



Request for Proposal

Administrative Services
Clinical Integration
Medical Staff Development

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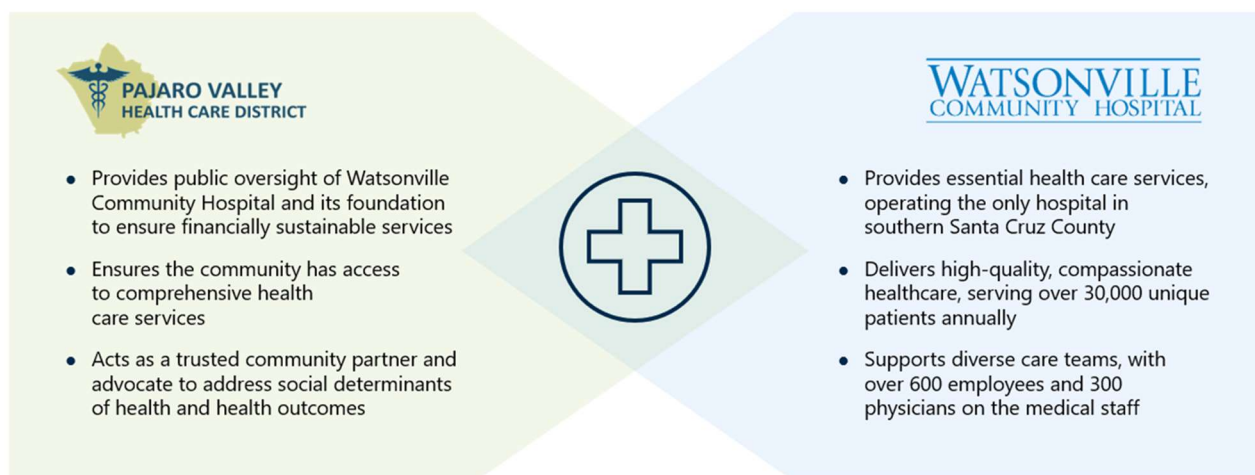
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Section 1 BACKGROUND

Organization and History

The Pajaro Valley Health Care District Hospital Corporation (the “Hospital Corporation”) is a California nonprofit public benefit corporation that was created on April 29, 2022, for the specific purpose to (1) aid, assist, and act on behalf of the Pajaro Valley Health Care District (the “District”), a political subdivision of the State of California, in the performance of its essential government function of operating Watsonville Community Hospital (“WCH” or the “Hospital”) and other related ancillary services and outpatient clinics; (2) promote the health and welfare of the general public, particularly those individuals residing in the Pajaro Valley; (3) engage in any other activities in furtherance of the purposes for which the Corporation is formed; and (4) receive, invest and utilize funds, property and in-kind materials or service acquired through the solicitation of contributions, donations, grants, gifts, and bequests and the like for the purposes for which the Hospital Corporation was formed. Prior to September 1, 2022, WCH was owned and operated by the for-profit entity, Watsonville Hospital Corporation, which filed for Chapter 11 Bankruptcy on December 5, 2021. Under SB 418 the District was legislatively created in order to purchase WCH out of bankruptcy and bring WCH back to community ownership and operation. Both the District and the Hospital Corporation are considered legislative bodies and are subject to open meeting laws under the Ralph M. Brown Act and public record requests under the California Public Records Act.

Pajaro Valley Healthcare District & Watsonville Community Hospital Working to Achieve a Shared Mission

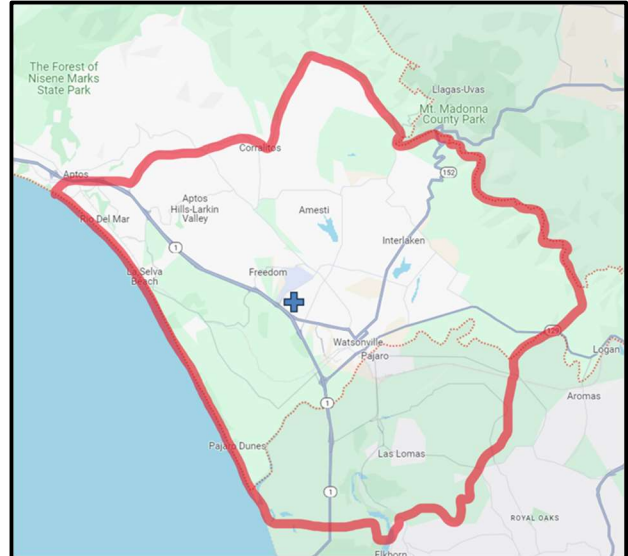


Pajaro Valley Health Care District

The District's borders span portions of Southern Santa Cruz County and Northern Monterey County, encompassing the City of Watsonville and unincorporated communities of Corralitos, La Selva Beach, Las Lomas, Pajaro, Pajaro Dunes, Interlaken, Freedom, Amesti, Aptos Hills-Larkin Valley, Rio del Mar, and parts of Aptos.

A total of seven communities, with a diverse population of 94,000, make up the Pajaro Valley, with Aptos and Watsonville being the most prominent.

The local economy features deep agricultural roots, a diversified economic base including construction, manufacturing, healthcare, transportation, electronics, airport, service firms, and tourism.



Economic and population growth in the District is expected to be strong. Recent development activity includes the following:

- Watsonville: 255 homes completed or nearing completion (50 apartments)
- Watsonville: New 155,847 sq. ft. commercial building (nearing completion); permits approved for 175,000 sq. ft. commercial building
- Watsonville General Plan includes 4,000 additional homes downtown over next 20 years
- Watsonville to bring 2,745 to 3,534 new homes and 80,000 to 540,000 square feet of commercial space in Buena Vista neighborhood
- Pajaro: 77 units of affordable housing with 45 completed

Watsonville Community Hospital

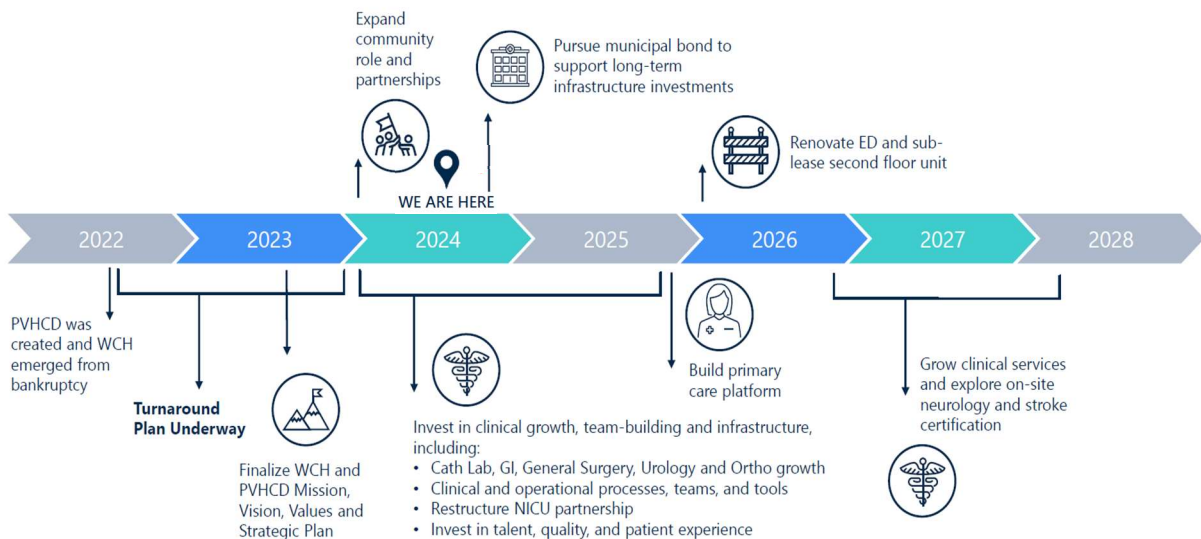
WCH is a 106-bed acute care, three-story hospital consisting of 206,150 square feet (including the central plant building) that was built in 1998 and is located on land consisting of 27.31 acres. The hospital is rated 5 out of 5 on the State of California's Seismic Performance Category (SPC) scoring system. In addition to the main hospital building, the campus includes a 91,500 square-foot medical office building and a 26,000 square-foot ancillary building that were both built in 1983. These two additional buildings contain two of the three medical clinics owned and operated by the District, as well as offices and storage, and the larger of the two buildings includes approximately 40,000 square feet of shelled space.

