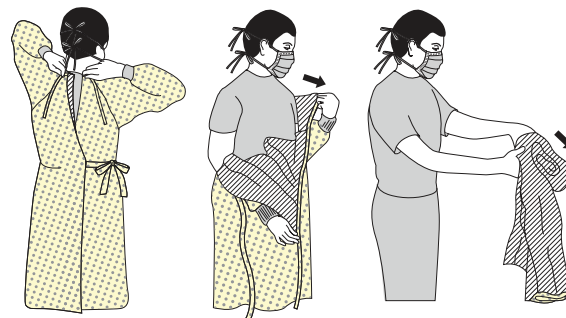
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container



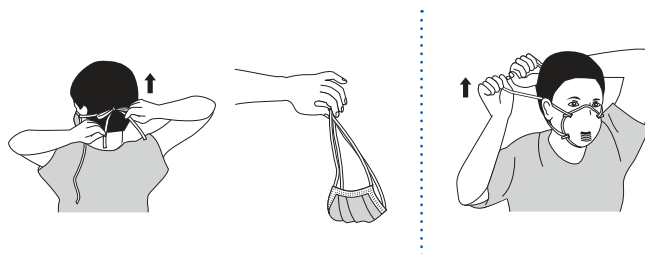
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious* waste container

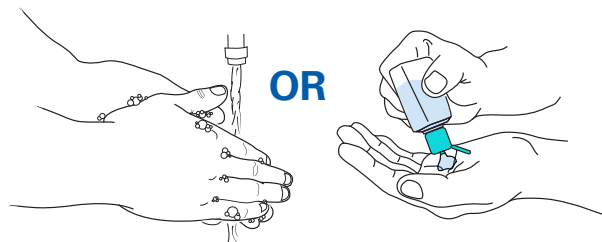


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious* waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



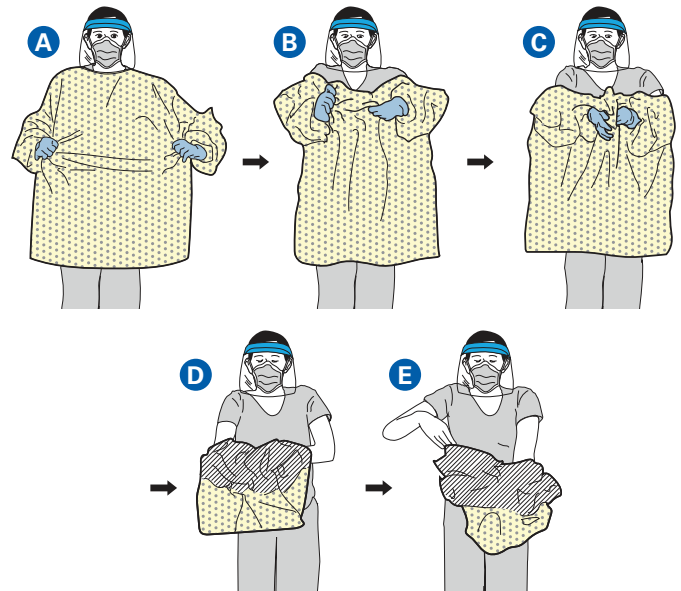
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into an infectious* waste container



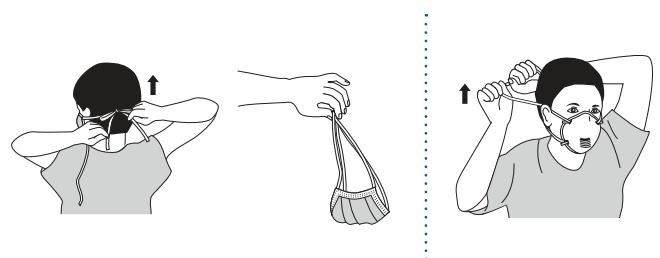
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious* waste container

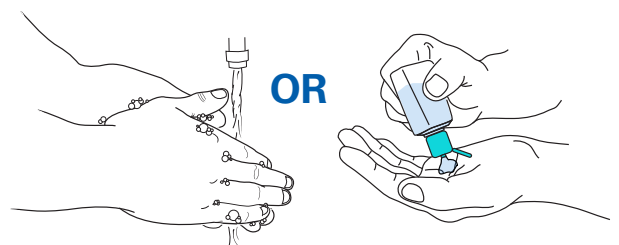


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious* waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Key Components of Standard, Contact, and Droplet Precautions Recommended for Prevention of EHF Transmission in U.S. Hospitals

Component	Recommendation	Comments
Patient Placement	<ul style="list-style-type: none"> • Single patient room (containing a private bathroom) with the door closed • Facilities should maintain a log of all persons entering the patient's room 	<ul style="list-style-type: none"> • Consider posting personnel at the patient's door to ensure appropriate and consistent use of PPE by all persons entering the patient room
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All persons entering the patient room should wear at least: <ul style="list-style-type: none"> ▫ Gloves ▫ Gown (fluid resistant or impermeable) ▫ Eye protection (goggles or face shield) ▫ Facemask • Additional PPE might be required in certain situations (e.g., copious amounts of blood, other body fluids, vomit, or feces present in the environment), including but not limited to: <ul style="list-style-type: none"> ▫ Double gloving ▫ Disposable shoe covers ▫ Leg coverings 	<ul style="list-style-type: none"> • Recommended PPE should be worn by HCP upon entry into patient rooms or care areas. Upon exit from the patient room or care area, PPE should be carefully removed without contaminating one's eyes, mucous membranes, or clothing with potentially infectious materials, and either <ul style="list-style-type: none"> ▫ Discarded, or ▫ For re-useable PPE, cleaned and disinfected according to the manufacturer's reprocessing instructions and hospital policies. • Instructions for donning and removing PPE have been published • Hand hygiene should be performed immediately after removal of PPE

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Patient Care Equipment	<ul style="list-style-type: none"> • Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of patient care • All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and hospital policies 	
Patient Care Considerations	<ul style="list-style-type: none"> • Limit the use of needles and other sharps as much as possible • Phlebotomy, procedures, and laboratory testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care • All needles and sharps should be handled with extreme care and disposed in puncture-proof, sealed containers 	

Aerosol Generating Procedures (AGPs)	<ul style="list-style-type: none"> • Avoid AGPs for Ebola HF patients. • If performing AGPs, use a combination of measures to reduce exposures from aerosol-generating procedures when performed on Ebola HF patients. • Visitors should not be present during aerosol-generating procedures. • Limiting the number of HCP present during the procedure to only those essential for patient-care and support. • Conduct the procedures in a private room and ideally in an Airborne Infection Isolation Room (AIIR) when feasible. Room doors should be kept closed during the procedure except when entering or leaving the room, and entry and exit should be minimized during and shortly after the procedure. • HCP should wear gloves, a gown, disposable shoe covers, and either a face shield that fully covers the front and sides of the face or goggles, and respiratory protection that is at least as protective as a NIOSH certified fit-tested N95 filtering facepiece respirator or higher (e.g., powered air purifying respirator or elastomeric respirator) during aerosol generating procedures. • Conduct environmental surface cleaning following procedures (see section below on environmental infection control). • If re-usable equipment or PPE (e.g. Powered air purifying respirator, elastomeric respirator, etc.) are used, they should be cleaned and disinfected according to manufacturer instructions and hospital policies. • Collection and handling of soiled re-usable 	<ul style="list-style-type: none"> • Although there are limited data available to definitively define a list of AGPs, procedures that are usually included are Bilevel Positive Airway Pressure (BiPAP), bronchoscopy, sputum induction, intubation and extubation, and open suctioning of airways. • Because of the potential risk to individuals reprocessing reusable respirators, disposable filtering face piece respirators are preferred.
	respirators must be done by trained individuals using PPE as described above for routine patient care	

Hand Hygiene	<ul style="list-style-type: none"> • HCP should perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. • Healthcare facilities should ensure that supplies for performing hand hygiene are available. 	<ul style="list-style-type: none"> • Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.
Environmental Infection Control	<u>Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus</u>	<u>Interim Guidance for Environmental Infection Control in Hospitals for Ebola Virus</u>
Safe Injection practices	<ul style="list-style-type: none"> • Facilities should follow safe injection practices as specified under Standard Precautions. 	<ul style="list-style-type: none"> • Any injection equipment or parenteral medication container that enters the patient treatment area should be dedicated to that patient and disposed of at the point of use.
Duration of Infection Control Precautions	<ul style="list-style-type: none"> • Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities. 	<ul style="list-style-type: none"> • Factors that should be considered include, but are not limited to: presence of symptoms related to Ebola HF, date symptoms resolved, other conditions that would require specific precautions (e.g., tuberculosis, <i>Clostridium difficile</i>) and available laboratory information

<p>Monitoring and Management of Potentially Exposed Personnel</p>	<ul style="list-style-type: none"> • Facilities should develop policies for monitoring and management of potentially exposed HCP • Facilities should develop sick leave policies for HCP that are non-punitive, flexible and consistent with public health guidance <ul style="list-style-type: none"> ▫ Ensure that all HCP, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick leave policies. • Persons with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a patient with suspected Ebola HF should <ul style="list-style-type: none"> ▫ Stop working and immediately wash the affected skin surfaces with soap and water. Mucous membranes (e.g., conjunctiva) should be irrigated with copious amounts of water or eyewash solution ▫ Immediately contact occupational health/supervisor for assessment and access to postexposure management services for all appropriate pathogens (e.g., Human Immunodeficiency Virus, Hepatitis C, etc.) • HCP who develop sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, or any signs of hemorrhage after an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with Ebola HF should <ul style="list-style-type: none"> ▫ Not report to work or should immediately stop working ▫ Notify their supervisor ▫ Seek prompt medical evaluation and testing ▫ Notify local and state health departments ▫ Comply with work exclusion until they are deemed no longer infectious to others 	
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	<ul style="list-style-type: none"> • For asymptomatic HCP who had an unprotected exposure (i.e. not wearing recommended PPE at the time of patient contact or through direct contact to blood or body fluids) to a patient with Ebola HF <ul style="list-style-type: none"> - Should receive medical evaluation and follow-up care including fever monitoring twice daily for 21 days after the last known exposure. - Hospitals should consider policies ensuring twice daily contact with exposed personnel to discuss potential symptoms and document fever checks - May continue to work while receiving twice daily fever checks, based upon hospital policy and discussion with local, state, and federal public health authorities. 	
Monitoring, Management, and Training of Visitors	<ul style="list-style-type: none"> • Avoid entry of visitors into the patient's room <ul style="list-style-type: none"> - Exceptions may be considered on a case by case basis for those who are essential for the patient's wellbeing. • Establish procedures for monitoring managing and training visitors. • Visits should be scheduled and controlled to allow for: <ul style="list-style-type: none"> - Screening for Ebola HF (e.g., fever and other symptoms) before entering or upon arrival to the hospital - Evaluating risk to the health of the visitor and ability to comply with precautions 	<ul style="list-style-type: none"> • Visitors who have been in contact with the Ebola HF patient before and during hospitalization are a possible source of EHF for other patients, visitors, and staff.
	<ul style="list-style-type: none"> - providing instruction, before entry into the patient care area on hand hygiene, limiting surfaces touched, and use of PPE according to the current facility policy while in the patient's room - Visitor movement within the facility should be restricted to the patient care area and an immediately adjacent waiting area. 	

