



Contract Number

25-1080

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative
Telephone Number

Andrew Goldfrach
(909) 580-6150

Contractor
Contractor Representative
Telephone Number

Redlands Community Hospital
Karen V. Zirkle
909-335-5500

Contract Term

Date of Execution through June 30, 2030

Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center
Grant Number (if applicable)

Revenue
N/A
Revenue
9182424200
N/A

AFFILIATION AGREEMENT FOR RESIDENCY AND FELLOWSHIP ROTATIONS

This Affiliation Agreement for Residency Rotations ("Agreement") is entered into by and between San Bernardino County ("County") on behalf of Arrowhead Regional Medical Center ("ARMC") and Redlands Community Hospital ("Receiving Hospital").

WITNESSETH:

WHEREAS, ARMC operates approved Graduate Medical Education ("GME") programs for resident and fellow physicians (collectively, "Trainees") which require clinical experiences for Trainee (s) in accordance with the Accreditation Council for Graduate Medical Education ("ACGME") or other equivalent accrediting agency;

WHEREAS, the Receiving Hospital operates a licensed healthcare facility that provides medical care to its patients that is suitable for the clinical training of the Trainees;

WHEREAS, the parties acknowledge a desire to contribute to health-related education for the benefit of Trainees and to meet community needs;

WHEREAS, it is to the benefit of the parties that the Trainees in the GME Programs at ARMC have the opportunity for clinical experience to enhance their capabilities as practitioners;

WHEREAS, the facilities of each party have unique attributes that are of benefit to Trainees in their training, and the parties have agreed that Trainees in the GME programs at ARMC should participate in clinical rotations at Receiving Hospital and its facilities; and

WHEREAS, Receiving Hospital will accept certain Trainees of ARMC for training in accordance with the terms and conditions of this Agreement and the applicable ACGME Program Letter of Agreement; and

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

I. General Information

A. General Relationship

Based upon the terms and conditions set forth in this Agreement, Receiving Hospital shall make its facilities available to Trainees for the purpose of participating in rotations and receiving clinical training and supervision in the specific specialties agreed upon by the parties. ARMC may not send a Trainee to Receiving Hospital for rotations unless and until the parties have entered into the required ACGME Program Letter of Agreement ("PLA") relating to that specific rotation. Unless otherwise stated in the PLA, all PLAs executed during the term of this Agreement shall be subject to the terms and conditions of this Agreement. All PLAs to this Agreement must be executed by the relevant specialty GME program director and the Designated Institutional Official of ARMC. The number of Trainees, the duration of rotation, and schedule for the rotations at Receiving Hospital in the respective medical specialties shall be determined based on Exhibit A (attached hereto and incorporated herein by this reference), the pertinent PLAs or mutual agreement by the ARMC GME program director for the applicable specialty and the Site Director at Receiving Hospital. All actions taken as a result of this Agreement shall be in accordance with the Receiving Hospital and ARMC rules and regulations that are in effect during the term of the Agreement.

B. Standards of Operations

The parties, at their own expense, shall operate and maintain their respective facilities in accordance with the standards prescribed and maintained by The Joint Commission ("TJC"), state and federal law, and other applicable accrediting agencies.

The parties shall each assume sole responsibility for the accreditation of their respective GME program(s) they sponsor (if any) and for obtaining required approval in accordance with the standards prescribed by the ACGME or TJC. During the term of this Agreement, both parties agree to comply with all such applicable ACGME or TJC standards for GME training, the PLAs between the parties relating to the pertinent specialty, and to collaborate as may be required for accreditation purposes.

C. ACGME Affiliation Approval

The parties understand and agree that if this Agreement is not acceptable to and/or is found not to meet the standards prescribed by the ACGME at any time, now or in the future, this Agreement shall be immediately terminated upon written notice by one party to the other party.

D. Licenses

The parties shall, through the term of this Agreement, maintain any license(s) or verify the maintenance of such license(s) necessary for the provision of the Trainee(s)' services hereunder as required by the laws and regulations of the United States, the State of California, County of San Bernardino and all other applicable governmental agencies and accrediting bodies. Each party shall notify the other party immediately in writing of its inability to obtain or maintain such license(s). Said

inability shall be cause for immediate termination of this Agreement as determined solely by the party receiving such notice; the prior thirty (30) day advanced written notice of termination set forth in Section XII of this Agreement shall not be required.

II. Training Issues and Duties

A. Residency Specialties

ARMC shall have knowledge of all residency programs at Receiving Hospital in which Trainees from ARMC participate.

B. Rotation Directors

The ARMC Program Director for the pertinent rotation will designate a Site Director for the rotation at the Receiving Hospital to provide coordination and oversight of Trainees' educational activities and assignments while training at Receiving Hospital. Such persons shall be the Program Director (where applicable) or Site Director or his or her designee of the pertinent medical specialty at Receiving Hospital.

C. Patients

The parties agree that all patients of Receiving Hospital may be part of the clinical training program, if agreed to by the patient's treating physician and the patient. It is understood and agreed that it is the responsibility of the supervision physician and Trainees to assure consent has been obtained for Trainees to attend to any such patient as part of the training program at Receiving Hospital.

D. Confidentiality

1. Receiving Hospital Information. ARMC recognizes and acknowledges that, by virtue of entering into this Agreement and fulfilling the terms of this Agreement, ARMC and Trainees may have access to certain information of Receiving Hospital that is confidential and constitutes valuable, special and unique property of Receiving Hospital. Except where otherwise required by law, ARMC agrees that, except where disclosure is required by law, neither ARMC nor any Trainee will at any time, either during or subsequent to the Term, disclose to others, use, copy or permit to be copied, without approval of the attending physician, any confidential or proprietary information of Receiving Hospital, including, without limitation, information which concerns Receiving Hospital's patients, costs, or treatment methods developed by Receiving Hospital, and which is not otherwise available to the public.
2. Patient Information. ARMC shall inform Trainees that they may not disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by Receiving Hospital in writing, any medical record or other patient information regarding Receiving Hospital patients, and that they must comply with all federal and state laws and regulations, and all bylaws, rules, regulations, and policies of Receiving Hospital and Receiving Hospital's medical staff, regarding the confidentiality of such information.
3. Privacy of Health Information. ARMC acknowledges that Receiving Hospital must comply with the applicable provisions of the Administrative Simplification section 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 as contained in 45 C.F.R. Parts 160 and 164, and the federal security standards as contained in 45 C.F.R. Parts 160, 162 and 164 (collectively, the "HIPAA Regulations"). Accordingly, Receiving Hospital may only disclose Protected Health Information or Individually Identifiable Health Information, as defined in 45 CFR 160.103 (collectively, "Protected Health Information") to a Trainee for purposes of providing treatment to Receiving Hospital patients or training the Trainee to be a health care provider. A Trainee may only request or use Protected Health Information about a Receiving Hospital patient for treatment and Receiving Hospital training program purposes. A Trainee may only disclose Protected Health Information about a Receiving Hospital patient for treatment purposes to other health care providers involved in the patient's treatment or to Receiving Hospital's workforce members involved in the Trainee's training program for Receiving Hospital's

training program purposes. A Trainee shall not disclose Protected Health Information to ARMC or its faculty, employees, agents or representatives, unless permitted by applicable laws.