The table below presents selected statistical indicators of inpatient and outpatient activity at WCH during the partial year from September 1 (when the District was formed) through December 31, 2022 and the full calendar year ended December 31, 2023.

	<u>Sept 2022 - Dec 2022</u>	<u>2023 Total</u>
Licensed Beds	106	106
Admissions	1,223	3,479
Deliveries	277	841
Inpatient Days	4,570	13,496
Average Length of Stay (days)	3.74	3.88
Emergency Visits	11,717	33,097
Outpatient Encounters	23,402	67,259

Strategic Plan and Roadmap

In 2023 the District and Hospital Corporation created the strategic plan and roadmap (shown below) to guide WCH through the next phase of its evolution.



A key component of the strategic plan and roadmap was the adoption of the Mission, Vision and Values for the District and WCH.

OUR MISSION

We are the trusted, equitable healthcare partner and provider our diverse families, friends and neighbors deserve.

OUR VISION

To be our community’s champion and advocate for health and wellness to improve the lives of our community for generations to come.

OUR VALUES

We put people first.

We put the health and wellbeing of people first in every decision and every experience.

We strive for excellence.

As stewards of our community’s health, we commit to providing the highest quality of care and exceeding expectations.

We earn trust.

We work as a team to earn the trust of everyone we interact with.

We are family.

We embrace the family traditions, cultures and diversity of our community every day.

The following strategic priorities represent the foundation of the strategic plan which was also approved by the Board in 2023.

OUR STRATEGIC PRIORITIES

HEALTH EQUITY AT THE CENTER

District Focus

Community Health & Advocacy

Expand community partnerships, serve as a trusted partner and advocate, and address health equity and social determinants of health.

Provider Recruitment

Support engaged, committed multispecialty providers who practice at WCH and enable care closer to home.

Hospital Focus

Clinical Quality & Patient Experience

Improve clinical and operational processes and protocols to provide high-quality care and excellent patient experience.

Talent & Culture

Retain, support, and recruit exceptional teams who advance a culture of trust, compassion, and integrity.

Clinical Services & Access

Expand WCH clinical programs and partnerships to deliver clinical services and sustainable and equitable access for our community.

Financially Sustainable Services

Ensure effective operations and financial sustainability to achieve our mission and ensure services for generations to come.

Turnaround Progress

Since the District's purchase of the for-profit hospital, the new non-profit Hospital Corporation Board of Directors has worked closely with WCH staff to put in place initiatives to financially recover from the prior owner's bankruptcy filing and to assume the new responsibilities resulting from the Hospital's restructure to community ownership and nonprofit status. All involved continue to work tirelessly to provide a safe and healthy environment for both the workforce and members of the community.

WCH has made significant progress in its multi-year turnaround and is seeking to build on the momentum created by significantly improved operations since the Hospital was acquired. Highlights of the turnaround progress include the following:

- Renegotiation of Payer Contracts to improve revenue from patient services (\$12M)
- Reduction of expenses through supply chain management and Group Purchasing contract (\$1M)
- Adjustment of staffing schedules to reduce reliance on contract labor (\$3M)
- Reopening of Cardiac Catheterization Lab ("Cath Lab") and increase general surgery services through acquisition of DaVinci robot (\$1M)
- Eliminating transition costs due to bankruptcy & change of ownership (\$10M)

In addition to achieving these milestones, Hospital leadership has implemented an improved budgeting process and enhanced reporting processes which have already increased management accountability and continue to improve operating efficiency and financial results.

Measure N

As evidence of the substantial support by the community for WCH, in March of this year, the voters approved Measure N, which provides for a 30-year, \$116 million general obligation (G.O.) bond. Repayment of the bonds will come from tax levies and not from Hospital operations. The funds will allow WCH to purchase, renovate, and modernize the Hospital facility as well as provide additional services so patients don't have to travel out of the area to get the care they need.

It is expected that the first series of the available bonds will be used for the following:

- Purchasing the Watsonville Community Hospital property to save \$3 million per year in rent payments, which can then be used for enhancing healthcare services
- Developing designs and plans to expand the emergency room, which will nearly double its size, to provide better emergency care and meet the growing needs of the community
- Upgrading imaging equipment including MRI and CT scanners
- Repairing or replacing several aged building systems, such as plumbing, heating, ventilation, and air conditioning systems, and replacing the aging roof.

Section 2 GUIDING PRINCIPLES

In keeping with the current strategic plan and building on the momentum coming into 2024, the District Board of Directors formed an Ad Hoc External Partnerships Committee to design and implement a process for considering partnerships with other organizations to grow community health and advocacy. The intended outcome of these partnerships is to elevate the Hospital and the District's health equity impact and increase access to quality services for the community under a financially sustainable trajectory.

The following Guiding Principles were developed by the Committee with input from the Board of Directors, leadership of the Hospital and members of the community. The extent to which any proposed partnership with WCH aligns with these principles will be key factors in the Board's decision to enter into any future contractual relationship.

Guiding Principles

1. Arrangements must align with the mission, vision, and values of the District and WCH.
2. Only arrangements that support and maintain the integrity and independence of the District and the Hospital Corporation will be considered.
3. Arrangements must prioritize clinical integration through physician recruitment and service line expansion, financial stability while achieving economies of scale where appropriate, and upgrades to supporting technology.
4. The name "Watsonville Community Hospital" must remain unchanged throughout and after the term of any arrangement (although a branding strategy that would show an affiliated external partner will be considered).
5. Any arrangement needs to enhance relationships between and among WCH and its stakeholders, including the community and patients served by the Hospital, its physicians, and its employees.
6. Arrangements must honor existing union contracts and maintain WCH's commitment to support the growth and development of its clinical and non-clinical staff.
7. The District and WCH must maintain ownership of all real and personal property assets throughout and after the term of any arrangement.
8. Any arrangement shall not dissolve the District or Hospital Corporation Board of Directors.
9. Any proposal shall not outsource the Hospital Corporation's senior level management team or diminish its authority.
10. We will continue to provide the same level of information to the public, allowing for their input into the future direction of the District and Hospital.
11. Any arrangement must contain appropriate protections to ensure the continued success and independence of the District and Hospital Corporation at the end of any term.

12. The economics of any arrangement must fairly recognize the value of the contributions of WCH to the arrangement in relation to the value it receives.
13. Multiple arrangements may be explored and effected at any one time.
14. Arrangements must comply with all Measure N Bond covenants to maintain funding.
15. Arrangements must comply with existing legislation (i.e., SB 418) and/or allow for amendments to existing District and Hospital Corporation agreements that contain covenants or other restrictive language (e.g., Packard loan, Distressed Hospital Loan Program loan, Santa Cruz County Bank Letter of Credit).

Section 3 SCOPE OF SERVICES

PARTNERSHIP VISION

In order to capitalize on potential economies of scale and leverage strengths of other organizations who have a strategic interest in the success of WCH, the District is pleased to issue this Request for Proposals (“RFP”) to provide the services described below. It is expected that interested parties will have different interests and capabilities and it is therefore not necessary to submit a proposal for all services included in this RFP.