Page last reviewed: August 5, 2014

Page last updated: August 19, 2014

Content source: [Centers for Disease Control and Prevention](#)

[National Center for Emerging and Zoonotic Infectious Diseases \(NCEZID\)](#)

[Division of High-Consequence Pathogens and Pathology \(DHCPP\)](#)

[Viral Special Pathogens Branch \(VSPB\)](#)

- 1.1 Notify Infection Control, Administration and the Public Health Department.
 - 1.1.1 House Supervisor or Administrator will initiate the Emergency Operations Plan EOC-00213
 - 1.1.2 Potential Vector-Borne Diseases:
 - 1.1.2.1 Chikungunya
 - 1.1.2.2 Dengue Fever
 - 1.1.2.3 Rift Valley Fever
 - 1.1.2.4 Yellow Fever
 - 1.1.2.5 Zika
 - 1.1.2.6 Malaria
 - 1.1.2.7 Japanese Encephalitis
 - 1.1.2.8 Lymphatic Filariasis
 - 1.1.2.9 West Nile Fever
 - 1.1.2.10 Leishmaniasis
 - 1.1.2.11 Sandfly Fever (Phelebotomus Fever)
 - 1.1.2.12 Crimean-Congo Haemorrhagic Fever
 - 1.1.2.13 Lyme Disease
 - 1.1.2.14 Relapsing Fever (borreliosis)
 - 1.1.2.15 Rickettsial Diseases (Spotted fever and Q fever)
 - 1.1.2.16 Tick-borne encephalitis
 - 1.1.2.17 Tularemia
 - 1.1.2.18 Chagas Disease (American Trypanosomiasis)
 - 1.1.2.19 Sleeping Sickness (African Trypanosomiasis)
 - 1.1.2.20 Plague (Transmitted by fleas from rats to humans)
 - 1.1.2.21 Rickettsiosis
 - 1.1.2.22 Onchocerciasis (River blindness)
 - 1.1.2.23 Schistosomiasis (bilharziasis)
- 1.2 *Precautions:* All patients should be treated with Standard Precautions unless otherwise directed by Public Health or CDC.
- 1.3 Hand-Hygiene, PPE, and other Precautions
 - 1.3.1 Ensure that all staff, patients and visitors use PPE and perform hand hygiene.
 - 1.3.2 Ensure that all HCWs (including aides and housekeeping) wear PPE according to the expected level of risk before entering the isolation rooms/areas and having contacts with the patients and/or the environment.

Imperial Valley Healthcare District

Title: Obstetrics Cash Discount Policy FY 2026		Policy No. ADM-00315
		Page 1 of 3
Current Author: Cynthia Ramirez Veliz		Effective: 7/1/2005
Latest Review/Revision Date: 10/2025	Manual: Administration	

Collaborating Departments: Finance, Registration		Keywords: OB Cash Discount		
Approval Route: List all required approval				
MARCC 8/18/2022	PSQC	Other:		
Clinical Service _____	MSQC	MEC	BOD 8/2022	

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

1.0 Purpose:

- 1.1 Imperial Valley Healthcare District (IVHD) provides a cash discount program for obstetric patients who have normal and/or uncomplicated deliveries, who have no applicable insurance or third-party coverage, and who prepay a cash deposit prior to discharge. Payment in advance decreases the Hospital's administrative costs whereby allowing IVHD to provide this discount. Any obstetrical patient not qualifying for the program outlined herein shall be eligible to participate in IVHD's Patient Financial Assistance and Discount Program effective January 1, 2005. This program shall be exclusive to Facility charges only and patients will be billed separately for professional fees.

2.0 Scope: Patient Accounting & Patient Registration

3.0 Policy:

- 3.1 Patients must meet the following criteria in order to receive the above referenced discount:
 - 3.1.1 Patients may not have any type of government insurance or any other third-party payer that would cover any portion of their hospitalization.
 - 3.1.2 Notification and/or arrangements must be made with the Patient Registration and/or Pre-admit department as soon as possible, preferably 4 – 5 months prior to expected due date. This is to set up payment arrangements that are mutually acceptable to both the patient and the Hospital.
 - 3.1.3 Cash deposits are to be paid in full, in advance of the expected due date, with the exception that emergency admissions payment deposits are due upon discharge.
 - 3.1.4 Cash deposit amounts are based on the patient's length of stay. The longer the length of stay, due to the medical status of the patient's condition, the higher the deposit required. The OB Cash Deposits are as follows:

10/15/2025 thru 06/30/2026 –

Vaginal Delivery: 1-2 Day Stay: \$5,566
Cesarean Sections: 1-3 Day Stay: \$7,865

Commented [CV1]: Will be updated based on board approval.

The electronic version of this policy supersedes any printed copy.

Imperial Valley Healthcare District

Title: Obstetrics Cash Discount Policy FY 2026		Policy No. ADM-00315
		Page 2 of 3
Current Author: Cynthia Ramirez Veliz		Effective: 7/1/2005
Latest Review/Revision Date: 10/2025	Manual: Administration	

- 3.1.5 Additional **\$1,210** for Sterilization procedure on any vaginal delivery.
- 3.1.6 Additional **\$605** for Sterilization procedure on c-section delivery.
- 3.1.7 If a patient stays additional days for either a vaginal delivery or a cesarean section, there will be an additional all inclusive cash deposit of **\$2,541** per day (for the mother and baby) or **\$1,210** for a newborn child.
- 3.1.8 Failed induction **\$1,815**.
- 3.1.9 OB cash deposits cover all Hospital tests, services, and supplies necessary for the admission involving the delivery; however, do not include physician services.
- 3.1.10 Multiple births (i.e. twins, triplets, etc.) will be charged at **\$1,210** per day for each additional new born child.
- 3.1.11 Services rendered prior to admission or subsequent to delivery or discharge, i.e. fetal monitoring, false labor, boarder baby, will be charged at normal billed charges. Additional Covid-19 test and/or lab work may be charged.
- 3.1.12 Patients are to be informed that cash deposits are not to be considered as the total billed charges. Rather, it is a cash deposit, which if paid prior to admission and/or upon discharge, the above discounts can be applied to final billed charges for the hospitalization.
- 3.1.13 Patients will be billed usual and customary charges for all other services rendered which are not included in the estimations outlined above. Therefore, in the event of complications or other unanticipated treatments, the discount will not be offered and full charges will be due and payable and final billed to patients.
 - 3.1.13.1 Nursery Intermediate accounts will be evaluated by management and approved by CFO for any prompt pay discount. See also Self Pay Discount Policy DPS-00601.
- 3.1.14 The estimated deposits referenced above represent only the Hospital charges.
- 3.1.15 Physicians are not employees of the Hospital; therefore, separate bills for physician services may follow. These might include bills from the patient's private physician, Emergency Room physicians, radiologists, pathologists, and/or anesthesiologists.
- 3.1.16 In the event that the patient does not deliver in the hospital and a deposit was made; we will refund the amount paid after 60 days of the expected delivery date.
- 3.2 Patients may contact the Patient Accounting office at 760-351-3322 and/or ext.3323 to make necessary arrangements.
- 3.3 Attachment A will be provided to all patients. Patient signature will be required at the time of registration.

4.0 Definitions: Not applicable

5.0 Procedure: Not applicable

6.0 References: Not applicable

Imperial Valley Healthcare District

Title: Obstetrics Cash Discount Policy FY 2026		Policy No. ADM-00315
		Page 3 of 3
Current Author: Cynthia Ramirez Veliz		Effective: 7/1/2005
Latest Review/Revision Date: 10/2025	Manual: Administration	

7.0 Attachment List

- 7.1 Attachment A – OB Cash FY 2026 Notice

8.0 Summary of Revisions:

- 8.1 Normal Delivery: 1-2 days stay price increase from \$5,060 to \$5,566 a 10% increase.
- 8.2 C-Section 1-3 day stay price increase from \$7,150 to \$7,865 a 10% increase.
- 8.3 Sterilization procedure on any vaginal delivery price increase from \$1,100 to \$1,210.
- 8.4 Sterilization procedure on c-section from \$550 to \$605.
- 8.5 Additional days section 3.1.7 mom and baby price increase from \$2,310 to \$2,541.
- 8.6 Additional days section 3.1.7 newborn child price increase from \$1,100 to \$1,210.
- 8.7 Failed induction price increase from \$1,650 to \$1,815.
- 8.8 Multiple births section 3.1.10 price increase from \$1,100 to \$1,210.