Trainees shall not request, use or further disclose any Protected Health Information other than for the treatment and training purposes specified in this Agreement or where permitted by applicable laws. ARMC will inform its Trainees on their duty to comply with HIPAA and related privacy laws. ARMC will promptly report to Receiving Hospital any uses or disclosures, of which ARMC or Trainees become aware, of Protected Health Information in violation of this Agreement. ARMC will cooperate fully with the Receiving Hospital in investigating any potential or actual breaches of Protected Health Information or other Receiving Hospital data, including assistance, if requested, in conducting any risk of compromise or harm analyses. Each party will make its internal practices, books and records relating to the use and disclosure of Protected Health Information available to the Secretary of the United States Department of Health and Human Services to the extent required for determining compliance with HIPAA and the HIPAA Regulations.

No attorney-client, accountant-client or other legal or equitable privilege shall be deemed to have been waived by ARMC or Receiving Hospital by virtue of this Section.

E. Non-Discrimination

The parties agree to make no unlawful distinction among Trainee(s) covered by this Agreement on the basis of race, color, sex, sexual orientation, creed, age, disability, religion, national origin, or any other legally protected status based on California and federal laws.

F. Trainee Decorum

Receiving Hospital shall notify the ARMC Program Director of the pertinent GME program if any Trainee's conduct is found unacceptable to Receiving Hospital. ARMC shall take appropriate action to correct the unacceptable conduct of the Trainee(s) in accordance with the policies and procedures or rules and regulations of ARMC's GME program. ARMC shall advise Trainee(s) of their responsibility to abide by Receiving Hospital's policies, as applicable, including, but not limited to, patient confidentiality and the Drug Free Workplace Act. Receiving Hospital agrees to orient such Trainee(s) to its policies and procedures for which they will be held accountable. Receiving Hospital agrees to provide ARMC's Trainee(s) with its own Trainee information, which includes general policies regarding graduate medical education training.

G. Corrective Action/Grievance

ARMC will adhere to its own policies concerning graduate medical education issues, including academic discipline, complaints and grievances from their Trainee(s). An individual Trainee's disciplinary problems relating to conduct at Receiving Hospital shall be evaluated jointly by ARMC and Receiving Hospital in conference. Any corrective action shall be undertaken consistent with the policies of the ARMC's GME program, but Receiving Hospital may immediately remove from its facilities and bar from returning any Trainee who poses an immediate threat or danger to personnel or patients or to the quality of medical services at Receiving Hospital, based on the reasonable discretion of Receiving Hospital.

H. Health Verification

ARMC shall provide to Receiving Hospital satisfactory evidence that each Trainee who will be on-site at Receiving Hospital is free from contagious disease and does not otherwise present a health hazard to Receiving Hospital patients, employees, volunteers or guests prior to their participation in the program at Receiving Hospital. Such evidence shall include, without limitation,

1. the completion of the tuberculin skin test (within the last six (6) months) appropriate for such Trainee
2. a chest x-ray following a positive TB test result,
3. evidence of completion of the series of three (3) hepatitis B vaccinations or titer report,
4. confirmation of varicella and Tdap immune status,
5. confirmation of vaccination against SARS-CoV-2 ("COVID-19"), and

6. confirmation of flu vaccination if the Trainee will be on-site at Receiving Hospital during flu season, as defined by the Los Angeles County Department of Public Health. If a Trainee's clinical rotation begins before flu season, such rotation will automatically end the day before flu season begins unless such Trainee submits proof of vaccination prior thereto.

ARMC will instruct the Trainees that they shall be responsible for arranging for the Trainee's medical care and/or treatment, if necessary, including transportation in case of illness or injury while participating in the program at Receiving Hospital. In no event shall this Agreement make Receiving Hospital financially or otherwise responsible for said medical care and treatment.

I. Medical Licensure

All Trainee(s) shall meet and comply with either the requirements regarding state licensure or the postgraduate training registration requirements of the Medical Board of California or Osteopathic Board of California.

J. Trainee Duties

The duration of Trainee rotations and scope of activities of Trainees at Receiving Hospital shall be jointly determined by the parties consistent with the pertinent PLA(s) between the parties. The general duties of the Trainee(s) shall include, but not be limited to, the following: histories and physical examinations, discharge summaries, consultations, care for inpatients and respective services, surgical and medical procedures and outpatient clinic service, under supervision by members of the medical staff as appropriate and by written mutual agreement of Receiving Facility prior to the Trainees rotation onsite

K. Medical Records

Medical records may be completed by Trainee(s) in compliance with the standard and restrictions imposed by the applicable regulatory agencies. The parties understand and agree, however, that ultimate and final responsibility for medical records completion lies with Receiving Hospital's Medical Staff members and/or Supervising Physician, not ARMC.

L. Responsibilities of ARMC

In addition to those other responsibilities of ARMC as set forth in this Agreement, ARMC shall be responsible for the following: (a) ensuring that the Program Directors for the relevant specialty at ARMC are reasonably available for consultation with Receiving Hospital, Trainee(s), and supervising faculty for all purposes associated with the relevant medical specialty program; (b) retaining responsibility for the overall planning, administration and coordination of the GME programs at ARMC; (c) informing all of its Trainees who rotate through Receiving Hospital of the requirement to abide by the applicable policies, rules and regulations and bylaws of Receiving Hospital. Receiving Hospital may, at its reasonable discretion, remove from rotation and from Receiving Hospital's premises any Trainee who materially fails to follow such policies, rules and regulations; (d) requiring each Trainee to carry an identification card issued by Receiving Hospital and to conspicuously display his/her name badge when engaging in rotation activities at Receiving Hospital; (e) assisting in the planning and implementation of the clinical education program relating to Trainees' training at Receiving Hospital; and (f) operating its GME program in accordance with federal, state and local laws, rules and regulations. In addition:

1. **Dress Code; Meals.** ARMC shall require the Trainees assigned to Receiving Hospital to dress in accordance with dress and personal appearance standards approved by ARMC. Such standards shall be in accordance with Receiving Hospital's standards regarding same. Trainees shall pay for their own meals at Receiving Hospital.
2. **Performance of Services.** ARMC shall require all Trainees to shall perform their duties and services hereunder in accordance with all relevant local, state, and federal laws and shall comply with the standards and guidelines of all applicable accrediting bodies and the bylaws, rules and regulations of Receiving Hospital and any rules and regulations of ARMC as may be in effect

from time to time. Neither ARMC nor any Trainee shall interfere with or adversely affect the operation of Receiving Hospital or the performance of services therein.

M. Responsibilities of Receiving Hospital

In addition to the other obligations of Receiving Hospital as set forth in this Agreement, Receiving Hospital agrees to:

