

FIRST

AMENDMENT TO AGREEMENT

GWTG OSI Site ID (if known): 50854

The American Heart Association, Inc., a New York not-for-profit corporation with its principal offices at 7272 Greenville Avenue, Dallas, Texas 75231 (hereinafter "AHA") and San Bernardino County (hereinafter "Program Participant"), enter into this amendment (Amendment) to that certain Unified Participation Agreement ("the Agreement") by and between the parties dated effective 5/25/2023

WHEREAS, the parties desire to amend the Agreement as set forth below.

NOW, THEREFORE, in consideration of the mutual promises of the AHA and Program Participant, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by both, the parties, intending to be legally bound hereby, agree as follows:

The Agreement is hereby amended as follows:

Unified Participation Agreement is amended to enroll San Bernardino County in Get With The Guidelines® - Coronary Artery Disease with PHAC Layer, effective 1/1/2024-12/31/27.

Except as specifically amended or supplemented by this Amendment, all terms and conditions of the Agreement are hereby ratified and confirmed and shall remain in full force and effect.

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 names contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the party an original signed Amendment upon request.

American Heart Association, Inc.

Program Participant

By: E-SIGNED by Debbie Hornor  
on 2023-11-20 18:11:44 GMT

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

Print Name: Debbie Hornor  
Title: National VP, Business Development

Print Name:  
Title:

Date: November 20, 2023

Date:



**EXHIBIT B**

**PROGRAM PARTICIPANT CONTACT INFORMATION**

Complete this section for the individual who will be the program contact and act as liaison between Program Participant and AHA, and AHA Third Party Vendor. If there is a different Contact Person for one or more of the AHA Programs in which Program Participant seeks enrollment, please list that individual and his or her information herein.

**PROGRAM NAME:** Get With The Guidelines - CAD

**NAME OF CONTACT PERSON:** Tonya Sadsad

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**TITLE OF CONTACT PERSON:** Cardiac Program Coordinator

**PHONE NO:** (909) 580-3959

**EMAIL ADDRESS:** sadsadt@armc.sbcounty.gov

**PHYSICAL ADDRESS:** ARMC, 400 N. Pepper Ave, Colton, CA 92324

If additional Program Name and Contact Person fields are needed, please copy and paste the fields above.

**PROGRAM PARTICIPANT CONTACT INFORMATION FOR BILLING PURPOSES**

Complete this section if the individual who handles billing differs from the individual listed above. If there is a different Contact Person for one or more of the AHA Programs in which Program Participant seeks enrollment, please list that individual and his or her information herein.

**PROGRAM NAME:** Get With The Guidelines - CAD

**NAME OF CONTACT PERSON:** NA

**TITLE OF CONTACT PERSON:** NA

**PHONE NO:** NA

**EMAIL ADDRESS:** NA

**A/P DEPARTMENT EMAIL:** AccountsPayable@armc.sbcounty.gov

**A/P DEPARTMENT PHONE:** NA

**PHYSICAL ADDRESS:** NA

If additional Program Name and Contact Person fields are needed, please copy and paste the fields above.

EXHIBIT D



**American  
Heart  
Association.**

Quality Improvement Programs Permission Form Program

Participant Name: San Bernardino County

Program Participant Address: 400 N. Pepper Ave., Colton, CA 92324

Program Participant wishes to be recognized as: Arrowhead Regional Medical Center

*(List Program Participant name as it should appear in recognition/promotional opportunity)*

<input checked="" type="checkbox"/> WE AGREE	<input type="checkbox"/> WE DO NOT AGREE
To give American Heart Association (AHA) permission to use our name for:	
<ul style="list-style-type: none"><li>• Recognition Events</li><li>• Ads (<i>may include: AHA's Circulation; ASA's Stroke; US News &amp; World Report</i>)</li><li>• Conference banners/signage</li><li>• AHA website, digital media, mobile apps</li><li>• The Joint Commission and other regulatory agency</li></ul>	
<u>Public Reporting Option</u>	
Checking one or more of the boxes below constitutes consent for the American Heart Association (AHA) to publicly report our measure performance on AHA's website at <a href="http://www.heart.org">www.heart.org</a> for the following program(s):	
<input type="checkbox"/> Stroke <input type="checkbox"/> Heart Failure <input type="checkbox"/> AFib <input type="checkbox"/> Resuscitation <input checked="" type="checkbox"/> Coronary Artery Disease	