**OB Cash Discount Program
(Hospital Only)**

**Programa de Descuentos en Tratamientos Obstétricos
(Hospital Solamente)**

Effective/ Vigente: 08/27/2024 – 06/30/2025

**Full amount must be paid prior to service or before discharge to qualify for discounted rates.
El monto total debe liquidarse antes de ser dado de alta para calificar para el programa de descuentos.**

<p><u>Normal Delivery</u> <u>Partos</u></p>	<p><u>C-Section Delivery</u> <u>Cesárea</u></p>
<p>Discounted Hospital Charges/ Cargos de Hospital Con Descuento</p> <p>1-2 Days/ Días = \$5,060</p> <p>Additional \$1,100 for Sterilization \$1,100 adicional por esterilizacion quirurgica.</p> <p>After 2 days, add \$2,310 for mom and baby per additional day or add \$1,100 for Baby per additional day. Después de 2 días, agregue \$2,310 por mama y bebe por día adicional o agregue \$1,100 por Bebe por día adicional.</p> <p><u>DISCOUNTED RATES APPLY ONLY TO DELIVERIES WITH NO COMPLICATIONS</u></p> <p><u>LOS PROGRAMAS DE DESCUENTO SON SOLO PARA PARTOS SIN COMPLICACIONES</u></p>	<p>Discounted Hospital Charges/ Cargos de Hospital Con Descuento</p> <p>1-3 Days/ Días = \$7,150</p> <p>Additional \$550 for Sterilization \$550 adicional por esterilizacion quirurgica</p> <p>After 3 days, add \$2,310 for mom and baby per additional day or add \$1,100 for Baby per additional day. Después de 3 días, agregue \$2,310 por mama y bebe por día adicional o agregue \$1,100 por Bebe por día adicional.</p> <p><u>DISCOUNTED RATES APPLY ONLY TO C-SECTION DELIVERIES WITH NO COMPLICATIONS</u></p> <p><u>LOS PROGRAMAS DE DESCUENTO SON SOLO PARA CESAREAS SIN COMPLICACIONES</u></p>
<p>Multiple Births: Mom and Baby 1 will be charged as stated above. Additional babies will be billed at \$1,100 per day. Embarazos Múltiples: A la Mama y el Primer Bebe se les cobrara el monto listado arriba. A los bebes adicionales se les cobrara \$1,100 por día.</p>	
<p>Discounts are <u>ONLY</u> for hospital charges. Physicians are not employees of the hospital; therefore, separate bills for physician services will follow. These might include bills from the patient's private physician, emergency room physicians, radiologists, pathologists, and/or anesthesiologists.</p> <p>Los descuentos son <u>SOLAMENTE</u> para cargos del hospital. Los médicos no son empleados del hospital, por lo tanto, sus servicios serán cobrados por separado. Usted podría recibir facturas de su médico particular, los médicos de urgencias, los radiólogos, los patólogos, y/o los anestesiólogos.</p>	
<p>Signature of Patient, Authorized Representative or Responsible Party Firma de Paciente o del representante autorizado</p> <p>X _____</p> <p>Print Name of Patient, Authorized Representative or Responsible Party Nombre del Paciente o del representante autorizado.</p> <p>X _____</p>	<p>Date/ Fecha</p> <p>X _____</p> <p>Relationship to Patient Relacion al paciente</p> <p>X _____</p>

**OB Cash Discount Program
(Hospital Only)**

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(Hospital Solamente)**

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<p><u>Normal Delivery</u> <u>Partos</u></p>	<p><u>C-Section Delivery</u> <u>Cesárea</u></p>
<p>Discounted Hospital Charges/ Cargos de Hospital Con Descuento</p> <p>1-2 Days/ Días = \$5,060</p> <p>Additional \$1,100 for Sterilization \$1,100 adicional por esterilizacion quirurgica.</p> <p>After 2 days, add \$2,310 for mom and baby per additional day or add \$1,100 for Baby per additional day. Después de 2 días, agregue \$2,310 por mama y bebe por día adicional o agregue \$1,100 por Bebe por día adicional.</p> <p><u>DISCOUNTED RATES APPLY ONLY TO DELIVERIES WITH NO COMPLICATIONS</u></p> <p><u>LOS PROGRAMAS DE DESCUENTO SON SOLO PARA PARTOS SIN COMPLICACIONES</u></p>	<p>Discounted Hospital Charges/ Cargos de Hospital Con Descuento</p> <p>1-3 Days/ Días = \$7,150</p> <p>Additional \$550 for Sterilization \$550 adicional por esterilizacion quirurgica</p> <p>After 3 days, add \$2,310 for mom and baby per additional day or add \$1,100 for Baby per additional day. Después de 3 días, agregue \$2,310 por mama y bebe por día adicional o agregue \$1,100 por Bebe por día adicional.</p> <p><u>DISCOUNTED RATES APPLY ONLY TO C-SECTION DELIVERIES WITH NO COMPLICATIONS</u></p> <p><u>LOS PROGRAMAS DE DESCUENTO SON SOLO PARA CESAREAS SIN COMPLICACIONES</u></p>
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<p>Signature of Patient, Authorized Representative or Responsible Party Firma de Paciente o del representante autorizado</p> <p>X _____</p> <p>Print Name of Patient, Authorized Representative or Responsible Party Nombre del Paciente o del representante autorizado.</p> <p>X _____</p>	<p>Date/ Fecha</p> <p>X _____</p> <p>Relationship to Patient Relacion al paciente</p> <p>X _____</p>

Informed Consent for Hepatitis B Vaccine

What is Hepatitis B?

Hepatitis B (Serum Hepatitis) is a virus infection of the liver caused by Hepatitis B Virus (HBV). Most people with Hepatitis recover completely, but approximately 5-10% becomes chronic carriers of the virus. Most of these people have no symptoms but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis; HVB also appears to be a causative factor in the development of liver cancer. Thus, immunization against Hepatitis B can prevent acute hepatitis and reduce sickness and death from chronic active hepatitis, cirrhosis, and liver disease.

If you have any questions about Hepatitis B or Hepatitis B Vaccine please ask the Employee Health Nurse.

The Vaccine

ENGRIX B is a non-infectious viral vaccine produced in yeast cells. It is manufactured synthetically and free of association with human blood or blood products. No substances of human origin are used in its manufacture. It is supplied as a sterile solution for intramuscular injection in the deltoid (arm) muscle.

Adverse Reaction

No serious side effects have been reported with the vaccine. There may be tenderness and redness at the site of injection.

Contraindications

Persons who should not receive Hepatitis B Vaccine are:

- Allergic to Yeast,
- Pregnant - studies have not been conducted to its safe use.
- Nursing Mothers-it is not known if it is excreted in milk.

CONSENT

I have read the information and have the opportunity to ask questions. I understand the benefits and risk of Hepatitis B Vaccination. I understood that I must have three (3) doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from it. I request that it be given to me.

Print Name: _____

Signature: _____ Date: _____

<i>Schedule Number</i>	<i>Date Vaccinated</i>	<i>Lot</i>
#1		
#2		
#3		
Antibody Testing (To be done two (2) months after the third (3 rd) dose.) Result:		

DECLINE: I decline to receive the Hepatitis B Vaccine and understand that I may be at risk of acquiring the Hepatitis B Virus. If I change my mind at a later date, I will still be able to receive the Hepatitis B Vaccine at no charge to me. Reason for declining vaccination: _____

Signature _____ Print Name _____ Date _____

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
 - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
 - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
 - having unprotected sex with an infected person;
 - sharing needles when injecting drugs;
 - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95%—and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
 - sex partners of people infected with hepatitis B,
 - men who have sex with men,
 - people who inject street drugs,
 - people with more than one sex partner,
 - people with chronic liver or kidney disease,
 - people under 60 years of age with diabetes,
 - people with jobs that expose them to human blood or other body fluids,



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

- household contacts of people infected with hepatitis B,
- residents and staff in institutions for the developmentally disabled,
- kidney dialysis patients,
- people who travel to countries where hepatitis B is common,
- people with HIV infection.
- Other people may be encouraged by their doctor to get hepatitis B vaccine; for example, adults 60 and older with diabetes. Anyone else who wants to be protected from hepatitis B infection may get the vaccine.
- Pregnant women who are at risk for one of the reasons stated above should be vaccinated. Other pregnant women who want protection may be vaccinated.

Adults getting hepatitis B vaccine should get 3 doses—with the second dose given 4 weeks after the first and the third dose 5 months after the second. Your doctor can tell you about other dosing schedules that might be used in certain circumstances.

4

Who should not get hepatitis B vaccine?

- Anyone with a life-threatening allergy to yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your doctor if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your doctor can give you more information about these precautions.

Note: You might be asked to wait 28 days before donating blood after getting hepatitis B vaccine. This is because the screening test could mistake vaccine in the bloodstream (which is not infectious) for hepatitis B infection.

5

What are the risks from hepatitis B vaccine?

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The vaccine contains non-infectious material, and cannot cause hepatitis B infection.

Some mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, could cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people in the United States have been vaccinated with hepatitis B vaccine.

6

What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or behavior changes.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling **1-800-822-7967**.

VAERS is only for reporting reactions. They do not give medical advice.

7

The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at www.hrsa.gov/vaccinecompensation.

8

How can I learn more?

- Ask your doctor.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim) Hepatitis B Vaccine

2/2/2012

42 U.S.C. § 300aa-26

Office Use Only



Vacuna contra la hepatitis B

Lo que usted necesita saber

Muchas de las declaraciones informativas sobre vacunas están disponibles en español y otros idiomas. Consulte www.immunize.org/vis.
Las hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite <http://www.immunize.org/vis>.

1 ¿Qué es la hepatitis B?

La hepatitis B es una infección grave que afecta al hígado y que es causada por el virus de la hepatitis B.

- En 2009, alrededor de 38,000 personas se infectaron con hepatitis B.
- Cada año entre 2,000 y 4,000 personas mueren en los Estados Unidos de cirrosis o cáncer hepático causado por hepatitis B.

La hepatitis B puede causar:

Enfermedad aguda (a corto plazo). Esto puede dar lugar a:

- pérdida del apetito
- cansancio
- dolor en los músculos, en las articulaciones y en el estómago
- diarrea y vómitos
- ictericia (coloración amarilla de la piel o los ojos)

La enfermedad aguda, con síntomas, es más común entre los adultos. Los niños que se infectan con frecuencia no presentan síntomas.

Infección crónica (a largo plazo). Algunas personas llegan a desarrollar infección crónica de hepatitis B. La mayoría de ellas no tienen síntomas, pero aún así la infección es muy grave y puede resultar en:

- daño hepático (cirrosis)
- cáncer hepático
- muerte

La infección crónica es más común entre bebés y niños que entre adultos. Las personas que tienen una infección crónica pueden contagiar el virus de la hepatitis B a otras personas, incluso aunque no se vean o no se sientan enfermas. Hasta 1.4 millones de personas en los Estados Unidos pueden tener una infección crónica de hepatitis B.

El virus de la hepatitis B se puede diseminar fácilmente a través de contacto con la sangre o con otros fluidos corporales de una persona infectada. Las personas también se pueden infectar por medio del contacto con un objeto contaminado, en donde el virus puede vivir hasta 7 días.

- Un bebé cuya madre esté infectada puede contagiarse al nacer;
- Los niños, adolescentes y adultos se pueden infectar por:
 - contacto con sangre y fluidos corporales a través de cortadas en la piel como mordidas, cortes o úlceras;
 - contacto con objetos que tengan sangre o fluidos corporales en ellos como cepillos de dientes, navajas de rasurar, o dispositivos de monitoreo y tratamiento para la diabetes;
 - tener relaciones sexuales sin protección con una persona infectada;
 - compartir agujas al inyectarse drogas;
 - pincharse con una aguja usada.