1. Assist in the planning and implementation of the clinical education program and to supervise and instruct the assigned Trainee(s) during their clinical rotations at Receiving Hospital;
2. Permit assigned Trainee(s) to use its patient care and patient service facilities for clinical education according to the mutually approved curricula;
3. Retain responsibility for nursing care and related duties when Trainee(s) are providing care to any patient at Receiving Hospital;
4. Permit Trainees the use of such supplies and equipment as are commonly available to physicians for patient care at Receiving Hospital;
5. Permit use of the following facilities and services by Trainee(s):
 - a. Parking areas;
 - b. Access to sources of information for clinical education purposes:
 - i. charts, nursing station references, cardex files;
 - ii. procedure guides, policy manuals;
 - iii. medical dictionaries, pharmacology references and other reference suitable to the clinical area;
 - iv. required health information relating to Receiving Hospital patients
6. Retain the right to remove, suspend or refuse access to any Trainee(s) who, in Receiving Hospital's reasonable discretion, determines has failed to abide by Receiving Hospital's policy(ies) and procedure(s) and/or who do not meet Receiving Hospital's standards for safety, health, cooperation, or ethical behavior, and during any pending investigations of such conduct by Receiving Hospital.
7. Comply with federal, state and local laws and ordinances concerning the confidentiality of Trainee(s) records;
8. Invite the participation of Trainee(s) to such educational activities as conferences, rounds, and similar experiences including utilization review, quality assurance, evaluation and monitoring activities, as deemed appropriate by Receiving Hospital;
9. Require Trainee(s) and instructors to participate, to the extent scheduled or otherwise requested and approved by Receiving Hospital, in activities and assignments that are of educational value and consistent with the requirements of the ACGME;
10. Require Trainee(s) to participate in orientation programs provided by the program, including training for compliance with HIPAA;
11. Require Trainees to cooperate in performance improvement and risk management activities designed to identify, evaluate and reduce risk of patient injury and enhance the quality of patient care;

12. Require Trainees to cooperate in the preparation and maintenance of a complete medical record for each patient in whose care he/she participates in compliance with all state and federal laws and regulations, TJC and ACGME and ARMC's Bylaws, Rules and Regulations and policies, and Receiving Hospital medical staff Bylaws, Rules and Regulations, and policies, where applicable. The medical record for Receiving Hospital patients shall, at all times, remain the property of Receiving Hospital;
13. The Program will be responsible for auditing the duty hours of Trainees assigned to it and will assure that these duty hours will not exceed the work hour restrictions imposed by the ACGME; and
14. The Receiving Hospital will take reasonable measures to provide the following to Trainees that train at Receiving Hospital under this Agreement:
 - a. Orientation to and information about Receiving Hospital's security measures, fire safety and disaster protocols, and any additional recommended personnel safety and security precautions;
 - b. Instruction in Receiving Hospital's policies and procedures for infection control including the handling and disposal of needles and other sharp objects, and in protocols for injuries and incident reporting including those resulting from needle stick injuries and other exposures to blood or body fluids; and
 - c. emergency treatment available on-site. All Non-emergent care and follow-up to be provided through the Program, including needle sticks injury or other exposure.

N. Direct Supervision

While obtaining training at Receiving Hospital, the clinical activities of Trainee(s) shall be directly supervised by Medical Staff member physicians in good standing who shall be called "Supervising Physicians." The Supervising Physicians shall be designated by the Site Director, who are responsible for the supervision of each Trainee's performance while at Receiving Hospital.

O. Evaluation of Trainee(s)

Program agrees that its Supervising Physicians shall provide to ARMC's GME Program and Receiving Hospital appropriate written reports which document and evaluate the participation of ARMC's Trainees in the rotation at Receiving Hospital in procedures and activities and the skills with which they were performed. Program shall be responsible to provide such evaluation forms to ARMC in the timeframe and frequency requested by Receiving Hospital.

P. Medical Staff Membership

The presence of Trainee(s) from ARMC at Receiving Hospital is based upon their continued participation in ARMC's Residency Training Program. As such, it is understood and agreed that Trainee(s) assigned to Receiving Hospital shall not be granted medical staff membership or privileges at Receiving Hospital during their rotation as part of their educational requirement in the GME Program.

III. Payment and Billing

ARMC shall make all assignments of its Trainees to the Receiving Hospital for training subject to review by the Receiving Hospital's Site Director. All Trainees assigned by ARMC to Receiving Hospital shall be selected by the applicable ARMC residency/fellowship program director or designee. Trainees assigned by ARMC to Receiving Hospital will remain employees of the County/ARMC and will continue to receive salary and benefits, including Workers' Compensation coverage, as employees of the County/ARMC. The Receiving Hospital is responsible for reimbursement of ARMC for such Trainee(s) salary and benefits as set forth in **Exhibit "B"** attached hereto and incorporated herein by reference. The rates set forth on **Exhibit "B"** may be updated by ARMC at the beginning of each academic year upon written notice to the Receiving Hospital, which may be sent by email to the Receiving Hospital's Administration Office. Receiving Hospital shall reimburse ARMC within 60 days of the date of invoice.

IV. Insurance

- A. Each party shall carry the following insurance coverages or program of self-insurance at their own expense, at all times during the Term and a period thereafter (i.e., following the expiration or termination of this Agreement) sufficient to cover the applicable statutes of limitation. Upon reasonable request, both parties shall furnish the other party with certificates of insurance or self-insurance evidencing compliance with all requirements hereunder. All required coverages (with the exception of Workers' Compensation, Professional Liability, and Cyber & Privacy Liability) are to include the other party as additional insured. Unless self-insured, all required coverages shall have an A.M Best rating of not less than A-VII, and be primary and non-contributory to any insurance maintained by the other party and shall waive any right of subrogation against the other party, its employees, directors, officers, agents, subsidiaries. Despite the use of the term "insurance," such coverages may be provided by commercial insurance, self-insurance, captive, a risk retention group or some combination thereof. Notwithstanding coverages in the amounts specified, the type and limits of coverages stipulated will not, in itself, limit the liability of either County, ARMC or Receiving Hospital.
- B. Workers' Compensation and Employers Liability: Workers' compensation insurance with statutory limits if required to do so by California law. Employers Liability in the amount of one million dollars (\$1,000,000). Both parties hereto agree that the Trainees are fulfilling requirements for field experiences as part of a degree requirement and therefore, both parties agree that Trainees are not to be considered employees of Receiving Hospital and are not covered by Receiving Hospital's Workers Compensation insurance.
- C. Commercial General Liability: Commercial General Liability coverage for death, bodily injury, and property damage, including products liability, with limits of no less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) in aggregate. The policy must not exclude Sexual Molestation Liability coverage.
- D. Umbrella/Excess Liability: Umbrella Policy in excess of the General Commercial Liability Policy and Auto Liability policy with a minimum limit of ten million dollars (\$10,000,000) per occurrence.
- E. Automobile Liability Insurance: Automobile Liability coverage of one million dollars (\$1,000,000) each occurrence, for all owned, non-owned and hired vehicles.
- F. Professional Medical Liability Insurance: Professional Medical Liability covering the party in the amount of one million dollars (\$1,000,000) per claim and three million dollars (\$3,000,000) in aggregate.

V. Indemnification:

- A. Except where prohibited by law, County shall defend, indemnify and hold harmless Receiving Hospital, its officers, employees, medical staff, and agents from and against any and all claims, liabilities, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or resulting from any negligence, willful misconduct, or breach of this Agreement by the County, its officers, employees, and agents. County shall also defend, indemnify, and hold harmless Receiving Hospital for any claims that arise out of the professional negligence of the Trainees that occur in the course and scope of the Rotation, except where the conduct giving rise to the injury was undertaken at the direction of the Receiving Hospital's medical staff.
- B. Except where prohibited by law, Receiving Hospital shall defend, indemnify and hold harmless County (including ARMC), its officers, employees, medical staff, and agents from and against any and all claims, liabilities, damages, losses, and expenses, including reasonable attorneys' fees, arising out of or resulting from any negligence, willful misconduct, or breach of this Agreement by the Receiving Hospital, its officers, employees, and agents.

- C. In the event that County/ARMC or Receiving Hospital is found to be comparatively at fault for any claim, the County/ARMC and/or Receiving Hospital shall indemnify the other to the extent of its comparative fault.
- D. The indemnification obligations under this Agreement will survive expiration or termination of the Agreement, regardless of the cause of such termination.