The District is interested in considering a wide variety of contractual approaches or transactions to meet its objectives. It is expected that organizations that are active in management of acute care hospitals, physician groups, or clinically integrated delivery systems may have proposals in a variety of forms. **Creativity and innovation are encouraged**, including collaboration among interested parties in submitting responses. The District will consider all practical responses, in any form submitted. The District will review all proposals and prioritize them according to their ability to maintain the identity of WCH, address community need, improve the health and well-being of the residents of the District, and provide the highest economic and financial benefit to WCH.

CLINICAL INTEGRATION/MEDICAL STAFF DEVELOPMENT

The Hospital Corporation currently manages, on behalf of the District, several outpatient clinics which are exempt from licensure pursuant to Section 1206(b) of the California Health and Safety Code (the “Clinics”). The District currently contracts with 12 physicians representing a variety of medical specialties to provide services in the Clinics. In addition, the WCH medical staff includes 372 independent physicians or physicians affiliated with other organizations who have admitting privileges to the Hospital. WCH currently has approximately 40,000 square feet of shelled medical office space located on its campus adjacent to the Hospital. The District views the shelled space as a key asset supporting development of the WCH medical staff and expansion of its programs and services.

As part of its overall strategic plan, WCH desires to expand its primary care physician base and select specialty physician base. For example, the Hospital seeks to expand existing specialties in Gastroenterology, General Surgery, Urology and Orthopedics, as well as to partner with other providers to consolidate clinical services in its service area as may be appropriate. The Hospital's strategic plan also includes expanding its Cardiology Services and adding new programs and services, including Neurology. Physicians could be recruited into the Clinics, as independent practitioners, or as part of newly formed or existing medical groups or practices in the community.

WCH is a 106-bed hospital with an average daily census of 35. The District is seeking affiliation proposals from partner organizations that can help increase our census, facilitate the expansion of WCH's medical staff, and add new programs. Utilization of a greater proportion of our capacity will allow us to care for more of our community, improve clinical quality outcomes across our Counties, and improve the financial sustainability of the District and Hospital. WCH has unused space in both the acute care hospital (2 West Unit, fully built out) and the ambulatory / medical office buildings (shelled space) that can be utilized to expand our health services (see Appendix E).

ADMINISTRATIVE SERVICES

Administrative, General and Fiscal Services

The District is not seeking to outsource its senior-level management team, or the control or direction of WCH. However, the District welcomes innovative partnership proposals that leverage the administrative strengths of other organizations in a manner which can provide WCH with enhanced functionality and efficiency in key administrative areas such as (but not limited to) Accounting, Payroll, Accounts Payable, Human Resources, Managed Care Payer Contracting, Legal Services, and Materials Management. WCH is therefore seeking to enter into mutually beneficial partnership arrangements that achieve economies of scale while capitalizing on, and augmenting, existing Hospital resources and staff. Such arrangements could be provided on a stand-alone basis or in combination with more comprehensive partnership arrangements also involving information technology, clinical integration and medical staff development.

Information Technology

The Hospital's information technology, including and not limited to its Electronic Medical Record, Accounting, and Materials Management systems, while functional, is older-generation technology that does not provide the advantages in improved patient care, operational support and efficiency, and financial reporting as effectively as available state-of-the-art systems. Neither the District nor the Hospital Corporation currently have sufficient capital to upgrade and implement new systems without partnering in some way with external organizations that can leverage their existing electronic health record and financial platforms in a cost-effective manner. The District is therefore seeking partnership opportunities which will provide upgraded information technology and services in a cost-effective manner. Upgrading systems will be an essential component in the growth,

expansion, and sustainability of WCH and its partners, and will be considered a fundamental part of any comprehensive partnership.

Section 4: PROPOSAL INSTRUCTIONS

A complete, concise and professional response to this RFP will enable the District to identify the organizations who will provide the highest benefit to the District and WCH and will be indicative of the level of the organization's experience and commitment to the proposed arrangement. Proposals must demonstrate that the approach, design, and financing plan for the proposed arrangement will allow for the arrangement's successful development and implementation.

It is not necessary for respondents to propose for all items included in this RFP. Respondents are encouraged to submit proposals that address any or all of the administrative, IT, or clinical needs of WCH.

Required Information

All proposals should provide the following minimum information and will be utilized in evaluating each proposal submitted.

1. Letter of Transmittal

A cover letter signed by a duly authorized representative of the applicant must be included. Please include the name, address, telephone number, and email address of the applicant submitting the proposal. In addition, the name, title, address, telephone number, and email address of the person or persons who are authorized to represent the applicant and to whom correspondence should be directed shall be included.

2. Table of Contents

Include a clear identification of the submitted material by section and by page number.

3. Executive Summary

Introduce the proposal and summarize the key provisions of the proposal based on the expertise and qualifications of the applicant. Explain why the organization is best suited to provide the services described in the proposal.

4. Statement of Understanding

Include a detailed statement of understanding of the services to be provided. If there are services

listed in this RFP that the applicant will not be able to provide, that should be addressed in the response.

5. Background and Experience

Please provide the following information:

- a. Organization's official name, address and specify the type of entity (partnership, LLC, corporation, governmental entity, non-profit, for-profit, etc.)
- b. Describe the organization's background and history, including the number of years in business. Describe in detail your experience working with public agencies and special districts.
- c. List the location of office(s) that would serve the District.
- d. Provide an organization and staffing plan identifying key personnel, related lines of authority and responsibility of those team members who will provide the services described in this RFP.

6. Proposed Structure

Describe the form and legal structure of any proposed arrangement with the District. This could include professional services agreements, other contractual agreements, joint ventures, joint operating companies, joint powers agreements, physician-hospital organizations, service line agreements, joint purchasing agreements, clinically integrated networks, medical office building leases and any other relationships that accomplish the mutual objectives of the District and the responding party. Describe your rationale for selecting such proposed arrangement and the factors considered in selecting this structure over other available alternatives. Include a description of why you feel that the proposed arrangement facilitates alignment between your organization and the District/WCH and best meets our mutual objectives.

7. References

Please provide references from other clients, health care providers, healthcare districts, and/or local government agencies with whom you may have engaged in an arrangement or arrangements similar to the one being proposed.

8. Additional Information

Please provide any other information applicable to the evaluation of the proposal.

9. Standard Statements

Please provide the following:

- A statement that this RFP shall be incorporated in its entirety as a part of the applicant's

- proposal.
- A single and separate section "EXCEPTIONS TO THE DISTRICT'S REQUEST FOR PROPOSAL" containing a complete and detailed description of any/all of the exceptions to the provisions and conditions of this RFP upon which the applicant's proposal is contingent and which shall take precedent over this RFP.
- A statement that the applicant will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin.

10. Signature

Each proposal must be signed on behalf of an officer authorized to bind the organization.

Additional Information

In addition to the above information, which should be provided for all proposals, the following specific information should be provided to support proposals in each of the areas of interest described below. Please refer to the Appendices for information regarding WCH, which provides detailed information to assist in preparing your proposal.

ADMINISTRATIVE SERVICES PROPOSALS

- A. Please provide a description of any administrative services to be provided as follows:
- a. List of administrative services to be provided
 - b. Organization chart
 - c. Proposed staffing
 - d. Provide a description of any services that you anticipate would be subcontracted

Describe in detail the financial arrangements and value proposition being proposed. Include detailed operating budgets and financial projections of cost savings to WCH based on projected compensation for services for the next ten (10) years.

- B. Please provide a detailed description of Information Technology which will be provided separately or in conjunction with A above.
- a. Electronic Health Record
 - b. Accounting and Financial Planning
 - c. Revenue Cycle and Payer Contract Modeling
 - d. Supply Chain
 - e. Other

The detailed description should include the proposed product name and version, modules to be provided, whether you are proposing a client server, ASP or hosted model, estimated time frame for implementation, a summary of proposed cost, reporting structure method of integrating WCH with your organization, and all other information you consider relevant in order for the District to consider your proposal.

