



Contract Number

20-547 A-1

SAP Number

Inland Counties Emergency Medical Agency

Department Contract Representative	Thomas G. Lynch
Telephone Number	(909) 388-5823
Hospital	Arrowhead Regional Medical Center
Hospital Representative	William Gilbert, Director
Telephone Number	909-580-6150
Contract Term	July 1, 2020 - June 30, 2025
Original Contract Amount	\$95,225
Amendment Amount	
Total Contract Amount	\$95,225
Cost Center	1110002686

Amendment No. 1

WHEREAS, Inland Counties Emergency Medical Agency (hereinafter referred to as "ICEMA") and Arrowhead Regional Medical Center (hereinafter referred to as "HOSPITAL") entered into a Memorandum of Understanding ("MOU") with an effective date of July 1, 2020 for the designation of HOSPITAL as a Primary Stroke Receiving Center based on ICEMA's Primary Stroke Receiving Center standards.

WHEREAS, ICEMA wishes to assure the highest quality of care by directing stroke patients to facilities committed to meeting ICEMA's Comprehensive Stroke Receiving Center standards; and

WHEREAS, ICEMA has found that the HOSPITAL now meets ICEMA Comprehensive Stroke Receiving Center standards and agrees to change HOSPITAL's designation from a Primary Stroke Receiving Center to a Comprehensive Stroke Receiving Center; and

WHEREAS, HOSPITAL is willing to accept designation as a Comprehensive Stroke Receiving Center; and

WHEREAS, HOSPITAL by virtue of the Parties' execution of this MOU will be designated by ICEMA as a Comprehensive Stroke Receiving Center under the terms of the MOU;

NOW, THEREFORE, effective December 1, 2020, ICEMA and HOSPITAL mutually agree to amend the MOU as follows:

1. Section 4.1 of the MOU is deleted its entirety and will be replaced with the following:
 - 4.1** HOSPITAL shall provide Comprehensive Stroke Receiving Center services to stroke patients who arrive by EMS transport or walk-ins to the emergency department of HOSPITAL, regardless of the ability to pay physician fees and/or HOSPITAL costs. For the purpose of this MOU, the phrase “comes to the emergency department” shall have the same meaning as set forth in EMTALA and the regulations promulgated there under. HOSPITAL acknowledges that ICEMA makes no representation, and does not guarantee that stroke patients will be delivered or diverted to HOSPITAL for care and cannot assure that a minimum number of stroke patients will be delivered to HOSPITAL during the term of this MOU.
2. Section 4.3 of the MOU is deleted its entirety and will be replaced with the following:
 - 4.3** HOSPITAL shall comply with the Comprehensive Stroke Receiving Center standards described in Exhibit I, which is attached and incorporated into this MOU and any subsequent amendments. Any subsequent amendments to the policy will be reviewed by the Stroke CQI Committee.
3. Section 4.8 of the MOU is deleted its entirety and will be replaced with the following:
 - 4.8** HOSPITAL shall promptly notify ICEMA of any circumstances that will prevent HOSPITAL from providing Comprehensive Stroke Receiving Center services.

All other terms of the MOU shall remain in full force and effect.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS THEREOF, ICEMA and HOSPITAL have executed this Amendment No. 1 MOU to be effective as of December 1, 2020.

INLAND COUNTIES EMERGENCY MEDICAL AGENCY

►

Curt Hagman, Chairman, Board of Directors

Dated: _____

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

Lynna Monell, Secretary

By _____
Deputy

ARROWHEAD REGIONAL MEDICAL CENTER

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

By ► _____
(Authorized signature - sign in blue ink)

Name Curt Hagman
(Print or type name of person signing contract)

Title Chair, Board of Supervisors
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
John Tubbs II, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____
Thomas G. Lynch, EMS Administrator

Date _____