VI. OSHA Regulation

Receiving Hospital and ARMC certify awareness of the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, the derivative Cal/OSHA standards and laws and regulations relating thereto, and shall comply therewith as to all relative elements under this Agreement. ARMC shall be responsible for compliance by Trainees with the final regulations issued by the Occupational Safety and Health Administration governing employee exposure to blood borne pathogens in the workplace under Section VI(b) of the Occupational Safety and Health Act of 1970, which regulations became effective March 6, 1992 and as may be amended or superseded from time to time (the "Regulations"), including but not limited to responsibility as "the employer" to provide all employees with (a) information and training about the hazards associated with blood and other potentially infectious materials, (b) information and training about the protective measures to be taken to minimize the risk of occupational exposure to blood borne pathogens, (c) training in the appropriate actions to take in an emergency involving exposure to blood and other potentially infectious materials, and (d) information as to the reasons the employee should participate in hepatitis B vaccination and post-exposure evaluation and follow-up. ARMC's responsibility with respect to the Regulations also shall include the provision of the hepatitis B vaccination in accordance with the Regulations.

VII. Status of Receiving Hospital and the County:

The parties expressly understand and agree that this Agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association between Receiving Hospital on the one hand and the County on the other hand, but rather is an agreement by and between independent contractors.

VIII. Publicity

Neither Receiving Hospital nor ARMC shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted, which identify the other party or its facilities with respect to the Program without the prior written consent of the other party. Except as required by law or permitted by this Agreement, neither party shall use the name, logo, trademark, or symbol of the other party or its affiliates without the prior written consent of the other party.

IX. Debarment and Suspension

The parties respectively certifies that neither they nor any of their principals and officers are presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (See the following United States General Services Administration's System for Award Management website <https://www.sam.gov>). The parties each further certify that if it is a business entity that must be registered with the California Secretary of State, it is registered and in good standing with the Secretary of State. Each party represents and warrants that it is not and at no time has been convicted of any criminal offense related to health care nor has been debarred, excluded, or otherwise ineligible for participation in any federal or state government health care program, including Medicare and Medicaid. Further, each party represents and warrants that no proceedings or investigations are currently pending or to the party's knowledge threatened by any federal or state agency seeking to exclude the party from such programs or to sanction the party for any violation of any rule or regulation of such programs.

X. Exclusion Lists Screening

Each party shall screen all of its current and prospective owners, legal entities, officers, directors, employees, contractors, and agents ("Screened Persons") against (a) the United States Department of Health and Human Services/Office of Inspector General ("OIG") List of Excluded Individuals/Entities (available through the Internet at <http://www.oig.hhs.gov>); (b) the General Services Administration's System for Award Management (available through the Internet at <http://www.sam.gov>), and (c) any applicable state healthcare exclusion list (collectively, the "Exclusion Lists") to ensure that none of the Screened Persons are currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal healthcare programs or in Federal procurement or nonprocurement programs, or have been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but have not yet been excluded, debarred, suspended, or otherwise declared ineligible (each, an "Ineligible Person"). If, at any time during the term of this Agreement any Screened Person becomes an Ineligible Person or proposed to be an Ineligible Person, the party who determined the existence of the Ineligible Person shall immediately notify the other party of the same.

XI. Exclusivity

This Agreement is nonexclusive and does not affect either party's ability to contract with other entities for the same type of services.

XII. Term and Termination

- A. This Agreement shall be effective as of the date of full execution ("Effective Date") and shall remain in effect through June 30, 2030, unless earlier terminated by the parties under the provisions of this Agreement.
- B. This Agreement may be terminated, with or without cause, by either party at any time after giving the other party thirty (30) days advance written notice of its intention to terminate. The ARMC Chief Executive Officer is authorized to initiate termination on behalf of the County. Any termination by Receiving Hospital shall not be effective as to any Trainee who at the mailing of said notice to County was participating in the Program until such Trainee has completed the training at the Receiving Hospital for the then current academic year.
- C. Any written notice given under this Agreement shall be sent, postage prepaid, by certified mail, return receipt requested, to the following person(s) as the case may be:

ARROWHEAD REGIONAL MEDICAL CENTER
400 N. Pepper Avenue
Colton, CA 92324
Attn: ARMC Chief Executive Officer

REDLANDS COMMUNITY HOSPITAL
Joyce Volsch, Interim Hospital Administrator
350 Terracina Blvd
Redlands, CA 92373

Unless otherwise stated in this Agreement, notice is deemed effective three (3) calendar days from the date of mailing.

XIII. Modification

No modification, amendment, supplement to, or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

XIV. Assignment

Neither party hereto shall assign its rights or obligations in this Agreement without the express written consent of the other party.

XV. Rules of Construction

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either party. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XVI. Entire Agreement

This Agreement contains the final, complete, and exclusive agreement between the parties hereto regarding the subject matter hereof. Any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. Notwithstanding the foregoing, and for the avoidance of doubt, this Agreement **does not** supersede or replace the Affiliation Agreement for Residency Rotations ("Neurosurgery Agreement") with a term of July 1, 2023 through June 30, 2026 for clinical training in the specialty of neurosurgery, and the Neurosurgery Agreement shall remain in full force and effect. This Agreement is executed without reliance upon any promise, warranty, or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will. 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.

XVII. Governing Law and Venue.

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced, and governed by and under the laws of the State of California. The parties acknowledge and agree that this Agreement was entered into and intended to be performed in San Bernardino County, California. Any action arising under this Agreement shall be venued in San Bernardino County Superior Court, San Bernardino District.

XVIII. Counterparts and Electronic Signatures

This Agreement 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 Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (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 Agreement upon request.

XIX. Conflict of Interest

The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services or obligations required by this Agreement.

XX. Severability

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XXI. Authorization

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

XXII. Accreditation/License

Any action or failure to act on the part of either party that results in the threatened loss of accreditation or licensure of the other party ("Non-Fault Party") will be considered a material breach of this Agreement, which permits the Non-Fault Party to terminate this Agreement immediately, effective upon service of notice of termination.

XXIII. Standards and Regulatory Compliance

All applicable provisions of law and other rules and regulations of any and all governmental authorities relating to the licensure and regulation of ARMC and to the operation of the Program shall be fully complied with by all parties hereto.

XXIV. Survival of Obligations.

The obligations of the parties under this Agreement which by their nature should continue beyond the termination or expiration of this Agreement or which provide meaning or context to any other provision, will remain in effect after termination or expiration.

IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year signed by the parties below.

[SIGNATURE PAGE FOLLOWS]

SAN BERNARDINO COUNTY on behalf of
Arrowhead Regional Medical Center



Dawn Rowe, Chair, Board of Supervisors
Joe Baca, Jr., Vice Chair, Board of Supervisors

Dated: DEC 16 2025

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By



Lynna Morell
Clerk of the Board of Supervisors
San Bernardino County

REDLANDS COMMUNITY HOSPITAL

(Print or type name of corporation, company, contractor, etc.)