CLINICAL INTEGRATION AND MEDICAL STAFF DEVELOPMENT PROPOSALS

Describe your physician organization and approach to medical staff and service line development and partnership with WCH.

- a. How would your organization clinically integrate with WCH and its Clinics?
- b. Describe your plan for assisting WCH in medical staff development, including recruitment of primary care and specialist physicians?
- c. How would you intend to incorporate the District's 1206(b) Clinics into your approach to medical staff development?
- d. Are you willing to commit to a lease (or sublease) of some or all of the available medical office building space?

Your proposal should include a description of the objectives your organization hopes to achieve in collaborating with WCH to expand its clinical programs, the value proposition you bring to the partnership, the value you believe WCH brings, the vision for what the aligned organization would provide to the community, and the proposed economic model.

Section 5: INQUIRIES

Site Visits

Applicants and their employees, agents, and representatives shall have the right of reasonable access to the District and WCH during normal business hours for the purposes of conducting due diligence to facilitate submission of a proposal, upon not less than seven days written notice to **Matko Vranjes, Chief Operating Officer of WCH**, at the email address set forth below. Such access shall take all patient privacy considerations into account and applicants may not be allowed in areas that the District or WCH determines are confidential patient care areas. Notwithstanding anything else in this RFP, the applicant shall defend, indemnify and hold the District and the Hospital Corporation, its employees, directors, officers, and agents harmless from any injury, property damage or liability arising out of the exercise by the applicant of this right of access, other than injury, property damage or liability relating to the gross negligence or willful misconduct of the District or Hospital Corporation or its directors, officers, agents or employees.

Clarifying and fact-finding questions during the pre-submittal stage must be submitted in writing. Any questions submitted (and their answers) will be made available to the public for the benefit of all applicants. The District will also hold a Virtual Question and Answer session, tentatively scheduled for September 17 (see Section 7: Timelines), as an additional venue for applicants to have their questions answered before submitting their responses. These guidelines for communications have been established to ensure that the RFP process is fair and equitable to all applicants. Please direct all inquiries, questions, comments, and responses to this RFP to:

For written inquiries during the pre-submittal stage:

Pajaro Valley Health Care District
Steve Gray, Chief Executive Officer
Steve_Gray@watsonvillehospital.com

For scheduling a site visit during the pre-submittal stage:

Watsonville Community Hospital
Matko Vranjes, Chief Operating Officer
Matko_Vranjes@watsonvillehospital.com

With a copy to:

Jonathan Spees, Consultant
jjspees@marinestreetconsulting.com
310-488-9696

Section 6: REVIEW AND SELECTION PROCESS

In evaluating proposals submitted pursuant to this RFP, the District places high value on the following factors, not necessarily in order of importance:

1. Completeness and responsiveness to requested matters in the response to the RFP.
2. The inclusion of appropriate technologies to fully support the proposed partnership.
3. Conformity with applicable District and WCH policies as noted in the RFP and the extent to which any proposal conforms to the Guiding Principles.
4. Approaches in methodology with respect to the anticipated scope of services.
5. Experience and qualifications identified in the proposal.
6. Economic and other benefits to WCH and the District.
7. Familiarity with laws and regulations governing California healthcare special districts and public agencies.
8. References from other clients, special district agencies and local government agencies.
9. Ability to provide the requested services, including any innovative or outstanding work by the organization that demonstrates the organization's unique, creative qualifications to provide the requested services.

The District reserves the right to consider other qualifications or criteria as deemed appropriate and to reject any and all submitted responses to this RFP and/or request additional information.

The Board of Directors and District leadership will evaluate the proposals and conduct interviews with the top respondent(s). Proposals will be reviewed with the above evaluation criteria. Public transparency will be incorporated into this process, with all RFP responses posted on our public website (see Section 8, Public Record). The Board of Directors will discuss and vote on the selected finalists in a public Board meeting and approve the final agreements between the District and the selected organizations, if any.

Neither the District nor the Hospital Corporation will be liable for any expenses incurred by applicants responding to this solicitation. All material submitted will be kept by the District and is subject to the California Public Records Act, California Government Code 7920.000 et seq.

Section 7: TIMELINES

Request for Proposal released	August 20, 2024
Written questions from respondents due by	September 6, 2024
Virtual Q&A session with District leadership for RFP respondents	1:30pm, September 17, 2024
Summary of Q&A posted to pvhcd.org public website	September 24, 2024
Deadline for submittal of proposals	October 21, 2024
Evaluation of proposals by the District	October 21 to December 31, 2024

Section 8: STANDARD TERMS AND CONDITIONS

LIMITATION

This RFP does not commit the District to award a contract, to pay any cost incurred in the preparation of a response or to procure or contract for services or supplies. The District reserves the right to reject any or all proposals for any reason and to amend or terminate the RFP process in any manner at any time. The District reserves the right to request and obtain from one or more of the organizations submitting proposals, supplementary information as may be necessary to analyze the proposals using the selection criteria contained above.

OWNERSHIP

The District reserves the right to retain all proposals submitted and to use any ideas in a proposal, regardless of whether that proposal is selected. Submission of a proposal indicates acceptance by the proposing applicant of the conditions contained in this RFP, unless clearly and specifically noted. The District will not pay for any information requested, nor is it liable for any costs incurred by the applicants in preparing and submitting proposals. All proposals received shall become the property of the District and all are subject to public disclosure.

AWARD

The organization or organizations chosen may be required to participate in negotiations and to submit such revisions of its proposal as may result from negotiations. The District reserves the right to award a contract without discussion based upon the initial responses to this RFP. The District has the sole authority to select an applicant or applicants with which to negotiate terms and conditions and reserves the right to reject any proposals and to waive any informality or minor defects in proposals received.

INDEMNIFICATION

Applicants shall indemnify, defend and hold the District, the Hospital Corporation, and their respective officers, directors, agents and employees harmless from any and all claims, damages, losses, causes of action and demands, including, without limitation, the payment of all consequential damages, expert witness fees, reasonable attorney's fees and other related costs and expenses, incurred in connection with or in any manner arising out of an applicant's performance of the work contemplated by this RFP. Submitting a response to this RFP signifies that the applicant is not covered under the District's general liability insurance, employee benefits, or workers' compensation. It further establishes that the applicant shall be fully responsible for such coverage. Applicant's obligation to indemnify shall survive expiration or termination of this RFP and shall not be restricted to insurance proceeds, if any, received by the District, the Hospital Corporation, and/or their respective officers, directors, agents and employees.

ADDITIONAL INDEMNITY OBLIGATIONS

Applicant shall defend, with counsel of the District's choosing and at applicant's own cost, expense and risk, any and all claims, suits, actions or other proceedings of every kind that may be brought or instituted against the District, the Hospital Corporation, or their respective officers, directors, agents and employees as a result of this RFP. Applicant shall pay and satisfy any judgment, award or decree that may be rendered against the District, the Hospital Corporation and/or their respective officers, directors, agents and employees as part of any such claim, suit, action or other

proceeding. Applicant shall also reimburse the District and/or the Hospital Corporation for the cost of any settlement paid by the District and/or the Hospital Corporation and its officers, agents and employees as part of any such claim, suit, action or other proceeding. Such reimbursement shall include payment for the District and/or Hospital Corporation's attorney's fees and costs, including expert witness fees. Applicant shall reimburse the District and/or Hospital Corporation and their respective officers, directors, agents and employees for any and all legal expenses and costs incurred by each of them in connection therewith or in enforcing the indemnity herein provided.

INTELLECTUAL PROPERTY

Any system or documents developed, produced or provided in response to this RFP, including any intellectual property discovered or developed by applicant in the course of performing or otherwise as a result of its work, shall become the sole property of the District unless specifically stated otherwise in the RFP response. Applicant may retain copies of any and all material, including drawings, documents, and specifications, produced by applicant in performance of this proposal. The District and the applicant agree that to the extent permitted by law, until final approval by the District, all data shall be treated as confidential and will not be released to third parties without the prior written consent of both parties.