2 Vacuna contra la hepatitis B: ¿Por qué es necesario vacunarse?

La vacuna contra la hepatitis B puede prevenir la hepatitis B y las graves consecuencias de la infección por hepatitis B, incluyendo el cáncer hepático y la cirrosis.

La vacuna contra la hepatitis B puede administrarse sola o con otras vacunas en la misma inyección.

La recomendación de la aplicación rutinaria de la vacuna contra la hepatitis B para algunos adultos y niños en los EE. UU. comenzó en 1982, y para todos los niños en 1991. Desde 1990, las infecciones nuevas por hepatitis B entre niños y adolescentes han disminuido en más del 95%, y en 75% en otros grupos de edad.

La vacuna ofrece protección a largo plazo contra la infección por hepatitis B, posiblemente de por vida.

3 ¿Quién debe vacunarse contra la hepatitis B y cuándo?

Niños y adolescentes

- Los bebés normalmente reciben 3 dosis de la vacuna contra la hepatitis B:

- 1ª dosis: Nacimiento
- 2ª dosis: 1-2 meses de edad
- 3ª dosis: 6-18 meses de edad

Algunos bebés podrían recibir 4 dosis, por ejemplo, si se utiliza una vacuna combinada que contenga la de hepatitis B (esta es una sola inyección que contiene varias vacunas). La dosis adicional no es perjudicial.

- Cualquier persona hasta los 18 años de edad que no haya recibido la vacuna cuando era más joven también debe vacunarse.

Adultos

- Todos los adultos que no estén vacunados y estén en riesgo de una infección por hepatitis B deben vacunarse. Esto incluye a:
 - parejas sexuales de personas infectadas con hepatitis B,
 - hombres que tienen relaciones sexuales con hombres,
 - personas que se inyectan drogas ilegales,
 - personas con más de una pareja sexual,
 - personas con una enfermedad hepática o renal crónica,
 - personas menores de 60 años de edad con diabetes,
 - personas cuya actividad laboral las expongan a sangre humana o a otros fluidos corporales,
 - integrantes del hogar de personas infectadas con hepatitis B,
 - residentes y miembros del personal en instituciones para discapacidades relacionadas a problemas de desarrollo,



- pacientes con diálisis renal,
 - personas que viajan a países en donde la hepatitis B es común,
 - personas con infección por VIH.
- Otras personas pueden ser alentadas por sus médicos para aplicarse la vacuna contra la hepatitis B; por ejemplo, los adultos de 60 años y mayores que padecen de diabetes. Cualquier otra persona que quiera estar protegida contra la infección por hepatitis B puede aplicarse la vacuna.
 - Las mujeres embarazadas que estén en riesgo por una de las razones antes mencionadas deben vacunarse. Otras mujeres embarazadas que quieran protección pueden vacunarse.

Los adultos que se vacunen contra la hepatitis B deben ponerse 3 dosis, con la segunda dosis administrada 4 semanas después de la primera y la tercera dosis 5 meses después de la segunda. Su médico puede hablarle de otros esquemas de administración que podrían emplearse en ciertas circunstancias.

4 ¿Quién no debe aplicarse la vacuna contra la hepatitis B?

- Cualquier persona con alergia a la levadura que pueda poner en peligro la vida o que sea alérgica a cualquier otro componente de la vacuna, no debe ponerse la vacuna contra la hepatitis B. Informe a su médico si ha tenido alguna alergia severa.
- Cualquier persona que haya tenido una reacción alérgica que pueda poner en peligro la vida a una dosis anterior de la vacuna contra la hepatitis B no debe aplicarse otra dosis.
- Cualquier persona con una enfermedad moderada o severa en el momento de aplicarse una dosis de la vacuna probablemente deba esperar hasta que esté recuperada antes de aplicarse la vacuna.

Su médico puede ofrecerle más información acerca de estas precauciones.

Nota: tal vez le pidan que espere 28 días antes de donar sangre después de aplicarse la vacuna contra la hepatitis B. Esto se debe a que la prueba de detección podría confundir la vacuna en el torrente sanguíneo (que no es infecciosa) con la infección por hepatitis B.

5 ¿Cuáles son los riesgos de la vacuna contra la hepatitis B?

La vacuna contra la hepatitis B es muy segura. La mayoría de las personas no tienen problemas con ella.

La vacuna contiene material no infeccioso y no puede causar una infección por hepatitis B.

Se han reportado algunos problemas leves:

- Dolor en el lugar donde se aplicó la inyección (hasta 1 de cada 4 personas).
- Temperatura de 37.7 °C (99.9 °F) o superior (hasta 1 de cada 15 personas).

Los problemas severos son extremadamente raros. Se cree que las reacciones alérgicas severas ocurren aproximadamente una vez en 1.1 millones de dosis.

Una vacuna, como cualquier medicamento, puede provocar una reacción grave. Sin embargo, el riesgo de que la vacuna ocasione un daño grave, o la muerte, es extremadamente pequeño. Más de 100 millones de personas en los Estados Unidos han sido vacunadas contra la hepatitis B.

6 ¿Qué hago si ocurre una reacción moderada o severa?

¿De qué debo estar pendiente?

- De todo signo inusual, como fiebre alta o comportamiento inusual. Los signos de una reacción alérgica grave pueden incluir dificultad para respirar, ronquera o jadeo, urticaria, palidez, debilidad, pulso acelerado o mareos.

¿Qué debo hacer?

- **Llame** a un médico o lleve a la persona al médico de inmediato.
- **Dígale** al médico lo que ocurrió, la fecha y la hora en la que ocurrió, y cuándo le pusieron la vacuna.
- **Pida** al médico, al personal de enfermería o al departamento de salud que reporten la reacción presentando un formulario del Sistema de reporte de eventos adversos derivados de las vacunas (Vaccine Adverse Event Reporting System, VAERS). O puede presentar este reporte a través del sitio web de VAERS: www.vaers.hhs.gov o llamando al **1-800-822-7967**.

El VAERS no ofrece consejos médicos.

7 Programa Nacional de Compensación por Lesiones ocasionadas por Vacunas

En 1986 se creó el Programa Nacional de Compensación por Lesiones Ocasionadas por Vacunas (National Vaccine Injury Compensation Program, VICP).

Las personas que consideren que pueden haber tenido lesiones ocasionadas por una vacuna pueden informarse sobre el programa y sobre cómo presentar una reclamación llamando al **1-800-338-2382** o visitando el sitio web del VICP en: www.hrsa.gov/vaccinecompensation.

8 ¿Dónde puedo obtener más información?

- Consulte a su médico, él puede proporcionarle el folleto informativo de la vacuna o sugerirle otras fuentes de información.
- Llame al departamento de salud local o estatal.
- Comuníquese con los Centros para el Control y la Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC):
 - Llame al **1-800-232-4636 (1-800-CDC-INFO)** o
 - Visite el sitio web de los CDC en www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

Hepatitis B Vaccine

2/2/2012

Spanish



42 U.S.C. § 300aa-26

Translation provided by the Immunization Action Coalition

Imperial Valley Healthcare District

Title: Standardized Procedure for Registered Nurses: Post Exposure Prophylaxis Treatment of Sexually Transmitted Diseases – SART		Policy No. CLN-02030
		Page 1 of 3
Current Author: Carol Bojorquez		Effective: 2/1/1993
Latest Review/Revision Date: 8/20/2025		Manual: Clinical / SART

Collaborating Departments: Pharmacy, Dr. Kuraitis		Keywords: Treatment, STDs, SART		
Approval Route: List all required approval				
MARCC x	PSQC	Other:		
Clinical Service _____	MSQC x	MEC x	BOD x	

Note: If any of the sections of your final layout are not needed do not delete them, write "not applicable".

Approvals		
Authority	Signature	Date
Administration		
Chief Nursing Officer		
Physician Department Chair		
Board of Directors		

1.0 Purpose:

- 1.1 To ensure the opportunity for post-exposure prophylaxis (PEP) treatment for Sexually Transmitted Diseases (STDs) for patients who report a sexual assault in accordance with the recommendations by the Center for Diseases Control (CDC) Treatment Guidelines for Sexually Transmitted Diseases.

2.0 Scope: PMH Sexual Assault Response Team (SART) program

3.0 Policy:

- 3.1 The Sexual Assault Nurse Examiner (SANE) will use the PEP treatment protocol established with the Consultant Physician for post-exposure antibiotic therapy. Nurses authorized to use procedures and have been trained according to policy CLN-02016; SANE Preceptorship.
- 3.2 The SANE will discuss the possibility of contracting STDs and treatment recommendations with the patient.
 - 3.2.1 Patients may choose to decline part or all of the treatment.
 - 3.2.1.1 The SANE will document in the medical record decision to decline.
- 3.3 Each patient will be referred to their Licensed Independent Practitioner (LIP), gynecologist, health department or other community clinic for STD testing and follow-up care.
 - 3.3.1 Each victim will be counseled on the need to be tested and the importance of following up with their personal LIP, community clinic and/or County Health Department.