By

Joyce Volsch
(Authorized signature - sign in blue ink)

Name Joyce Volsch

(Print or type name of person signing contract)

Title Interim Hospital Admin

(Print or Type)

Dated: 11-21-2025

Address 350 Terracina Blvd
Redlands Ca 92373

FOR COUNTY USE ONLY

Approved as to Legal Form

Charles Phan
Charles Phan, Supervising Deputy County
Counsel

Date 11/26/2025

Reviewed for Contract Compliance

Date _____

Reviewed/Approved by Department

Andrew Goldfrach
Andrew Goldfrach, ARMC Chief Executive Officer

Date 11/26/2025

EXHIBIT "A"

RESIDENT/FELLOW ASSIGNMENT

ARMC may assign either a California Licensed Resident/Fellow physician or a Resident who has met the postgraduate training requirements of the Medical Board of California or Osteopathic Medical Board to Receiving Hospital as specified on this Exhibit for purposes of a rotation. ARMC and its respective Residency/Fellowship Program Director agree to send a maximum number of Trainees to Receiving Hospital at any given time for the rotation as indicated below as of the Effective Date:

Type of Resident/Fellow	Type of Rotation	Maximum Number at Any Given Time
Cardiovascular Disease Fellow	50% Inpatient Cardiology 50% Outpatient Cardiology Clinic	1
Integrated Vascular Surgery Resident	Vascular Surgery	1

Upon mutual agreement of the parties, without an amendment to this Agreement, ARMC may assign other types of Trainees for rotations to Receiving Hospital, subject to the terms and conditions of this Agreement, after full execution of any ACGME required PLA for the rotation. Any such PLAs must be executed by the ARMC Residency Program Director, Receiving Hospital Site Director, and the ARMC Designated Institutional Official. All PLAs executed during the term of this Agreement and shall be subject to the terms and conditions of this Agreement.

EXHIBIT "B"
COMPENSATION RATES AND TERMS

Reimbursement by Receiving Hospital for Cardiovascular Disease Fellow

Receiving Hospital shall reimburse ARMC for the salary and benefits of the cardiovascular disease ("CVD") fellows (not to exceed one fellow at a given time) that participates in a rotation at Receiving Hospital in accordance with this Exhibit B. ARMC will bill Receiving Hospital for the services provided by the CVD fellows (not to exceed one fellow at a given time) at Receiving Hospital's facilities based on the hourly rate set forth below in Table B-1, capped daily at the daily rate below, for the applicable fellow year level in Table B-1. ARMC shall issue invoices to Receiving Hospital for the services of the CVD fellows on a monthly basis. Receiving Hospital shall pay all invoices within 60 days of the date of invoice.

The rates on Table B-1 reflect the rates for academic year 2025-26. The rates may be adjusted at the beginning of each subsequent academic year (July 1- to June 30) at the discretion of ARMC. Notice of such adjustment must be provided in writing by email to the Receiving Hospital's Administration Office.

Table B-1

	Fellow Year One	Fellow Year Two	Fellow Year Three
Annual Base Salary	\$95,887.41	\$100,211.26	\$106,835.65
Annual total Stipend	\$7,295.08	\$7,295.08	\$7,295.08
Annual Employer Paid Benefits	\$25,607.55	\$26,310.56	\$27,426.17
Annual Admin Fee	\$13,259	\$13,259	\$13,259

Billing Rates	Fellow Year One	Fellow Year Two	Fellow Year Three
Annual	\$142,049.39	\$147,076.24	\$154,816.25
Monthly	\$11,837.45	\$12,256.35	\$12,901.35
Weekly	\$2,731.72	\$2,828.39	\$2,977.24
Daily	\$389.18	\$402.95	\$424.15
Hourly	\$48.65	\$50.37	\$53.02

Reimbursement by Receiving Hospital for All Other Fellows/Residents

Receiving Hospital has no obligation to reimburse ARMC for the salaries/benefits of any other fellow/residents that participate in a rotation at Receiving Hospital during the term of this Agreement, absent an amendment executed by the parties stating otherwise.



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PROGRAM LETTER OF AGREEMENT

This document serves as the required ACGME Program Letter of Agreement between San Bernardino County on behalf of Arrowhead Regional Medical Center (ARMC) and Redlands Community Hospital (RCH).

This document serves as an agreement between ARMC as sponsoring institution for the Cardiovascular Disease Fellowship Program and Redlands Community Hospital as the participating site for fellowship education for the rotation of 50% Inpatient and 50% Outpatient cardiology clinic.

This Program Letter of Agreement (PLA) is contingent upon the full execution by the parties of the Affiliation Agreement for Residency and Fellowship Rotations ("Affiliation Agreement"). This PLA is effective on the latter of (1) the full execution of this PLA or (2) the full execution of the Affiliation Agreement, and the term will run concurrently with the Affiliation Agreement. This PLA may be terminated by either party for any reason with 30 days written advance notice.

1. Persons Responsible for Education and Supervision

At ARMC (Sponsoring Institution): Ramdas G Pai, MD, Program Director

At Redlands Community Hospital (Participating Site): Padmini Varadarajan, MD, Site Director

The above mentioned people are responsible for the education and supervision of the ARMC fellows while on a rotation at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must provide appropriate supervision of fellows in patient care activities and maintain a learning environment conducive to educating the fellows in the ACGME competency areas. The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to the ACGME fellowship Program Requirements, and include the following goals and objectives:

Goals:

- Principle of integrated practice simulating private practice. And getting the fellows have smooth transition to community-based practice

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Vice Chair, Fifth District

Luther Snoke
County Chief Executive Officer

- They will have the opportunity to fulfill some of their requirements towards COCATS level II training in echocardiography, cardiac Cath and Cardiac CT and level 1 training in CMR.

Objectives:

- Expand upon previously developed knowledge in the areas of cardiac physiology and coronary anatomy. (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)
- Understand the basic physiology of “stress testing” as it applies to nuclear perfusion imaging. This applies to exercise treadmill studies as well as pharmacologic stress tests utilizing both vasodilator and catecholamine “stress”. (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)
- Establish a clinical experience consisting of but not limited to the indications, contraindications, risk benefit, performance, and identification/treatment of side effects, for “stress” testing and for Cardiac CT and CMR. (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)
- Develop a patient-based understanding of these studies through the informed consent process by describing the potential major/minor side effects encountered for the various forms of “stress”. (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, System-Based Practice)
- Understand/be exposed to the physics of the various radioisotopes and imaging cameras/technology utilized in nuclear cardiology, CCTA, and CMR. (Medical Knowledge, Practice-Based Learning and Improvement)
- Learn the various tests offered in nuclear cardiology, such as radionuclide ventriculography (RVG), myocardial perfusion imaging (MPI), and positron emission tomography (PET), regarding indications, contraindications, and interpretation. (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)
- Develop interpersonal skills in interacting and communicating with other caregivers and with patients and their families. (Interpersonal and Communication Skills, Professionalism)
- Develop skills in teaching medical students, residents, and colleagues, including primary care physicians. (Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)
- Develop skills in communicating test results to other physicians (both cardiologists and non-cardiologists). (Interpersonal and Communication Skills, Professionalism)
- To get exposure to the performance and interpretation of coronary CTAs and understand which patients are best suited for these studies, indications, contraindications, use of various protocols and dose reduction techniques.
- To understand the significance of low, moderate and high-risk stress tests and CTA findings and how to manage patients with these abnormal tests.
- To develop an understanding of the basic principles of cardiac MRI and the various sequences used and their utility and become proficient with indications, contraindications, and safety issues associated with cardiac MRI.

In cooperation with the ARMC Program Director, the Site Director and the faculty at the Participating Site are responsible for the day-to-day activities of the ARMC fellows to ensure that the outlined goals and objectives are met during the course of the education experiences at the Participating Site.