PUBLIC RECORD

Proposals received will become the property of the District. All proposals, evaluation documents, and any subsequent contracts will be subject to public disclosure per the "California Public Records Act," California Government Code, sections 7920.000 et seq. All documents related to this solicitation will become public records once discussions and negotiations with proposers have been fully completed and an award has been announced.

Appropriately identified trade secrets will be kept confidential to the extent permitted by law. Any proposal section alleged to contain proprietary information will be identified by the proposer in boldface text at the top and bottom as "PROPRIETARY." Designating the entire proposal as proprietary is not acceptable and will not be honored. Submission of a proposal will constitute an agreement to this provision for public records. Pricing information is not considered proprietary information.

ASSIGNMENT

Applicant selection includes consideration of the merits of the organization/team. Assignment of the proposal is prohibited, and the District reserves the right to cancel the contract if the contract is assigned without the District's written consent.

DISTRICT ACTION

The District and applicant acknowledge that the District must exercise its independent authority in making any and all findings and determinations required of it by law concerning the Hospital Corporation and WCH. Applicant selection does not restrict the authority of the District in any manner whatsoever and does not obligate the District to enter into negotiations or to take any course of action with respect to the RFP.

RFP ADDENDA

The District may determine it is necessary to revise any part of this solicitation. Revisions will be made by written addenda, and it is the applicant’s responsibility to understand and comply with any addenda to this solicitation.

Addenda will be posted on the District’s website www.pvhcd.org under Bids / RFPs.

CIVIL RIGHTS COMPLIANCE/EQUAL OPPORTUNITY ASSURANCE

Applicant will be in compliance with the applicable provisions of the Americans with Disabilities Act of 1990 and will be an equal opportunity employer as defined by Title VII of the Civil Rights Act of 1964, including the California Fair Employment and Housing Act of 1980. As such, applicant will not discriminate against any person on the basis of race, religious creed, color, national origin, ancestry, disability, medical condition, marital status, age or sex with respect to hiring, application for employment, tenure or terms and conditions of employment. In addition, the District further prohibits discrimination on the basis of sexual orientation, height, weight and physical characteristics. Applicant agrees to abide by all of the foregoing statutes, regulations, ordinances and resolutions.

APPENDIX A: Schedule of Administrative Services

Data for calendar year 2023, unless otherwise specified (page 1 of 4)

Departments	Services Requested (Please recommend others)	Key Metrics	Comments	2023 Metrics unless otherwise noted	Requested From Partnership
Admitting/PT Registration					
			Some functions on-site, others can be remote		
	Admitting	# IP Admissions	3,481 admissions + 833 Observations = 4,314 per metrics	3,480	
	OP Registration (Exclude ED)	# OP Visits	36,424 per metrics (67,222 with ED)	67,222	
	ED Registration	# ED Visits	33,186 (includes Admits from ED)	33,186	
	Pre-Registration	Days out	(7 Day goal)		
	Insurance Verification/Eligibility		Insurance Verification / Eligibility is completed by online resources & manual calls to the insurance company if needed. each account is verified POS.	No Tracking	
	Financial Counseling	Charity Applications		40	
	On-site Payment Processing	Point of Service Collections		\$ 716,464	
					Opportunity to have centralized monitoring/dispatch with local onsite resources?
Bio-Med Engineering					
	Equipment Serviced	# of pieces of equipment maintained	Medical equipment inventory serviced	2,590	
	Equipment Tracking System	# of work orders	Preventive Maintenance, Service Calls	1,936	
Case Mgmt					
	Denials Mgmt System	Number/Dollars of Appeals		38 IP Level of care Denials for \$2,979,391.39	
	Processes & Policies			N/A	Opportunity for Partner to provide
	Utilization Mgmt Tracking/Reporting	Various UM metrics		See below	
	Length of Stay			3.88	
	Readmissions			9.96%	
	Unhoused Patients		LCSW Audit Log	147 IP and 315 ED	
	DRG Downgrades		CM Audit Log	35	
	Code 44		CM Audit Log	10	
	Patient Choice Compliance		CM Audit Log	97%	
	IMM Compliance		CM Audit Log	100%	
	Clinical Appeals & Escalation	# of Appeals	GuideHouse processes Clinical appeals; Only includes accounts fully resolved in 2023; 38 accounts currently in progress (July 2024)	80 cases appealed in 2023 for \$2.9M(Gross \$\$); 47 over turned for \$579K	
PBX (Communications)					
		Offsite operator, back up?		24x7 on site dedicated staff	
Data Processing (IT)					
	Desktop Support (Onsite)	# of devices supported		69 Servers, 101 network printers, 530 workstations	
	Network Security (Heroic)	Uptime/Downtime Averages	Limited Tracking	Scheduled outages 8 hours each quarter; 4 unexpected downtimes in 2023 averaging 15 mins each	
	Hardware and Software Maintenance	# of HW & SW contracts		19	
	IT Project Mgmt	# of concurrent projects		31	
	Radiology-PACs System	# of images processed		49,012	
	Clinical Infomatics			375 physicians supported	Need updated EMR (EPIC or Cerner preferably) MedHost is antiquated and not up to industry standards with integration and reporting

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Data for calendar year 2023, unless otherwise specified (page 2 of 4)

Departments	Services Requested (Please recommend others)	Key Metrics	Comments	2023 Metrics unless otherwise noted	Requested From Partnership
General Accounting					
	Accounting	Total Net Revenue & Expense	Audited Financials	Net Revenue \$134,481,750; Operating Expense \$148,276,570	
	Payroll	# of employees/MDs paid, Total Payroll Dollars		829 Headcount paid; \$70,826,393 gross pay	
	Time Mgmt			N/A	Currently very manual, without schedules, manual edits
	Accounts Payable	# of invoices processed		14,394	
	Treasury Management	# of bank accounts	US Bank, SCCB plus two restricted accounts	12	
	Bond Covenant & Disclosure Mgmt			N/A	New to us - we have Bond advisors to help us with continuing disclosures
	Financial Planning & Analysis (incl systems)	Total Net Revenue & Expense	Budgeting, Forecasting, Reporting	Net Revenue \$134,481,750; Operating Expense \$148,276,570	Need Tools
	Service Line Reporting			N/A	Need Tool
	Cost Accounting			N/A	Need Tool
	Revenue Integrity		Pricing/Reimbursement/CDM Tool and Contract Management System	N/A	Need Pricing/Reimbursement/CDM Tool and Contract Management System
	Charge Master/CDM	Current # of CDM items		5,043 items	
	AR/Reimbursement (Mgmt & Analysis)	AR Payor mix, Service Line Mix		More details available upon request	
	Billing & Collections	# of claims processed; cash collected	Claims Submitted	87,970	
	Billing	Clean Claims Rate	Month of July 2024	76.0%	
	Billing	Ave Claim \$\$ Submitted to Payer per Week	Averages in 2024	20,000 to 23,000	
	Cost Reports	Prior Cost Reports		Available upon request	
	External Reporting (OSHPD)	Prior OSHPD submittals	Public record	Public record	
	QAF/DSH Mgmt/Expertise	QAF/DSH Dollars, Medi-Cal Days	See QAF VIII Tab	QAF Net \$\$ in 2024 \$12,577,612; FY 23 Medi-Cal FFS & Mgd Medi-Cal Days = 5,353	
	Payer Contracting & Analysis	# of Contracts/Payer Plans	See Payer Mix Tab	20	
	Annual Audits (Financial, Single Use)	Prior Audits		Available upon request	
	Fixed Asset Mgmt & Inventory	Current Depreciation Schedules, Prior inventory results require vendor consent to release	Last inventory had limited scope - as of 8/31/22	\$3,794,350	
HIM					
	Release of Information	# of ROI processed	Approximate # of requests received via fax, email, phone, USPS, subpoena, walk-in and internal.	20,000	
	Quality Assurance	# of charts processed		4196 - IP 30,482 - ED 3,124 - OP Surgery 1493 - Observation medical and OB 27,372 - All other OP services	
	Coding	# of accounts coded		4196 - IP 30,482 - ED 3,124 - OP Surgery 1493 - Observation medical and OB 27,372 - All other OP services	
	Coding	% of Accounts finalized within 4 days (suspense period)	June 2024 YTD Average (monthly range 31% to 60%)	49%	
	Clinical Documentation Improvement	# of accounts reviewed, # of queries		Initial Reviews - 1712 accounts (Medical IP, Surgical IP, ICU); 350 Queries	
	Forms Mgmt	# of form requisitions		Approx - 10 new or revised forms	
	Privacy (incl systems)	# of privacy incidents		5 low risk incidents	Need good privacy monitoring tools
Hospital Administration					
	Contracting	# of active contracts		191	Contract Mgmt System
	Contract Mgmt - Physician	# of active contracts		30	
	Contract Mgmt - Non Physician	# of active contracts	Excludes 325 letters of commitment with suppliers under Vizient GPO	161	
	Insurance Policies	#/type of policies	Current Insurance Policies - Hospital & District - see Insurance Tab	12	
	Policy Mgmt Software	# of active policies		1,624	Policy Mgmt System
	Lease/Real Estate Administration	# of leases		11	
	Physician Recruitment	# of current recruitments in progress	Currently recruiting for GI, Urology and Primary Care	3	
Medical Staff					
	Credentialing	# of active medical staff		372 (June 2024)	Medical staff management software and system integration for improved record keeping and credentials management
	Medical Staff System Subscriptions	List of current subscriptions & wishlist?		Applied Statistics & Management - MD Staff & MD Stat	Industry standard systems for both med staff and clinical disciplines library