Imperial Valley Healthcare District

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4.0 Definitions: Not applicable

5.0 Procedure:

- 5.1 PEP Treatment Protocol Orders (dependent upon patient allergies)
 - 5.1.1 Given the high rates of non-adherence due to social barriers in our unique patient population, single-dose regimens will be utilized when applicable, as extended treatment durations are largely not feasible.
 - 5.1.2 If the patient is >12 years of age and is being seen within 72 hours of the sexual assault and is at risk, the SANE will offer PEP treatment for Gonorrhea, Chlamydia, and Trichomonas (females only) as follows:
 - 5.1.2.1 Gonorrhea
 - 5.1.2.1.1 Patient weight < 150 kg
 - 5.1.2.1.1.1 Ceftriaxone (Rocephin®) 500 mg intramuscular injection x 1 dose
 - For ceftriaxone 500 mg vial: reconstitute 500 mg vial with 3.6 mL of lidocaine HCl 1% injection (without epinephrine); shake well and give all contents via IM injection.
 - 5.1.2.1.2 Patient weight ≥ 150 kg
 - 5.1.2.1.2.1 Ceftriaxone (Rocephin®) 1 g intramuscular injection x 1 dose
 - For ceftriaxone 1 g vial: reconstitute 1 g vial with 3.6 mL of lidocaine HCl 1% injection (without epinephrine); shake well and give all contents via IM injection.
 - 5.1.2.1.3 If a cephalosporin allergy is present or severe allergy to penicillin (i.e. anaphylaxis, angioedema, respiratory distress, hives, SJS, DRESS, etc)
 - 5.1.2.1.3.1 Gentamicin 240 mg intramuscular injection x 1 dose PLUS azithromycin 2 g oral x 1 dose.
 - 5.1.2.2 Chlamydia
 - 5.1.2.2.1 Azithromycin 1 g oral x1 dose
 - 5.1.2.2.2 No intervention is needed if patient received azithromycin as a component of Gonorrhea prophylaxis.
 - 5.1.2.3 Trichomonas (females only)
 - 5.1.2.3.1 Metronidazole (Flagyl®) 2g oral x 1 dose
 - 5.1.2.3.1.1 Metronidazole may be withheld at time of exam and taken at home, if the patient has been drinking alcohol (ETOH). The side effects are nausea and vomiting when combined with ETOH. Consider consulting with the ED LIP for alternate medication or outpatient prescription.
 - 5.1.3 Refer to ED LIP if patient is allergic to any of these medications.
- 5.2 Prophylaxis/Treatment for Hepatitis B
 - 5.2.1 If the patient has been fully vaccinated and has positive titers, no further vaccination or treatment is needed
 - 5.2.2 If Hepatitis status of the assailant is unknown and the patient has not been

Imperial Valley Healthcare District

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vaccinated

- 5.2.2.1 Hepatitis B vaccine 1 mL intramuscular injection x 1 dose
- 5.2.3 If assailant is known to be Hepatitis B surface antigen (HBsAg) positive
 - 5.2.3.1 Hepatitis B vaccine 1 mL intramuscular injection x 1 dose
 - 5.2.3.2 Hepatitis B Immune Globulin 0.06 mL/kg intramuscular injection x 1 dose
- 5.2.4 If the patient has been vaccinated but does not receive post-vaccination testing:
 - 5.2.4.1 Hepatitis B vaccine 1 mL intramuscular injection x 1 dose
- 5.2.5 Inform patient that Hepatitis B vaccine and HBIG should be administered at time of the initial examination and follow-up doses of vaccine should be administered 1-2 and 4-6 months after the first dose.
- 5.2.6 Obtain Consent (refer to attachment A) and provide Hepatitis B vaccination fact sheet (refer to attachments B and C).
- 5.3 Prophylaxis for Human Papillomavirus
 - 5.3.1 Human Papillomavirus Vaccine (HPV) should be offered to survivors aged 9–26 years who have not been vaccinated or who have not completed the vaccination series
 - 5.3.1.1 Human Papillomavirus Vaccine 0.5 mL intramuscular injection x 1 dose
 - 5.3.1.1.1 Inform patient that HPV should be administered at time of the initial examination and follow-up doses of vaccine should be administered 1-2 and 6 months after the first dose. A 2-dose schedule (0 and 6–12 months) is recommended for persons initiating vaccination before age 15 years.
- 5.4 Discharge Instructions
 - 5.4.1 Written discharge instructions concerning the medications and recommended follow-up care will be given to the patient upon release.
- 5.5 HIV treatment and evaluation
 - 5.5.1 Refer to policy CLN-02029; Testing of Sexually Transmitted Infections and/or HIV

6.0 References:

- 6.1 Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. Centers for Disease Control and Prevention. MMWR Recommendations and Reports. Vol. 70, No. 4. July 23, 2021.

7.0 Attachment List

- 7.1 Attachment A – Hepatitis B Consent Form
- 7.2 Attachment B – Hepatitis B vaccine fact sheet (English Version)
- 7.3 Attachment C – Hepatitis B vaccine fact sheet (Spanish Version)

8.0 Summary of Revisions:

- 8.1 Section 5.1 was revised to reflect one time treatment versus 7 day treatment for STDs.

HEALTHCARE-ASSOCIATED INFECTION (HAI) OUTBREAK INVESTIGATION ABSTRACTION FORM

Name: _____

Medical Record Number: _____

ID Number: _____

Facility Name: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Today's Date: _____

Abstractor Initials: _____

Date of Illness Onset: ____/____/____

For Case/Control Study

Patient is a: ☐ Case ☐ Control – Linked to Case ID#: (_____)

Demographics

Gender: ☐ Male ☐ Female

DOB: ____/____/____

Race/Ethnicity:

☐ African American

☐ Hispanic

☐ White

☐ Non-Hispanic

☐ Asian/PI

☐ Other:

☐ Native American

Inpatient Admission Information

Admit Date: ____/____/____

Admit Room #: _____

Facility Room (Entire Admission)

Unit	Room #	Date In	Date Out

Admit Service:

Admit Unit:

☐ ICU – Type of ICU: MICU _____ CCU _____ SICU _____

☐ Med/Surg Floor

☐ Step-down/Telemetry

☐ Other _____

Admit Diagnoses:

Admit Source:

☐ Home

☐ Long-term Acute Care Hospital (LTACH)

☐ Nursing Home

☐ Rehabilitation Facility

☐ Other Facility – In any ICU prior to this ICU admit?: ☐ Y ☐ N

☐ Other _____

Admit to this facility in last 30 days: ☐ Yes ☐ No

Admit to other facility in last 30 days: ☐ Yes ☐ No

Date: ____/____/____

Facility Name: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Status of Hospitalization:

☐ Still Inpatient

☐ Discharged Home: _____/_____/_____

☐ Transfer to other facility – Name: _____ Date: _____/_____/_____

☐ Deceased – Date of Death: _____/_____/_____ Cause of Death: _____

If deceased, was autopsy performed? ☐ Yes ☐ No If yes, Autopsy Date: _____/_____/_____

Autopsy Findings: _____

Diagnoses at Discharge: (List all diagnoses appearing in the chart)

Outpatient

Date started in clinic: _____/_____/_____

Date	Procedure or Infusion	Additional Visit Information
		<input type="checkbox"/> Neutropenia <input type="checkbox"/> Vascular access Site/Type: _____
		<input type="checkbox"/> Neutropenia <input type="checkbox"/> Vascular access Site/Type: _____
		<input type="checkbox"/> Neutropenia <input type="checkbox"/> Vascular access Site/Type: _____
		<input type="checkbox"/> Neutropenia <input type="checkbox"/> Vascular access Site/Type: _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Clinical History

History of Present Illness (Give a brief summary of the patient's illness and include any other relevant information not otherwise collected on this form):

Past Medical History:

- | | |
|--|---|
| <input type="checkbox"/> Chronic Lung Disease | <input type="checkbox"/> HIV/AIDS (CD4 _____) |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Major Trauma (30d PTA) |
| <input type="checkbox"/> Congestive Heart Failure (EF _____) | <input type="checkbox"/> Previous Surgery (30d PTA) |
| <input type="checkbox"/> Diabetes (AIC _____) | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Malignancy (type _____) |
| <input type="checkbox"/> Gastrointestinal disease/bleeding | <input type="checkbox"/> Cerebrovascular Disease |
| <input type="checkbox"/> Liver Disease/Cirrhosis | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Chronic kidney disease (creatinine _____) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dialysis Dependent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other Immunosuppression (specify: _____) | |

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Clinical Course

Site of Infection (check all that apply): ☐ Respiratory ☐ Blood ☐ Surgical/Wound ☐ Urine ☐
Other: _____

Date of Illness Onset: ____ / ____ / ____ Date of positive culture (if applicable): ____ / ____ / ____

Previous history of this infection in last 30 days? (Specify: _____)

Did patient receive antimicrobial therapy for this illness? ☐ Yes ☐ No ☐ N/A Date: ____ / ____ / ____

Abnormal Vital Signs (within 48 hours of illness onset):

☐ Fever >38°C or 100.4°F ☐ Hypoxia (O2Sat < 92% on room air) ☐ Hypotension (BP <(90/60))
☐ Tachypnea (RR > 25) ☐ Tachycardia (HR > 100)

Clinical signs and symptoms (within 48 hours of illness onset)

General:

☐ Altered Mental Status ☐ Loss of appetite
☐ Chills ☐ Weight Loss

Respiratory:

☐ Dyspnea (i.e., difficulty breathing) ☐ Rales/Crackles
☐ Hemoptysis (i.e., coughing up blood) ☐ Rhinorrhea (i.e., runny nose)
☐ New Increased Sputum: ☐ Sore throat
☐ Purulent ☐ Wheezing
☐ Change in character (e.g., color, quantity, etc.) ☐ Worsening gas exchange (e.g., increased O2, PEEP, TV)
☐ New onset cough

GI:

☐ Abdominal Pain ☐ Diarrhea ☐ Nausea/Vomiting
☐ Bloating ☐ Hematochezia (i.e., red blood in stool)
☐ Constipation ☐ Melena (i.e., black, tarry stool)

Urinary:

☐ Dysuria
☐ Suprapubic Tenderness
☐ Urinary urgency

Skin:

☐ Abscess
☐ Cellulitis
☐ Furuncle (i.e., skin boil)
☐ Rash
☐ Wound – Description (include # of wounds, sites, draining and other characteristics)

Laboratory: List abnormal labs within 48 hours of illness onset (if more than one, list the value closest to illness onset)

1. Creatinine _____
2. HCO3 _____
3. Hematocrit _____
4. INR _____
5. pH _____
6. Platelets _____
7. PTT _____
8. WBC _____

ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Microbiology: (7 days prior to illness onset until end of abstraction period)

Date	Specimen Source (e.g., blood, urine)	Site (e.g., catheter, peripheral)	Result (e.g., organism)

Radiology (e.g., X rays, CTs, U/S, etc.): (7 days prior to illness onset until end of abstraction period)

Date	Type of Study	Location (e.g., bedside, radiology)	Result

ID Number: _____
 Chart Abstraction Dates (Exposure Period): _____ to _____

		Name	Dose/Route	Start Date	End Date
ANTIMICROBIALS					
IV MEDICATIONS		Name	Dose/Route	Start Date	End Date
OTHER MEDICATIONS (e.g., immunosuppressives or inhaled/nebulized medications)		Name	Dose/Route	Start Date	End Date

Blood Products (7 days prior to end of abstraction period)

Type of Blood Product	Volume Transfused	Date

Mechanical Ventilation (7 days prior to end of abstraction period)

Type: (Endotracheal, Tracheostomy)	Start Date	End Date
CPAP/BIPAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: ____/____/____	End Date: ____/____/____

ID Number: _____
 Chart Abstraction Dates (Exposure Period): _____ to _____

Devices (7 days prior to end of abstraction period)