In addition, please select additional opportunities you permit AHA to contact you:

- Quality program best practice case studies
- Workshop/Webinars (presentations, posters)
- Submit a testimonial for use in our Quality program materials or on our Quality website
- Serve as a mentor for new programs

*I have authority to sign on behalf of Program Participant*

\_\_\_\_\_  
Program Participant Representative Signature

Program Participant Representative Name and Title:

Date:

## EXHIBIT E

### Hospital Comparison Group Placement Questionnaire

Please answer the following questions, if applicable to your chosen program. If you are completing a corporate agreement, be sure to answer the questionnaire for each participating hospital. Your answers will allow us to place you in appropriate benchmarking groups for aggregate comparison reporting purposes, once you are enrolled in the applicable program(s).

General Questions	Answers
What state is your hospital located in? <i>(Please write out state name)</i>	California
Total number of beds in your hospital?	456 <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
Is your hospital an Academic hospital? <i>(i.e., Are residents involved in patient care?)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If your facility is NOT a hospital, it is a... <i>(choose appropriate response)</i>	
GWTG-Stroke Questions	Answers
How many Ischemic Stroke discharges does your hospital have per year?	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Participation on Mission: Lifeline Stroke Regional Reports Participation in regional reports allows for a group of 3 or more hospitals to be included in a comparison group. Requirements for inclusion of regional reports are available in the Mission: Lifeline Program Summary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please check one or both. Hospitals may participate in more than one regional report.  Mission: Lifeline Stroke Blinded Regional Report  Mission: Lifeline Stroke Un-Blinded Regional Reports <i>(Checking this box will allow this hospital's participation in a Mission: Lifeline Regional report with the hospital's name being identified among the regional participants. ALL participating hospitals in the region must agree to participating in an un-blinded report for the data to be un-blinded.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
GWTG-Heart Failure Questions	Answers
How many HF discharges does your hospital have per year?	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated
Are heart transplants performed at your hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are PTCA and Cardiac Surgery performed at your hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GWTC-AFib Questions</b>	<b>Answers</b>
Does your hospital have a Board-Certified Electrophysiologist on staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your hospital perform atrial fibrillation ablation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>GWTC-Resuscitation Questions</b>	<b>Answers</b>
Is your hospital a Pediatric Only hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the level of your Newborn/Neonate Nursery.	<input type="checkbox"/> No Newborn or Neonate Nursery <input type="checkbox"/> No Neonatal ICU or Level I <input type="checkbox"/> Level II or Level IIIa <input type="checkbox"/> Level IIIb or Level IIIc
<b>GWTC-CAD Questions</b>	<b>Answers</b>
How many Acute Myocardial Infarctions does your hospital have per year?	40 <input type="checkbox"/> Actual <input checked="" type="checkbox"/> Estimated
What is the status/type of Catheterization Laboratory?	Primary PCI with 24/7 coverage
Participation on Mission: Lifeline Regional Reports Participation in regional reports allows for a group of 3 or more hospitals to be included in a comparison group. Requirements for inclusion of regional reports are available in the Mission: Lifeline Program Summary.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please check one or both. Hospitals may participate in more than one regional report.  Mission: Lifeline Blinded Regional Report  Mission: Lifeline Un-Blinded Regional Reports  <i>(Checking this box will allow this hospital's participation in a Mission: Lifeline Regional report with the hospital's name being identified among the regional participants. ALL participating hospitals in the region must agree to participating in an un-blinded report for the data to be un-blinded.)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No