The duration(s) of the assignment(s) to the Participating Site is as follows:

PGY 5-6, 1 Month

4. Policies and Procedures that Govern

ARMC fellows, while rotating at the Participating Site, will be under the general direction of the policies and procedures of the ARMC Graduate Medical Education Committee and its fellowship program, and the Participating Site's policies.

Sponsoring Institution
San Bernardino County on behalf of
Arrowhead Regional Medical Center

Signed by:



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Name: Ramdas G Pai, MD

Title: Program Director

Date: 11/19/2025

Participating Site
Redlands Community Hospital

Signed by:



77C411D684274E7

Name: Padmini Varadarajan, MD

Title: Site/Program Director

Date: 11/19/2025

Signed by:



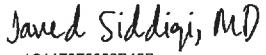
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Name: Carol Lee, MD

Title: Designated Institutional Official

Date: 11/19/2025

DocuSigned by:



1C11F0F9380D4A0B

Name: Javed Siddiqi, MD

Title:

Date: 11/19/2025



400 N. Pepper Avenue, Colton, California 92324-1819 | Phone: 909.580.1000

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PROGRAM LETTER OF AGREEMENT

This document serves as the required ACGME Program Letter of Agreement between San Bernardino County on behalf of Arrowhead Regional Medical Center (ARMC) and Redlands Community Hospital ("RCH").

This document serves as an agreement between ARMC as Sponsoring Institution for the ARMC Integrated Vascular Surgery Residency Program (the "Program") and RCH as the Participating Site for residency education for the rotation of Vascular Surgery.

This Program Letter of Agreement ("PLA") is contingent upon the full execution by the parties of the Affiliation Agreement for Residency and Fellowship Rotations ("Affiliation Agreement"). The PLA is effective on the latter of (1) the full execution of this PLA or (2) the full execution of the Affiliation Agreement, and the term will run concurrently with the Affiliation Agreement. This PLA may be terminated by either party for any reason with thirty (30) days written advance notice.

1. Persons Responsible for Education and Supervision

At ARMC (Sponsoring Site): Samuel Schwartz, MD

At RCH (Participating Site): Keith Glover, MD

- Other RCH faculty (supervising physicians):
 - Samuel Schwartz, MD
 - Samuel J. Lee, MD
 - Prince Esiobu, MD
 - Jason Chiriano, MD
 - Christian Bianchi, MD

The above-mentioned people are responsible for the education and supervision of the ARMC Integrated Vascular Surgery residents while on a rotation at RCH.

2. Responsibilities

A. Responsibilities of ARMC Program Director:

Program Director Samuel Schwartz, MD develops curriculum, approves teaching staff and assigns residents to ensure an educational experience which meets the Program Requirements for Integrated

Vascular Surgery Residency Program of the Essentials of Accredited Residencies. The Program Director, working with faculty, determines the educational goals and objectives to be achieved by rotations of

BOARD OF SUPERVISORS

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Vice Chair, Fifth District

Luther Snake
County Chief Executive Officer

residents to other institutions. The Program Director is responsible for the selection of residents and the overall coordination of the Integrated Vascular Surgery Residency program.

B. Responsibilities of Site Director at RCH:

As the educational Site Director in the Integrated Vascular Surgery Residency program at RCH, Keith Glover, MD is responsible for the day-to-day supervision and oversight of resident activities while at RCH. This includes at least the following: compliance and monitoring of resident work hours to stay in compliance with ACGME and ARMC policy; daily and team scheduling; evaluation of resident; providing conflict resolution; offering educational sessions; provision of adequate work conditions for residents as defined by the ACGME and ARMC. The teaching staff at RCH who are responsible for supervising residents during their rotations are selected by Keith Glover, MD, at RCH with the concurrence of Samuel Schwartz, MD, at ARMC.

C. Responsibilities of RCH

RCH will provide a work environment conducive to the educational goals and meeting the ACGME and ARMC work environment requirements as indicated in the ACGME Institutional Essentials and ARMC policy. These will include at least parking, security, rest facilities, and food services, patient support services, effective laboratory and radiology information retrieval system, access to the internet and medical records.

The faculty at RCH must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

Assignment of residents to RCH will contribute to their education by achieving the Goals and Objectives attached as Exhibit 1. The RCH Site Director and ARMC Program Director will monitor each resident's educational goals and monitor their success utilizing ACGME Milestones. Resources such as lead and loupes are purchased by ARMC Department of Surgery prior to each resident rotating at RCH.

Samuel Schwartz, MD, Keith Glover, MD and the faculty at RCH are responsible for the day-to-day activities of the residents to ensure that the outlined goals and objectives are met during the course of the education experiences at RCH.

The duration(s) of the assignment(s) to RCH is as follows:

1 resident, PGY 2-5 in rank

Each rotation will generally be three (3) months unless otherwise agreed upon by ARMC and RCH. The total FTE for each academic year is 1.0.

While at RCH, residents from ARMC will receive supervision and instruction from active members of the RCH faculty. Residents will be expected to behave as colleagues to RCH's faculty but will be supervised in all their activities commensurate with the complexity of care being given and the resident's own abilities.

Residents will receive evaluations and feedback formally and informally.. Residents will have an opportunity to evaluate the faculty at RCH and the overall rotation in writing and also informally.

Supervision Policy for ARMC/RCH Integrated Vascular Surgery Residency Program

Purpose:

To ensure patient safety, promote resident education, and facilitate progressive responsibility in clinical decision-making and procedural autonomy for residents in the Integrated Vascular Surgery program from PGY-1 through PGY-5.

General Principles:

All patient care provided by residents must be supervised by qualified faculty.

The level of supervision is determined by the resident's clinical experience, demonstrated competence, and complexity of the case.

Supervision includes direct, indirect with direct supervision immediately available, and oversight.

Faculty are ultimately responsible for patient care decisions.

RCH requirement – Supervising faculty are present and scrubbed in for the duration of the OR or Cath Lab procedure.

PGY-1 (Intern Year)

Supervision Level: Direct supervision required for all procedures and patient care decisions.

Responsibilities:

Perform basic history, physical exams, and present findings.

Assist in the OR and endovascular suite.

Write orders and progress notes under supervision.

Perform supervised bedside procedures (e.g., central line, arterial line).

Procedural Autonomy:

Observational or assistant role in vascular surgeries and endovascular interventions.

Supervised participation in basic surgical skills and suturing.

PGY-2

Supervision Level: Indirect supervision with direct supervision immediately available for routine care; direct for complex procedures.

Responsibilities:

Manage uncomplicated vascular patients under supervision.

Participate in minor procedures (e.g., vein harvest, wound debridement).

Begin learning endovascular techniques under direct supervision.

Procedural Autonomy:

Perform basic procedures (e.g., access, closure) under direct supervision.

Assist in more complex open/endovascular cases.

PGY-3

Supervision Level: Primarily indirect supervision with direct supervision immediately available; direct for new or complex procedures.

Responsibilities:

Lead inpatient care teams with supervision.

Interpret imaging with faculty review.

Participate in outpatient clinics with faculty guidance.

Perform supervised portions of major vascular procedures (e.g., carotid endarterectomy exposure, aortic clamp application).

Procedural Autonomy:

Increased autonomy in endovascular access, sheath placement, angioplasty. Supervising faculty will be scrubbed in.

Participate in pre- and post-op management independently, with oversight.

PGY-4

Supervision Level: Indirect supervision appropriate for most cases; direct supervision for novel or high-risk procedures. At RCH, all OR and Cath Lab cases will have supervising faculty scrubbed in for the duration.