Pajaro Valley Health Care District
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Data for calendar year 2023, unless otherwise specified (page 3 of 4)

Departments	Services Requested (Please recommend others)	Key Metrics	Comments	2023 Metrics unless otherwise noted	Requested From Partnership
Human Resources					
	General HR Consulting	# of employees supported	As of 7/23/24	642 Hospital & 25 Coastal Health employees = 667	
	Labor Relations	5 contracts with breakdown of # of employees/obs served	See Union Negotiation Tab - 82% of workforce represented by 5 unions	SEIU UHW Service & Maintenance = 167 employees; SEIU UHW Professionals = 16 employees; Teamsters Local 853 = 51 employees; CalTEC = 51 employees; Calif Nurses Assoc. = 240 employees	
	Compensation Analysis	Total Salaries & Wages expense		\$ 70,156,726	
	Performance Management	# of employees	Disciplinary actions including terminations per month	Ave 10-15	
	Union Negotiations	5 contracts with breakdown of # of employees/obs served	See Union Negotiation Tab	See Union Appendix	
	Benefits Administration	# of covered lives, list of benefits currently provided		464 employees covered currently - More details available upon request	
	Benefits Analysis	Benefits Expense	includes Taxes	21,460,602	
	Retirement Benefits Administration	# of eligible employees, current retirement plans, historical plans		298 current employee participants in 457(b) plan - More details available upon request for other plans	
	Recruiting	# of open requisitions	57 Open positions as of 7/23/24	27 Nursing; 18 Ancillary/Allied Health; 12 Management/Professional positions posted as of 7/23/24	
	Employee Health	# of new hires, # of other employee health issues	See Employee Health Tab	Average 25 new hires per month; 38 workers comp claims in rolling 12 mos ended July 2024	
	Leave of Absence Administration	# of Leaves of Absence	As of July 2024	33	
Purchasing/Supply Chain					
	Ordering & Receiving	# of Purchase Orders, # of orders received		2,893 purchase orders	
	Contract Mgmt	# of supply & purchased service contracts managed by Supply Chain,	GPO reporting when available - usage, PO compliance, opportunity analysis	N/A	Need expertise & assistance with sales tax exemption
	Par Optimization	# of departments with inventory; supply expense		28 departments with inventory value > \$1,000	
	Department Inventories			11 Distribution areas, Supply Pysis in ED	
	Product Selection		Have existing committee	N/A	Policies, Procedures, Best Practices
	Year End Inventory	Inventories		\$ 3,841,424	
Quality/Risk					
	Quality Mgmt	Quality Reporting		N/A	Need Survey Readiness Tools; Mock Surveys
	All Cause Readmissions		Source: Quality Q1 Reporting	15.55%	
	All Cause Mortality		Source: Quality Q1 Reporting	8.62%	
	Risk Mgmt			N/A	Regulatory Changes Notification/Monitoring
	Compliance	# of compliance related items		0	
	Patient Grievance	# of grievances		50	
	Patient Satisfaction Surveys (PG)		We have Press Ganey	N/A	Improved reporting dashboards and management systems
	Quality Grades	Leapfrog Safety Grade	Spring 2024	2.6690 (C Grade)	
Legal Services					
	General Counsel	Total Legal Expense	We don't have broken down by sub topic	\$ 762,646	Currently all outsourced
	Employee Relations			N/A	
	Real Estate			N/A	
	Tax			N/A	
	Quality Risk Compliance			N/A	

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Data for calendar year 2023, unless otherwise specified (page 4 of 4)