Device	Site	Date Inserted	Date Removed
<input type="checkbox"/> Central Venous Catheter			
<input type="checkbox"/> Central Venous Catheter			
<input type="checkbox"/> Central Venous Catheter			
<input type="checkbox"/> Condom Catheter			
<input type="checkbox"/> Foley Catheter			
Feeding Tube:			
<input type="checkbox"/> Nasogastric/Nasoduodenal			
<input type="checkbox"/> PEG/PEJ (stomach)			
<input type="checkbox"/> Other			

Point of care testing/injections/infusions (7 days prior to end of abstraction period)

Procedure	Dates
<input type="checkbox"/> Blood Glucose Monitoring	

Invasive Procedures (7 days prior to end of abstraction period)

Date	Type of procedure	Location (e.g., Bedside, OR, Radiology)

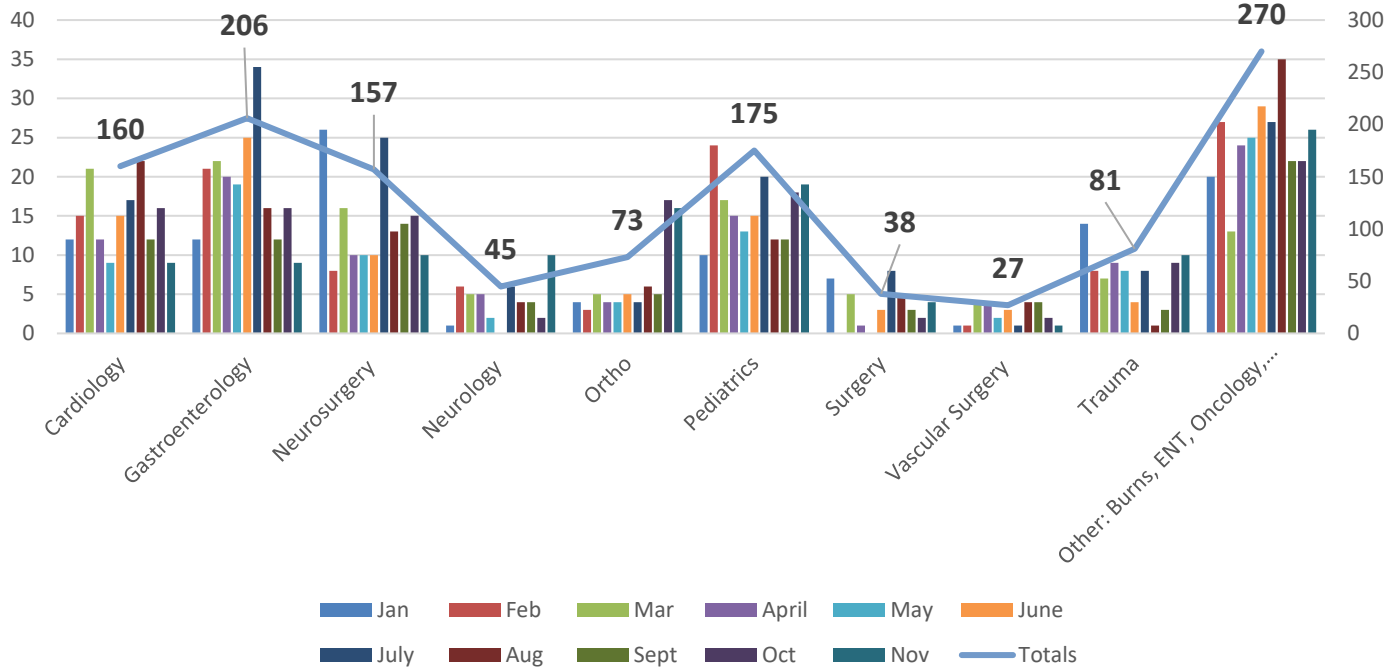
ID Number: _____
Chart Abstraction Dates (Exposure Period): _____ to _____

Consult Services (7 days prior to end of abstraction period): ☐ Yes ☐ No

Service	Start Date	End Date
<input type="checkbox"/> Occupational Therapy		
<input type="checkbox"/> Physical Therapy		
<input type="checkbox"/> Speech Therapy/Language		
<input type="checkbox"/> Respiratory Therapy		
<input type="checkbox"/> Wound Care Team		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

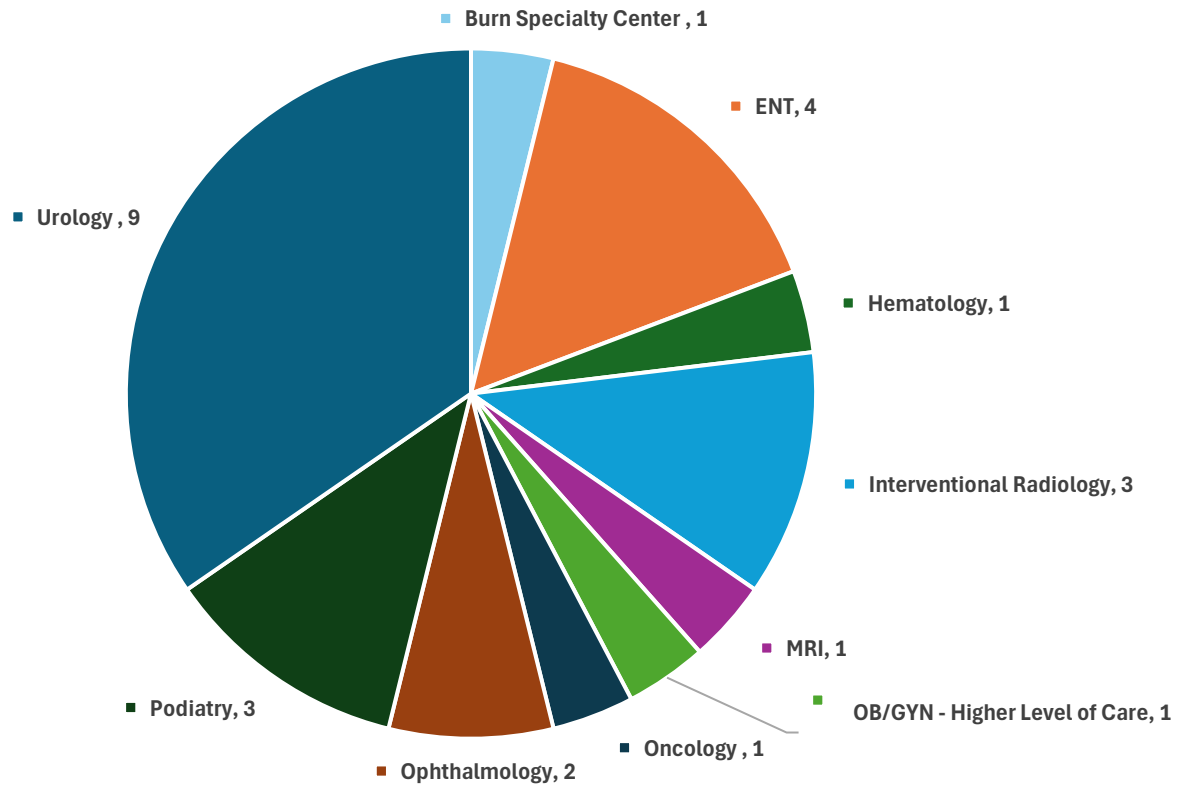
Board of Directors Meeting – Chief Nursing Officer Report
December 2025

Transfers by Specialty Service
January Through November 2025

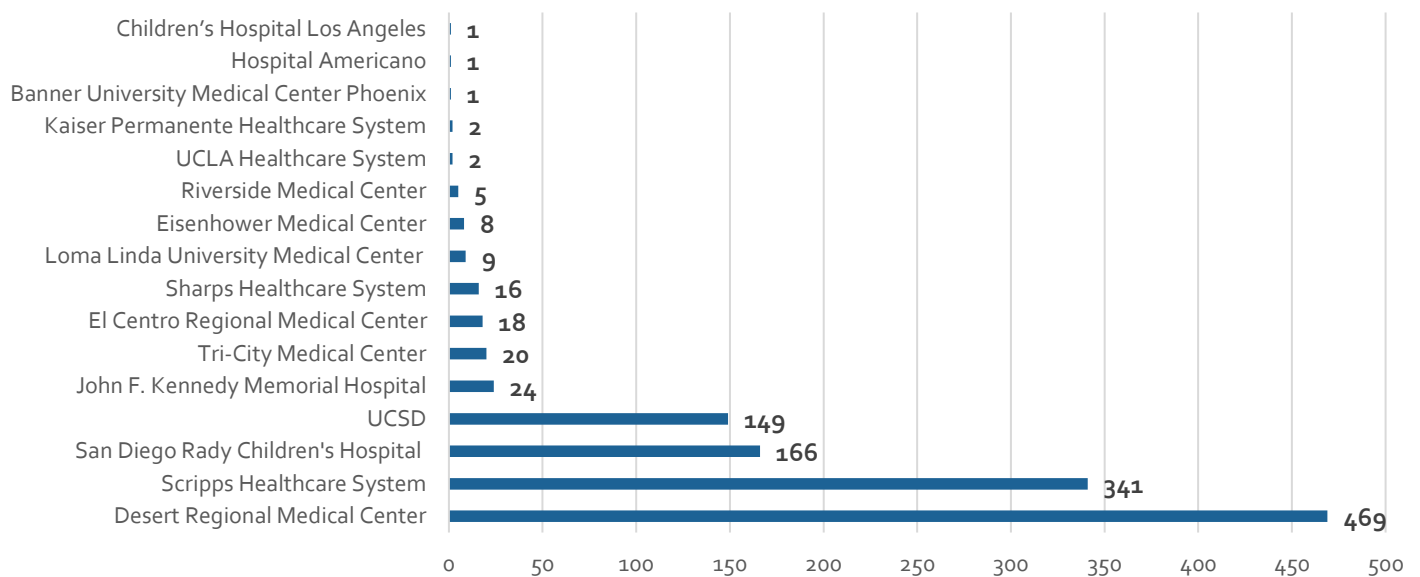


Specialty	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	Totals
Cardiology	12	15	21	12	9	15	17	22	12	16	9	160
Gastroenterology	12	21	22	20	19	25	34	16	12	16	9	206
Neurosurgery	26	8	16	10	10	10	25	13	14	15	10	157
Neurology	1	6	5	5	2	0	6	4	4	2	10	45
Orthopedic	4	3	5	4	4	5	4	6	5	17	16	73
Pediatrics	10	24	17	15	13	15	20	12	12	18	19	175
Surgery	7	0	5	1	0	3	8	5	3	2	4	38
Vascular Surgery	1	1	4	4	2	3	1	4	4	2	1	27
Trauma	14	8	7	9	8	4	8	1	3	9	10	81
Other: Burns, ENT, Oncology, Ophthalmology, Podiatry, Urology	20	27	13	24	25	29	27	35	22	22	26	270
January through September 2025	107	113	115	104	92	109	150	118	91	119	114	1232