Responsibilities:

Manage all aspects of vascular patients with graded autonomy.

Lead morning rounds and coordinate multidisciplinary care.

Perform full operative cases with faculty scrubbed.

Procedural Autonomy:

Perform supervised major open (e.g., fem-pop bypass) and endovascular procedures.

Increased autonomy in hybrid OR cases.

PGY-5 (Chief Resident)

Supervision Level: Oversight for most clinical activities; faculty scrubbed and present for standard cases but will allow autonomy/decision making throughout procedure.

Responsibilities:

Supervise junior residents.

Lead OR and clinic activities.

Make independent decisions on patient management, with faculty oversight.

Participate in quality improvement, morbidity & mortality reviews.

Procedural Autonomy:

Perform full range of open and endovascular cases under oversight.

Function as primary surgeon with attending supervision present.

Documentation and Review

Resident evaluations and supervision logs are reviewed semi-annually.

Advancement in autonomy is contingent on demonstrated competency.

All surgical cases are logged in the ACGME case log system and reviewed by program leadership.

4. Policies and Procedures that Govern Resident Education

Residents will be under the general direction of ARMC's Graduate Medical Education Committee's and, if applicable, the ARMC Integrated Vascular Surgery program's Policy and Procedure Manual, and RCH's policies. RCH will comply with current ACGME or American Osteopathic Association (whichever is applicable) Integrated Vascular Surgery Program Requirements and ACGME Common Program Requirements (where applicable).

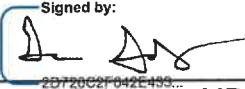
5. Counterparts and Electronic Signatures

This PLA may be executed in any number of counterparts, each of which will be deemed to be an original and all of which together will be deemed to be one and the same instrument. An electronically generated or transmitted signature on this PLA will have the efficacy of an original.

The parties have caused this PLA to be executed by their respective duly authorized representatives.

[SIGNATURE PAGE FOLLOWS]

Sponsoring Institution
San Bernardino County on behalf of
Arrowhead Regional Medical Center


Signed by:
207720C2F042E499...

Name: Samuel Schwartz, MD
Title: Program Director
Date: 11/19/2025

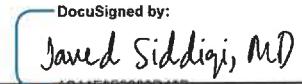

Signed by:
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Name: Carol Lee, MD
Title: ARMC Designated Institutional Official
Date: 11/19/2025

Participating Site
Redlands Community Hospital


Signed by:
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Name: Keith Glover, MD
Title: Site Director
Date: 11/19/2025


DocuSigned by:
Javed Siddiqi, MD
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Name: Javed Siddiqi, MD
Title: Chair, RCH GME Committee
Date: 11/19/2025

Exhibit 1

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH)
ROTATION

DATE:

UPDATED:

**Attachment: Competency Goals and Objectives for Off-Site Location at
Redlands Community Hospital (RCH)**

A sample of competency-based goals and objectives for one assignment at each educational level.
[CPR IV.A.2]

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

UPDATED:

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- I. Continue developing expertise in managing common vascular problems in both the inpatient and outpatient settings while practicing at a community hospital setting.
- II. Become more familiar with endovascular interventions including balloon angioplasty, atherectomy, and stent placement in the lower extremities.
- III. Develop the skills necessary to access the brachial, radial and femoral arteries with attending supervision.
- IV. Develop the skills needed to perform AV access and other cases involving vascular anastomoses and arterial repairs with near independence, while under appropriate supervision.
- V. Assume more responsibility for managing the vascular surgical patients requiring the Inpatient hospitalization in varying levels of care (e.g. ward, telemetry, MICU).

Medical Knowledge

- I. The resident will expand his or her understanding of the pathophysiology of vascular disorders and continue to apply this knowledge to managing these patients.
- II. Become familiar with the risk reduction literature for vascular patients and understand how to manage co-morbidities both in planning interventions and in the peri-procedural interval.
- III. Make effective use of the principles of ICU care and apply these to the patients on the vascular surgery service.

Practice-Based Learning and Improvement

- I. The resident will round daily to become skilled at managing patients pre and post operatively.
- II. The resident will actively participate in weekly attending. This will provide an opportunity for in-depth discussion of the issues surrounding the disease processes and needs of these patients.
- III. The resident will actively participate and attend all required vascular conferences.
- IV. The resident will perform a faculty-sponsored clinical research study to be submitted for presentation before the start of the PGY-4 year.

Interpersonal and Communication Skills

- I. The resident will continue to develop communication skills with which to interact with patients and their families regarding the medical status of patients, proposed surgical

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

UPDATED:

procedures, and outcomes in a culturally sensitive way. This will be accomplished via role modeling, mentorship and teaching experiences in the clinic and hospital inpatient settings.

- II. The resident will obtain informed consent.

Professionalism

- I. Via interaction with attending staff, the resident will be taught how to strengthen his or her work ethic and to maintain it during both their training period and subsequently into their practice. By example, we will teach the resident the critical values involved in making patient care and the well-being of each patient their primary focus.
- II. We will demonstrate to the trainee that this care is given without regard to socioeconomic position: the resident will be committed to providing equal quality care to all patients regardless of their socioeconomic status, gender or ethnicity.
- III. We will provide the trainee with an atmosphere where all hospital personnel are treated with respect.
- IV. The resident will be committed to providing equal quality care to all patients regardless of their ability to pay, their socioeconomic status, gender or ethnicity.

System-Based Practice

- I. The resident will learn critical role of documentation, in written records, dictated reports and in physician orders.
- II. The resident will be continue to develop the skills needed for of cost effective patient care and resource management, with a goal of maximizing patient care without inefficient allocation of resources.
- III. The resident will apply risk benefit analysis to clinical situations in a community hospital setting.
- IV. The resident will review the basics of diagnostic and billing codes and the importance of understanding these issues to receive appropriate reimbursement.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- VI. Continue developing expertise in managing common vascular problems in both the inpatient and outpatient settings while practicing at a community hospital setting.
- VII. Become comfortable performing endovascular interventions including balloon angioplasty, atherectomy, and stent placement in the lower extremities.
- VIII. Develop the skills necessary to access the brachial, radial and femoral arteries independently.
- IX. Develop the skills needed to perform AV access and other cases involving vascular

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

UPDATED:

anastomoses and arterial repairs independently, while under appropriate supervision.

X. Assume primary responsibility for managing the vascular surgical patients requiring the Inpatient hospitalization in varying levels of care (e.g. ward, telemetry, MICU).

Medical Knowledge

IV. The resident will expand his or her understanding of the pathophysiology of vascular disorders and continue to apply this knowledge to managing these patients.

V. Become familiar with the risk reduction literature for vascular patients and understand how to manage co-morbidities both in planning interventions and in the peri-procedural interval.

VI. Make effective use of the principles of ICU care and apply these to the patients on the vascular surgery service.

Practice-Based Learning and Improvement

V. The resident will round daily to become skilled at managing patients pre and post operatively.

VI. The resident will actively participate in weekly attending. This will provide an opportunity for in-depth discussion of the issues surrounding the disease processes and needs of these patients.

VII. The resident will actively participate and attend all required vascular conferences.

VIII. The resident will perform a faculty-sponsored clinical research study to be submitted for presentation before the start of the PGY-4 year.

Interpersonal and Communication Skills

III. The resident will continue to develop communication skills with which to interact with patients and their families regarding the medical status of patients, proposed surgical procedures, and outcomes in a culturally sensitive way. This will be accomplished via role modeling, mentorship and teaching experiences in the clinic and hospital inpatient settings.