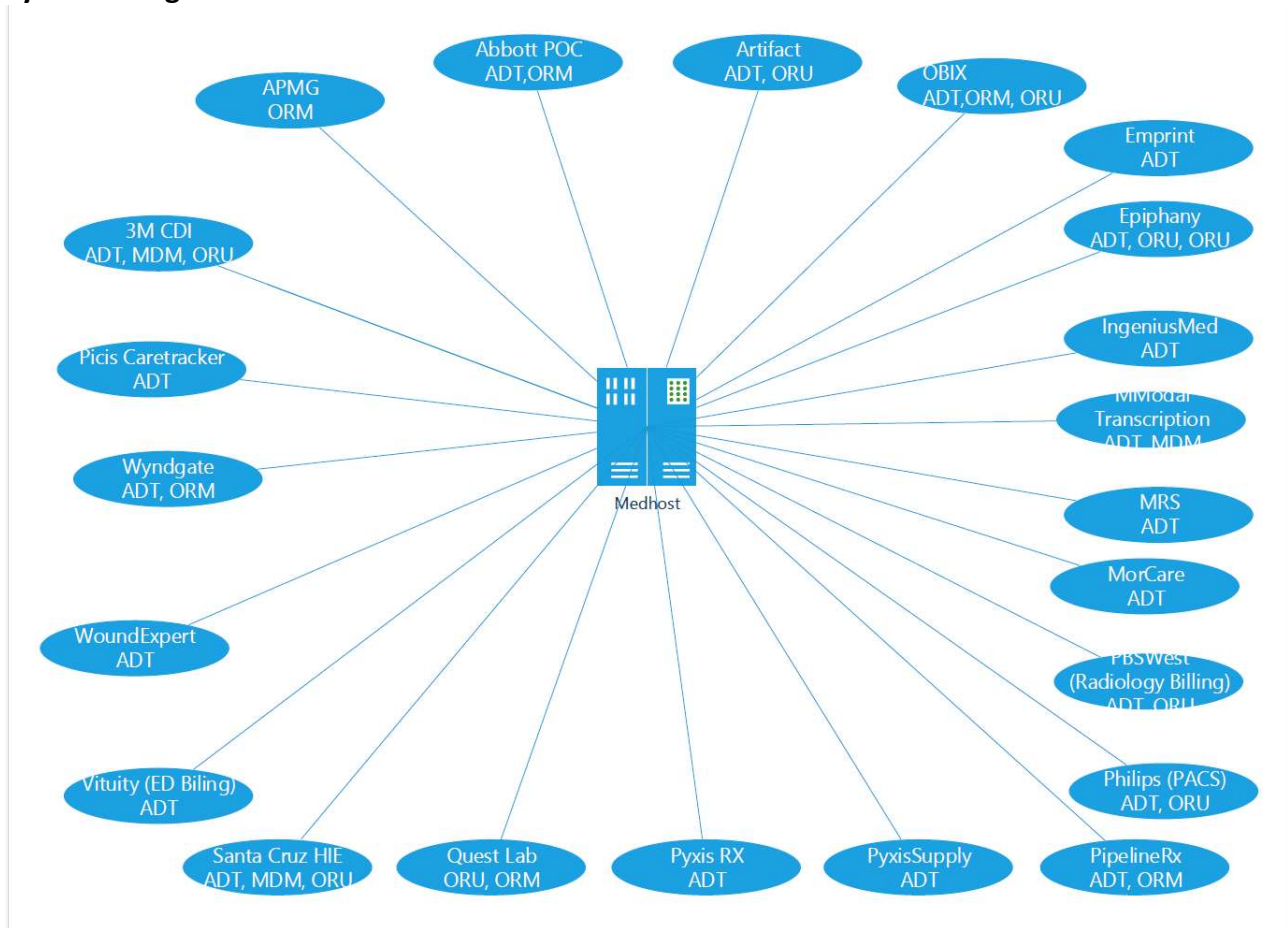
Departments	Services Requested (Please recommend others)	Key Metrics	Comments	2023 Metrics unless otherwise noted	Requested From Partnership
Facilities/Plant Ops					
	Square Footage Maintained	Square Footage	Approx 40,000 SF shelled space in MOB	Hospital 206,150 SF; Ancillary Services Bldg 26,000 SF; Medical Office Bldg 91,500 SF	
	Project Mgmt	# of active projects		Not Available	
	Utilities Mgmt	Utility Expense	PG&E, City of Watsonville	\$ 2,466,097	
	R&M Vendors Mgmt/Dispatch	# of Repairs & Maintenance calls		Corrective work orders 1,764; Preventative maintenance work orders 2,417	
	Architectual Engineering				Currently outsourced
	Permits, Licenses, etc.	# of permits, licenses supported	permit to operate air pressure tank X3, permit to operate Lab equip x1, permit to operate generators x3, permit to operate HWB x2, permit to operate SB (Steam boilers) x5, county of SC LQG permit, county of SC environmenta health permit, State of CA permit to operate elevator x5, FCC license x3, FAA emergency landing zone there may be a few more (25 listed)	See Comments	
	Life Safety Readiness				Need tools or processes
Philanthropy					
	Operational Support	Reporting, Audits	Available upon request	Available upon request	
Dietary					
	Food Supplies/Purchasing	Food Supply expense		441,808	
		Meal Equivalents		106,664	
	Dietary Systems			N/A	Dietary Systems
	Nutritional Development/Support	# of Nutritional consults		676	
	Point Of Service/Retail Cash Mgmt	# of Point of Service transactions		32,940	
Pharmacy Mgmt					
	340(B) Support		Currently implementing 340(B) with external help	N/A	
	After Hours Pharmacist Remote Coverage	Hours Covered		10 hours coverage/day	We could benefit by providing this service to another facility to share/offset costs.
	Pharmacy Drug Inventory Management	Pharmacy Supply Expense		IP - approx \$1.5 million; OP - approx \$950,000	
		IP Doses filled		1,200,000	
		OP Prescriptions filled		8,193	
Revenue Cycle Operations					
		% AR > 90 Days	June 2024 YTD 27.9% (Improvement)	31.0%	
		Initial Denial Rate		4.4%	
		Denials Write-offs as % of Net Revenue		1.1%	
		Denial Write-off \$\$	\$309,711 Jan - June 2024 (Improvement)	\$ 1,221,350	
		POS Collections		\$ 716,464	
		Cash Collection as % of Adjusted Net Pt Services		99.4%	
		Net AR Days		42.1	
		Ave Adjusted Daily Net Revenue		\$ 3,680,498	

APPENDIX B: Information Technology

Vendor Name	Application/s Description	Department
3M Collaborate	CDI queries. Query back to physician for corret coding. System linked with 3M for coders	HIM
3M CRS Encoder	ICD 10 Coding software	HIM
ADP	Payroll/ Benefits; eTime	Payroll
American Data Networks	Core Measures abstracting	Quality Management
Athena EHR- Coastal	Ambulatory EHR for Coastal Health Partners	Coastal Health Partners
Change Healthcare (formerly McKesson)	Interqual	Quality Management
Emprint	Forms	Materials Management
Endosoft	Endoscopy Documentation	Special Procedures
Epiphany	EKG Management System	For viewing EKGs
Experian - Passport	Integrated insurance eligibility, in Medhost and Online Eligibility checking, address verification and payment navigator through Passport One Source	Registration
OBIX	OB/Nursery Fetal Monitoring system	OB unit
GHX	Global Healthcare Exchange Clearinghouse for AP	Materials Management
HealthStream	Online Learning Center sytem for staff education	Human Resources
IBM/Truven	Micromedix - Drug interaction	Nursing Units
Imprivata	Single Sign On Application	Medical Staff, Nursing
WoundExpert	Wound care management	Wound Treatment Center
MD Staff	Medical Staff credentialing.	Medical Staff
MedHost	EHR system, EDIS, Lab, RIS, Financials	Multiple Depts.
Medispan	Drug update	Pharmacy
Mmodal	MModal is owned by 3M. Provides Fluency	HIM
Fluency Direct	Voice Recognition Transcription	HIM
Fluency For Transcription	Transcription service.	HIM
MorCare	Morrissey Case Management	Case Management
MRS	Mammography Reporting System	Radiology
Philips - Carestream	Radiology PACS	Radiology
Philips ISCV (Formerly Xcelera)	Cardiology PACS	Cath Lab
PICIS - CQI (Caretracker)	Scheduler for OR, Radiology and Endo	Central Scheduling/Surgery
Pyxis ES	Medication Dispensing System	Pharmacy
Pyxis Supply	Supply Dispensing System	Central Supply
Pipeline Rx	Powergrids - Pharmacy Remote Order Entry	Pharmacy
Press Ganey	Patient Satisfaction	Quality Management
RevSpring	Patient Statements and Patient payments	Business Office
Surgicount	Sponge Counting System	Surgery
Sentri7	Pharmacy Quality metrics and CA required sterile compounding training	Pharmacy
Wyndgate	Blood bank software	Laboratory
Unipoc	Siemens Unipoc Glucose point of care	Laboratory

Data Processing (IT) Key Metrics					
Desktop Support (Onsite)	# of devices supported? FTEs/Physicians Supported	800 Devices. 3 FTEs/375 Physicians	Desktop Support (Onsite)	# of devices supported? FTEs/Physicians Supported	801 Devices. 3 FTEs/375 Physicians
Network Security (Heroic)	Uptime Averages	4 downtime events in 2023 averaging 15 minutes	Network Security (Heroic)	Uptime Averages	5 downtime events in 2023 averaging 15 minutes
Hardware and Software Maintenance	# of HW & SW contracts	19	Hardware and Software Mainten	# of HW & SW contracts	19
IT Project Mgmt	# of concurrent projects	31	IT Project Mgmt	# of concurrent projects	31
Radiology-PACs System	# of images processed	47K/year	Radiology-PACs System	# of images processed	49,012

Systems Diagram



APPENDIX C: Volume and Statistical Information

Volume Data

	<u>2023</u>
Acute Admissions	3,481
Acute Discharges	3,485
Acute Patient Days	13,505
Total Average Daily Census	49.5
Total Average Length of Stay	3.9
Total Adjusted Admissions	9,630
Total Adjusted Patient Days	37,270