November 2025 "Other" Specialties Transferred



TRANSFERS BY ACCEPTING FACILITY January- November 20025





Board of Directors Meeting – Chief Nursing Officer Report

December 2025

Accepting Facility	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	Totals
Scripps Healthcare System	40	42	37	42	39	59	46	15	4	11	6	341
Desert Regional Medical Center	38	27	51	36	30	23	56	54	42	55	57	469
San Diego Rady Children's Hospital	10	22	15	14	12	15	20	12	12	16	18	166
UCSD	5	6	4	8	7	7	17	28	22	25	20	149
Tri-City Medical Center	6	1	3	0	0	3	1	1	0	1	4	20
John F. Kennedy Memorial Hospital	1	4	2	1	3	0	1	2	2	5	3	24
Loma Linda University Medical Center	0	3	2	1	0	0	0	0	0	2	1	9
El Centro Regional Medical Center	2	3	0	0	0	1	2	3	4	1	2	18
Sharps Healthcare System	1	2	1	0	0	0	3	3	4	1	1	16
Eisenhower Medical Center	0	3	0	0	0	1	1	0	1	1	1	8
Riverside Medical Center	3	0	0	0	0	0	1	0	0	1	0	5
Banner University Medical Center Phoenix	1	0	0	0	0	0	0	0	0	0	0	1
Hospital Americano	0	0	0	1	0	0	0	0	0	0	0	1
UCLA Healthcare System	0	0	0	1	0	0	1	0	0	0	0	2
Children's Hospital Los Angeles	0	0	0	0	1	0	0	0	0	0	0	1
Kaiser Permanente Healthcare System	0	0	0	0	0	0	1	0	0	0	1	2
Total	107	113	115	104	92	109	150	118	91	119	114	1232

From January through November, there were a total of 42,592 Emergency Department visits. Of these, 1,232 visits (2.89%) resulted in transfers to other facilities. The most commonly transferred specialties were Neurology/Neurosurgery, Gastroenterology, Cardiology, and Pediatrics. There were 26 cases transferred under "Other": 9 Urology; 1 Burn Center; 1 Hematology; 1 MRI (ECRMC); 3 Interventional Radiology; 4 ENT; 1 OB/GYN Higher Level of Care; 1 Oncology; 2 Ophthalmology; and Podiatry 3.

In November 2025, ECRMC submitted 9 transfer requests: 3 for pediatric cases, 3 for obstetrics, 1 for general surgery, 1 for Interventional Radiology (IR), and 1 for gastroenterology (GI). We accepted all the requests except for the IR case, as we did not have IR coverage the following day, and one of the pediatric patients was discharged home.

During the same month, 33 inpatient cases were transferred out of our facility. From January through November, a total of 183 inpatient transfers occurred.

Staffing:

	New Hires	In Orientation	FT to PD Status	Resignations	Open Positions
Medical Surgical	0	3	0	2	1
Intensive Care Unit	0	0	0	0	2
Pediatrics	1	1	0	0	1
Emergency Department	0	2	0	1	5
Perioperative Services	2 (1 circulator, 1 Cath lab RNs)	4 (1 Circulator, 3 Endoscopy RNs)	0	1 (Retirement)	5 (2 circulators, 1 Cath Lab RN, 1 Cath Lab Tech, 1 Recovery RN)
Perinatal Services	1	1	0	1	3
NICU	1	2	0	1	2
Cardiopulmonary Services	2 RCP (PD)	2 RCP (PD)	0	0	0
Case Management	0	0	0	0	0
Totals	7	15	0	6	19

Travelers:

- (3) Labor and Delivery Nurses: 1-day shift & 2-night shift
- (1) Neonatal Intensive Care Unit - Night shift

Notable Updates:

Nursing Administration:

Barcode Medication Administration:

BCMA					
1Q2024	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025
89.11%	87.68%	91.67%	92.56%	94.72%	95.84%

Patient Experience:

HCAHPS									
	1Q2024	2Q2024	3Q2024	4Q2024	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025
Overall	73.7%	84.6%	69.7%	69.5%	66.7%	62.80%	69.26%	64.91%	67.57%
Communication With Nurses	79.6%	76.3%	78.2%	76.7%	80%	82.80%	77.13	88.83%	78.57%
Communication With Doctors	81.8%	82.8%	73.1%	80.2%	81%	83.44%	80.87	92.53%	80.00%

Emergency Department:

ED Throughput Metrics						
INDICATOR	GOAL	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025
Average Daily Visits	>125 Patients	137 Patients	127 Patients	124 Patients	132 Patients	133 Patients
Median Time to Triage	<10 minutes	10 minutes	8 minutes	8 minutes	8 minutes	7 minutes
Average Length of Stay: Discharged Patients	<180 minutes	190 minutes	184 minutes	182 minutes	178 minutes	176 minutes
Average Length of Stay: All Patients	<160 minutes	205 minutes	201 minutes	199 minutes	191 minutes	189 minutes
Average Length of Stay: All Transfers	<160 minutes	511 minutes	511 minutes	461 minutes	433 minutes	345 minutes



Board of Directors Meeting – Chief Nursing Officer Report December 2025

Medical Surgical Department:

Inpatient Throughput							
INDICATOR	GOAL	1Q2024	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025
Time of Orders Written to Head in Bed	104 min	372 min	153 min	138 min	142 min	135 min	148 min

Perioperative Services:

	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025	Totals
Case Volumes Including Robotics	410	399.3	393	430	336	4,373
Robotic Cases	13.67	17.66	27.33	28	13	217

*NA not available

Case Management:

Indicator		Goal	1Q2025	2Q2025	3Q2025	OCT 2025	NOV 2025	Average /Total
	Average Daily Census		49.00	50.0	50.50	48	NA	49.83
Acute LOS	GMLOS (Expected)		3.55	3.50	3.46	3.56	3.27	3.48
	ALOS (Actual)	<4.50	3.11	2.83	2.89	2.83	2.79	2.92
Case Mix Index	Acute: Case Mix Index (CMI)	>1.40	1.39	1.32	1.33	1.48	1.43	1.37
	Acute: Medicare CMI	>1.55	1.54	1.48	1.52	1.91	1.37	1.54
Medicare	Medicare One-Day Stay Count		11	12	12.33	10	9	11.18
	% Medicare 1-day Stays		9.67	13.33	11.67	12	13	11
Observation	Total Observation Cases		32.00	30.67	35.00	33	24	31.82
	Observation to IP Converted		14.33	14.33	17.67	14	10	14.82
	Observation % Conversion Rate		43.00	42.57	50.80	42.4	41.7	44.83
Readmissions	All-Cause Hospital-Wide Readmissions (HWR)	<10	4.55	4.07	4.14	4.41	4.81	4.31

*N/A= not available at time of report

Perinatal Department:

- November Deliveries: 134 (90 vaginal, 19 primary C-Section, 25 secondary C-Section)
- November Non-Stress Tests conducted: 157
- November OB checks: 266

Medical Surgical Unit

- Implemented new measures to prevent falls with positive outcomes (decreased falls).

Intensive Care Unit

- Will be providing training to Nurses for Ultrasound-Guided Intravenous Line insertions

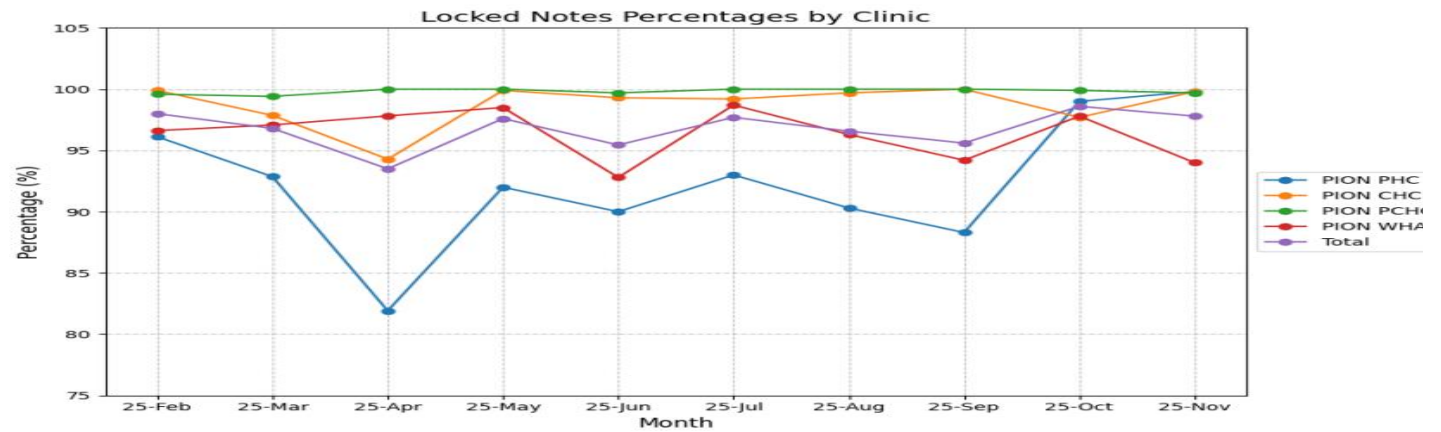
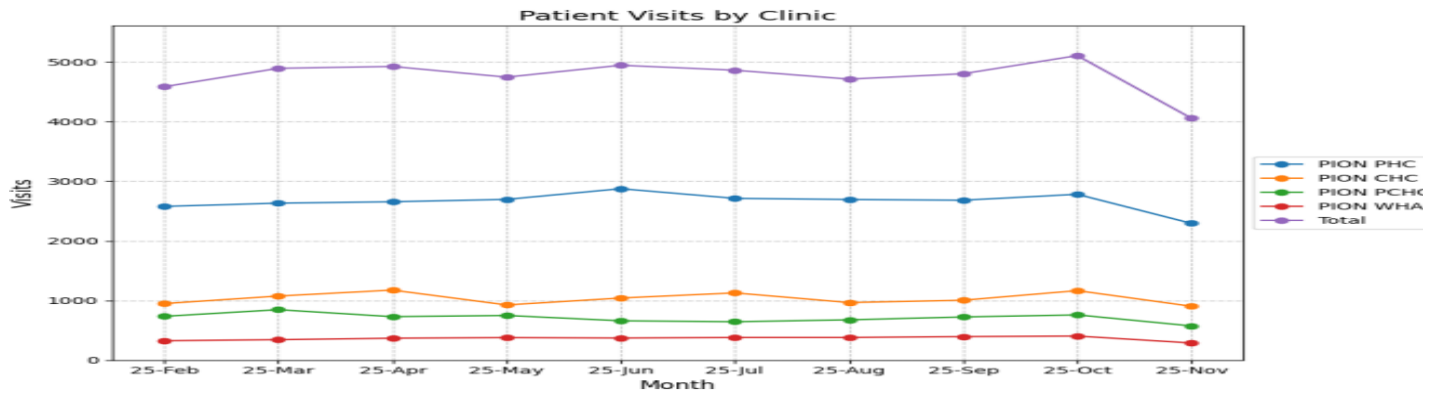
REPORT DATE	MONTHLY STATUS REPORT	PREPARED BY
Date: November 2025 Activity	Chief of Clinic Operations	Carly Zamora, MSN, RN