IV. The resident will obtain informed consent.

Professionalism

V. Via interaction with attending staff, the resident will be taught how to strengthen his or her work ethic and to maintain it during both their training period and subsequently into their practice. By example, we will teach the resident the critical values involved in making patient care and the well-being of each patient their primary focus.

VI. We will demonstrate to the trainee that this care is given without regard to socioeconomic position: the resident will be committed to providing equal quality care to all patients regardless of their socioeconomic status, gender or ethnicity.

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

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- VII. We will provide the trainee with an atmosphere where all hospital personnel are treated with respect.
- VIII. The resident will be committed to providing equal quality care to all patients regardless of their ability to pay, their socioeconomic status, gender or ethnicity.

System-Based Practice

- V. The resident will learn critical role of documentation, in written records, dictated reports and in physician orders.
- VI. The resident will be continue to develop the skills needed for of cost effective patient care and resource management, with a goal of maximizing patient care without inefficient allocation of resources.
- VII. The resident will apply risk benefit analysis to clinical situations in a community hospital setting.
- VIII. The resident will review the basics of diagnostic and billing codes and the importance of understanding these issues to receive appropriate reimbursement.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months)

Patient Care

- I. Efficiently complete and direct patient care activities while running the vascular service at the RCH facility (under appropriate attending guidance).
- II. Develop appropriate diagnostic workups of vascular disease with a full understanding of the tests to be ordered.
- III. Be able to develop a differential diagnosis and management plan.
- IV. Be able to provide a preoperative and postoperative care plan.
- V. Make informed decisions about diagnostic and therapeutic interventions.
- VI. Develop competence in performing standard and complex endovascular and open vascular surgery procedures in elective and emergent situations.
Develop the ability to perform endovascular interventions in multiple types of facilities. This includes using a C-arm in both the operating room and an office-based ambulatory imaging suite, and using a fixed imaging interventional suite.
- VII. Develop the ability to perform endovenous and other appropriate procedures in an office-based procedure unit.
- VIII. Be able to perform non-reconstructive vascular procedures and angioaccess.

Medical Knowledge and Skills

- I. Arterial and venous patho-physiology.
- II. Arterial and venous surgical anatomy.
- III. Identification and management of risk factors of atherosclerotic vascular disease.

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

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DATE:

UPDATED:

- IV. Develop a differential diagnosis of vascular problems.
- V. Understanding non-atherosclerotic vascular disease evaluation and management.
- VI. Have a knowledge of the pre- and postoperative care required of the patient undergoing vascular procedures.
- VII. Provide general preoperative cardiac, pulmonary and renal risk assessment.
- VIII. Interpret diagnostic vascular studies, including duplex, physiologic testing, angiograms, CTA and MRA/MRV.
- IX. Understand treatment options for vascular diseases, including endovascular therapeutics.
- X. Perform endovascular procedures using catheters and guide-wires, including angiography and endovascular therapeutic interventions.
- XI. Understand the equipment used in vascular surgery procedures including suture, graft materials, and instrumentation.
- XII. Be able to perform arterial and venous surgical exposures.
- XIII. Understand the management of vascular surgery complications.

Practice-based Learning

- I. Pursue a personal program of self-study and professional growth with guidance from the teaching faculty. An understanding of the etiology, pathogenesis, patho-physiology, diagnosis and management of vascular disorders will promote sound surgical judgment, which relies on knowledge and rational thinking.
- II. Develop ability to analyze critically the vascular literature in order to practice evidence-based medicine.
- III. Participate and assist in organization of daily rounds. Coordinate patient care with individual attendings and physician extenders
- IV. Carry out patient management decisions in consultation with attending staff.
- V. Understand the functioning of private -practice vascular surgery including hospital contractual agreements, billing, etc.

Professionalism

- I. Provide compassionate patient care, maintaining the highest moral and ethical values with a professional attitude.
- II. Be sensitive to the needs and feelings of the patient's family members, health care personnel.
- III. Demonstrate respect, compassion, and integrity in the care of patients on a daily basis.
- IV. Show sensitivity to patient's culture, age, gender and disabilities.
- V. Interact professionally with referring physicians, consulting physicians, and other physician providers.

ARROWHEAD REGIONAL MEDICAL CENTER
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY

COMPETENCY GOALS & OBJECTIVES FOR THE INTEGRATED VASCULAR SURGERY RESIDENCY PROGRAM
FOR EACH TRAINING LEVEL AT OFF-SITE LOCATION: REDLANDS COMMUNITY HOSPITAL (RCH) ROTATION

DATE:

UPDATED:

Interpersonal Communication and Skills

- I. Create and sustain a therapeutic and ethically sound relationship with patients.
- II. Work effectively with other members of the medical team, including health care personnel (nurses, clerical staff, etc.).
- III. Understand the importance of interpersonal relationships and referrals for private practice surgery.
- IV. Maintain professional interactions with other health care providers and hospital staff.

Systems-Based Practice

- I. Understand how the private practice health care organization affects a vascular surgery practice.
- II. Demonstrate cost effective health care in private practice hospital based and outpatient based setting.
- III. Know how to partner with health care managers and health personnel to improve health care.
- IV. Follow established practices, procedures, and policies of the RCH facility
- V. Complete medical records, operative notes, and other patient care related documentation in a timely, accurate, and succinct manner.

ROTATION: Redlands Community Hospital – Vascular Surgery (3 Months, 1 Total)

Patient Care

- I. Efficiently complete and direct patient care activities while running the vascular service at the RCH facility (under appropriate attending guidance).
- II. Develop appropriate diagnostic workups of vascular disease with a full understanding of the tests to be ordered.
- III. Be able to develop a differential diagnosis and management plan.
- IV. Be able to provide a preoperative and postoperative care plan.
- V. Make informed decisions about diagnostic and therapeutic interventions.
- VI. Develop competence in performing standard and complex endovascular and open vascular surgery procedures in elective and emergent situations.
- VII. Develop the ability to perform endovascular interventions in multiple types of facilities. This includes using a C-arm in both the operating room and an office-based ambulatory imaging suite, and using a fixed imaging interventional suite.
- VIII. Develop the ability to perform endovenous and other appropriate procedures in an office-based procedure unit.
- IX. Be able to perform non-reconstructive vascular procedures and angio access.

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DATE:

UPDATED:

Medical Knowledge and Skills

- I. Arterial and venous patho-physiology.
- II. Arterial and venous surgical anatomy.
- III. Identification and management of risk factors of atherosclerotic vascular disease.
- IV. Develop a differential diagnosis of vascular problems.
- V. Understanding non-atherosclerotic vascular disease evaluation and management.
- VI. Have a knowledge of the pre- and postoperative care required of the patient undergoing vascular procedures.
- VII. Provide general preoperative cardiac, pulmonary and renal risk assessment.
- VIII. Interpret diagnostic vascular studies, including duplex, physiologic testing, angiograms, CTA and MRA/MRV.
- IX. Understand treatment options for vascular diseases, including endovascular therapeutics.
- X. Perform endovascular procedures using catheters and guide-wires, including angiography and endovascular therapeutic interventions.
- XI. Understand the equipment used in vascular surgery procedures including suture, graft materials, and instrumentation.
- XII. Be able to perform arterial and venous surgical exposures.
- XIII. Understand the management of vascular surgery complications.

Practice-Based Learning

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