

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



**Contract Number**  
20-1246 A-4

**SAP Number**

## Arrowhead Regional Medical Center

<b>Department Contract Representative</b>	William L. Gilbert
<b>Telephone Number</b>	(909) 580-6150
<b>Contractor</b>	California Emergency Medical Services Authority
<b>Contractor Representative</b>	Indre Melyn
<b>Telephone Number</b>	(916) 848-8947
<b>Contract Term</b>	12/2/20 to the end of the Governor's Emergency Declaration on 3/4/20
<b>Original Contract Amount</b>	NTE \$5,000,000
<b>Amendment Amount</b>	\$0
<b>Total Contract Amount</b>	NTE \$5,000,000
<b>Cost Center</b>	9187204200

**Briefly describe the general nature of the contract:** Amendment No. 4 to Agreement No. 20-1246 with the California Emergency Medical Services Authority to replace the staffing rate sheet in Attachment A, and to provide ARMC with access to additional medical staffing resources, if needed, to continue to help mitigate personnel shortages as a result of the COVID-19 pandemic.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Charles Phan, Deputy County Counsel

Date 2/28/2022

Reviewed for Contract Compliance

▶

Date

Reviewed/Approved by Department

William L. Gilbert, Director

Date

2/28/22

#### AMENDMENT NO. 4

The State of California, as represented by the California Emergency Medical Services Authority (hereinafter the "State"), and San Bernardino County on behalf of Arrowhead Regional Medical Center (hereinafter "Facility") agree to amend the terms of the California Contracted Medical Staff Services Agreement (the "Agreement"), as follows.

1. The California Contracted Medical Staff – Rate Sheet, most recently updated from Amendment No. 3, is replaced with the following rate sheet of this Amendment No. 4:

**California Contracted Medical Staff – Rate Sheet**

<b>Staff Classification</b>	<b>Amount Paid by Facility</b>
<i>Registered Nurse – Med/Surg</i>	\$150 - \$262
<i>Registered Nurse – ICU</i>	\$185 - \$289
<i>Registered Nurse – PCU</i>	\$185 - \$289
<i>Registered Nurse – Pediatric ICU</i>	\$185 - \$289
<i>Registered Nurse – Pediatrics</i>	\$185 - \$289
<i>Registered Nurse – Tele/Obs</i>	\$170 - \$262
<i>Registered Nurse – LND</i>	\$185 - \$289
<i>Registered Nurse – ER</i>	\$160 - \$289
<i>Registered Nurse – OR</i>	\$140 - \$154
<i>Registered Nurse – BH</i>	\$140 - \$154
<i>Licensed Vocational Nurse -BH</i>	\$100 - \$110
<i>Licensed Vocational Nurse</i>	\$80 - \$182
<i>Certified Nursing Assistant</i>	\$55 - \$101
<i>Respiratory Therapist</i>	\$175 - \$235
<i>MRI Technician</i>	\$150 - \$165
<i>X-Ray Technician</i>	\$100 - \$130
<i>Pharmacist</i>	\$165 - \$215
<i>Pharmacy Technician</i>	\$110 - \$121
<i>Physical Therapist</i>	\$140 - \$176
<i>Paramedic</i>	\$100 - \$154
<i>Phlebotomist</i>	\$55 - \$101
<i>Home Care Aide</i>	\$70 - \$88
<i>Environmental Services (EVS)</i>	\$70 - \$77

2. This Amendment No. 4 adds Registered Nurse – LND (Labor and Delivery) and Phlebotomist to the rate sheet.
3. The hourly rates established in the rate sheet of this Amendment No. 4 for Registered Nurse - LND is effective as of January 1, 2022. The hourly rate for Phlebotomist is effective as of November 9, 2021.
4. All other terms and conditions of the Agreement shall remain in full force and effect.

5. This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request

SIGNATURES

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their authorized representatives:

STATE OF CALIFORNIA, CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Name: Richard Trussell, Chief of Administration Digitally signed by Richard Trussell, Chief of Administration  
Date: 2022.03.03 09:10:52 -08'00'

Title: Chief of Administration

Facility Name: San Bernardino County on behalf of Arrowhead Regional Medical Center

Date: 2/28/2022 By: [Signature]

Name: Leonard X. Hernandez

Title: Chief Executive Officer