2025 IVHD/PMH AMBULATORY DIVISION RHC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Weekly Meetings Ongoing with Directors and Managers
Staffing:	Ongoing	N/A	2 Medical Assistant Position open
Quality Measures	Ongoing	N/A	Meetings with ECRMC Quality Team Initiated for QIP and Hedis
Stats			

Patient Visits			
Clinic	25-Oct	25-Nov	Variance
PHC	2780	2293	-487
CHC	1165	903	-262
PCHC	758	573	-212
WHAP	403	287	-116
Total	5106	4056	

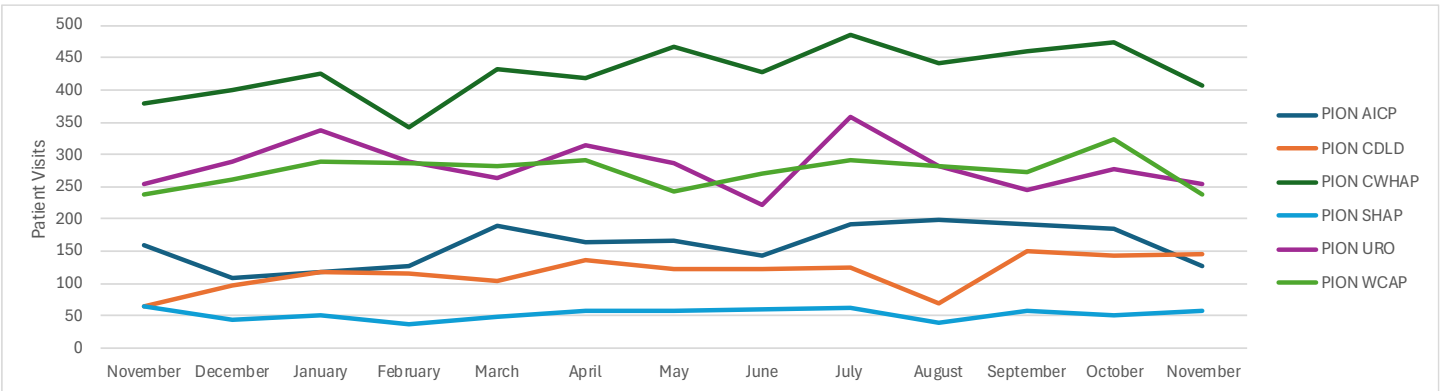
Locked Notes			
Clinic	25-Oct	25-Nov	Variance
PHC	99.00%	99.80%	0.80%
CHC	97.70%	99.80%	1.10%
PCHC	99.90%	99.70%	-0.20%
WHAP	97.80%	94.00%	-3.80%
Total	98.60%	97.80%	



2025 IVHD/PMH AMBULATORY DIVISION OPD SPECIALITY CLINIC ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Weekly meetings Ongoing with Directors and Managers, reviewing service lines
GI	Ongoing	N/A	1 Medical Assistant Opening, Volumes increasing
Staffing	Ongoing	N/A	2 Medical Assistants' Positions opened due to Resignations. 1 Medical Assistant opening due to provider addition
Urology	Ongoing	N/A	Working with New Urology Provider, start date of 1/5/2026
Infusion	Ongoing	N/A	Meeting with Team Weekly in regard to Transition, volumes decreasing
Stats			See below:

Total Visits 1,228		Average No Show Rate 8.2%		Total Locked Notes 95%		Average Pt Satisfaction Q1 - 63.78 %	
Patient Visits				No Show Rate			
Clinic	Last Month	This Month	Variance	Clinic	Last Month	This Month	Variance
Ambulatory Infusion	185	126	-32%	Ambulatory Infusion	5.6%	6.1%	8.9%
Center for Digestive & Liver Disease	143	146	2%	Center for Digestive & Liver Disease	10.5%	15.0%	42.9%
Comprehensive Women's Health	474	407	-14%	Comprehensive Women's Health	10.7%	11.6%	8.4%
Surgical Health	51	57	12%	Surgical Health	6.3%	3.0%	-52.4%
Surgical Health - Urology	277	255	-8%	Surgical Health - Urology	12.1%	11.3%	-6.6%
Wound Clinic	323	237	-27%	Wound Clinic	6.8%	2.3%	-66.2%
Closed Notes				Patient Satisfaction - Top Box Score			
Clinic	Last Month	This Month	Variance	Clinic	FY25 Q4	FY26 Q1	FY26 Q2
Ambulatory Infusion	100%	100%	0%	Ambulatory Infusion	No Data	No Data	Pending
Center for Digestive & Liver Disease	83%	97%	17%	Center for Digestive & Liver Disease	69.14%	60.54%	Pending
Comprehensive Women's Health	95%	85%	-11%	Comprehensive Women's Health	74.17%	65.22%	Pending
Surgical Health	98%	100%	2%	Surgical Health	95.45%	58.62%	Pending
Surgical Health - Urology	98%	100%	2%	Surgical Health - Urology	55.26%	70.73%	Pending
Wound Clinic	97%	99%	2%	Wound Clinic	No Data	No Data	Pending



2025 IVHD/PMH AMBULATORY DIVISION PHYSICAL THERAPY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held regarding transition
Staffing	Ongoing	N/A	1 PT Physical Therapy Assistant Interviewed Physical Therapist
Education	Ongoing	N/A	Working with Departments on Mobility
Inpatient/Outpatient Review	Meetings Ongoing with Nursing	N/A	OP Volumes Consistent, Inpatient volumes Increasing

2025 IVHD/PMH RADIOLOGY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
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IVHD Transition	Ongoing	N/A	Meetings being held Weekly with Director and Managers
Canon CT Project	Early Stages	. Payments will occur once the scanner is installed and operational	Currently in the early stages, Plans/Proposals being reviewed for general contracting.
Projects	Ongoing	None	Working on the PACS Back Up Server- Early Stages in Build Reviewing Cardiac Software Quotes for MRI-January Board Meeting Reviewing Ultrasound contracts with ECRMC-January Board Meeting MRI Lighting being replaced
Staffing	Ongoing	None	Nuclear Medicine FT Position, 1 PD MRI Open, 1 US Position
Radiology Monthly Meeting Schedule	100%	None	Radiology Meeting November 2025
Stats:			

	24-November	YTD-24	25-November	YTD-25
Nuclear Med	28	358	38	475
DIAGNOSTIC	3,084	31,700	3,085	34,751
DEXA	51	630	60	874
Mammo	235	2,487	247	2,690
MRI	172	1,979	194	2,352
US	1,391	17,261	1,358	16,574
CT	2,121	19,857	2,162	23,696

2025 IVHD/PMH LABRATORY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
IVHD Transition	Ongoing	N/A	Meetings being held weekly.
Projects	Ongoing	TBD	Chemistry Analyzer needs to be replaced
Staffing	Ongoing	Contracting	3 FT Clinical Laboratory Scientist Positions open, Histology Tech Position PT filled, working with ECRMC
Contracts/Policies	Ongoing	N/A	All policies and contracts being reviewed with ECRMC

2025 IVHD/PMH PHARMACY ACTIVITIES/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
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Staffing	Ongoing	N/A	No Current Positions Open
IVHD Transition	Ongoing	N/A	Meetings being held with ECRMC, reviewing contracts
Policy Updates-IVHD PMHD	Ongoing	N/A	Policies and procedures are being reviewed and updated to reflect the IVHD PMH name change. This includes pharmacy operations, compliance documentation, and clinical protocols. Collaborating with ECRMC
Clean Room/Compounding Trailer/Pharmacy Space	Review Stages	N/A	Collaborating with ECRMC on space options for pharmacy compounding
Audits	Ongoing	N/A	HRSA 340B Audit December 2 nd and 3 rd , 2025-Onsite Audit

2025 IVHD/PMH CHIEF OF CLINIC OPERATIONS/UPDATES

PROJECT/ISSUE	PERCENT COMPLETE	EXPENSE TO DATE	ACTION/NOTES
Physician Updates	Ongoing	N/A	Recruitment Ongoing Contract Review Ongoing Ortho Spine Physician-Interview December 2025 OB/GYN: Call Agreement in review with Physicians Urologists start date: January 5th, 2026 Psychiatrist in Review with Medical Staff
Contracts	Ongoing	N/A	Contract Review ongoing/Collaborating with ECRMC
Locums	Ongoing	N/A	Gaps in OB Call Ongoing. Gaps in Peds Call Ongoing, Gaps in General Surgery for December,2025. All gaps covered with locums.
Projects:			
Centralized Scheduling	Ongoing	N/A	Meetings Held with Managers, Directors and Consulting Group. Process changes have been initiated and streamlined. Reviewing with ECRMC
Ring Central	Ongoing	Monthly Expense	Ring Central Productivity being monitored and reviewed daily
OP Infusion	Early Stages	N/A	Transition to ECRMC discussions being held
Wound Care	Ongoing	N/A	Transition Discussions being held
Grants	Ongoing	N/A	Reviewing New Grants for Submission. Path Cited Grant awarded \$810,316.50.
IVHD Transition	Ongoing	N/A	Meet weekly- Ongoing with Directors and Managers Executive Meetings every week, Biweekly Contract Review, Transition Call weekly