Emergency Room Outpatient Visits	30,798
Emergency Room Admissions	2,766
Total Emergency Room Visits	33,564
Hospital Non-ER Visits	36,424

Inpatient Surgical Cases **755**

Cardiology	3
Gastroenterology	18
General Surgery	381
OB/GYN	180
Oral Surgery	3
Orthopedics	81
Podiatry	51
Urology	19
Vascular	19

Outpatient Surgical Cases **1,238**

Cardiology	6
ENT	73
General Surgery	378
OB/GYN	125
Ophthalmology	104
Oral Surgery	4
Orthopedics	196
Plastic Surgery	78
Podiatry	144
Urology	111
Vascular	19

Payor Mix Data

Inpatient Gross Revenue Payor Mix	%	\$
Medicare	43.0%	154,630,357
Medi-Cal	40.6%	146,029,767
Commercial/Managed Care	13.5%	48,620,629
Self-Pay/Uninsured	3.0%	10,691,166

Outpatient Gross Revenue Payor Mix	%	\$
Medicare	25.5%	162,000,387
Medi-Cal	44.1%	279,669,191
Commercial/Managed Care	27.4%	174,095,702
Self-Pay/Uninsured	3.0%	18,848,015

Total Gross Revenue Payor Mix	%	\$
Medicare	31.8%	316,630,744
Medi-Cal	42.8%	425,698,959
Commercial/Managed Care	22.4%	222,716,331
Self-Pay/Uninsured	3.0%	29,539,181

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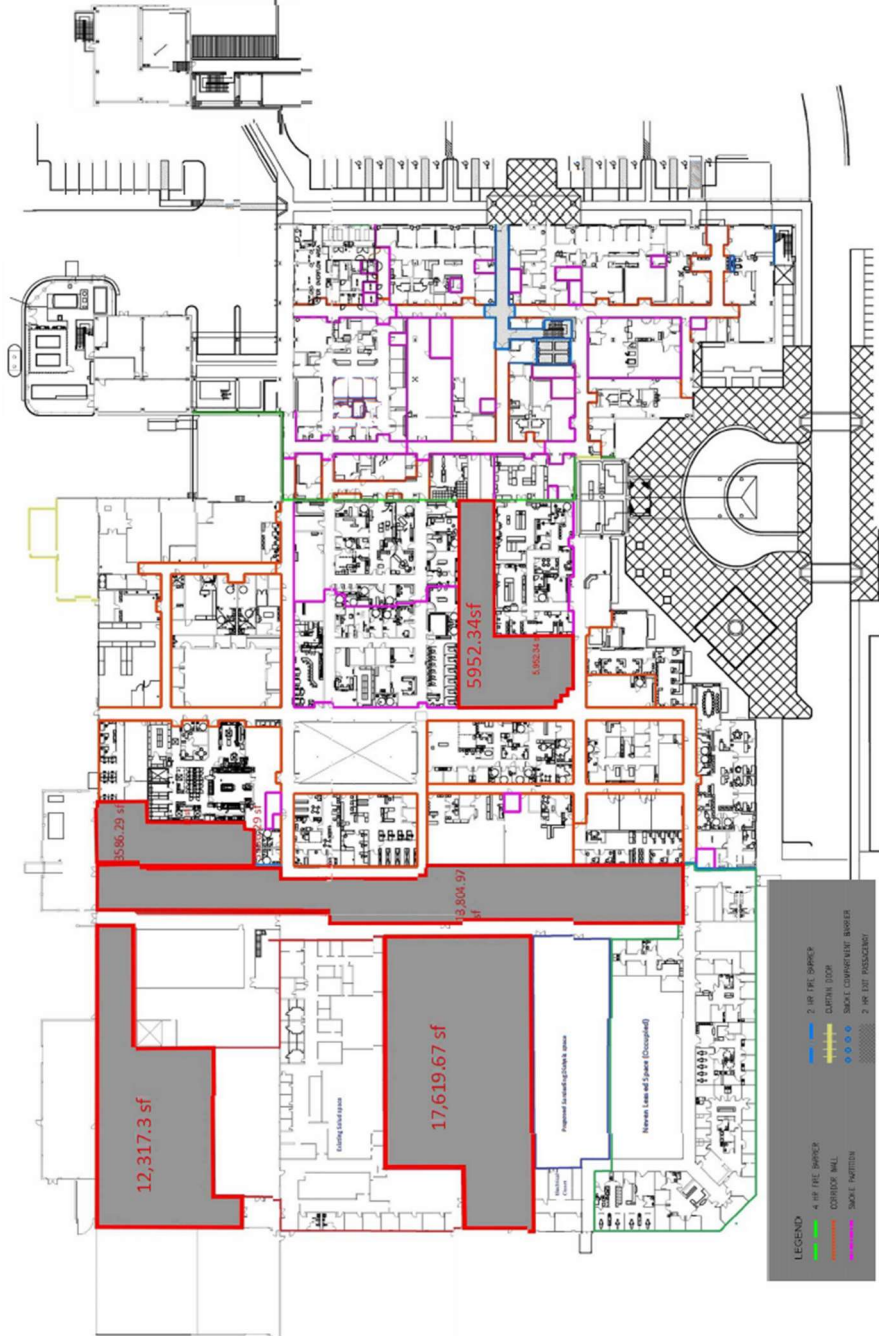
APPENDIX D: Physician Information

Department / Specialty	Number of Providers by Medical Staff Status								Total
	Active	Allied Health Professional	Consulting	Courtesy	Provisional	Refer and Follow	Telemedicine	Temporary	
Emergency Medicine	6	10			6				22
Emergency Medicine	6				6				12
Physician Assistant- Emergency Medicine		10							10
Medicine	38	2	1	2	95	2	26	1	167
Cardiovascular Disease	2								2
Critical Care Medicine	1				4				5
Family Medicine	10				1	1			12
Family Medicine Hospitalist					1				1
Gastroenterology	1				4				5
Hospice & Palliative Medicine	2				1	1			4
Infectious Disease					1		2		3
Internal Medicine	8			2	4				14
Interventional Cardiology	3								3
Medical Oncology			1						1
Nephrology	2								2
Neurology	1				1				2
Physician Assistant- Internal Medicine		2							2
Psychiatry	1								1
Radiology					5				5
Radiology, Diagnostic	5				1				6
Radiology, Interventional	2								2
Radiology, Teleradiology					16				16
Telemedicine-Critical Care							5	1	6
Telemedicine-Nephrology					1				1
Telemedicine-Neurology					54				54
Telemedicine-Radiology					1				1
Obstetrics & Gynecology	10	4			5				19
Certified Nurse Midwife		4							4
Family Medicine OB	1				1				2
Gynecology	1				1				2
Obstetrics					1				1
Obstetrics & Gynecology	8				2				10
Pediatrics	8		6		6				20
Neonatal - Perinatal Medicine	1		2						3
Neonatology					1				1
Pediatric Cardiology			4						4
Pediatrics	7				5				12
Surgery	37	37		8	10				92
Anesthesiology	4				3				7
Certified Registered Nurse Anesthetist		22							22
Nurse Practitioner- Surgical		1							1
Ophthalmology	1								1
Oral and Maxillofacial Surgery				1	1				2
Orthopaedic Surgery	6			1					7
Orthopaedic Surgery- Spine	1								1
Otolaryngology	1			3					4
Pain Management	2			1	2				5
Pathology - Anatomic	3								3
Physician Assistant- Orthopaedic		6							6
Physician Assistant- Surgical		7							7
Plastic & Reconstructive Surgery	3				1				4
Podiatry	4			1	2				7
Surgery - General	9	1							10
Surgery - Neurological				1					1
Surgery - Vascular					1				1
Undersea & Hyperbaric Medicine	1								1
Urology	2								2
Grand Total	99	53	7	10	122	2	26	1	320

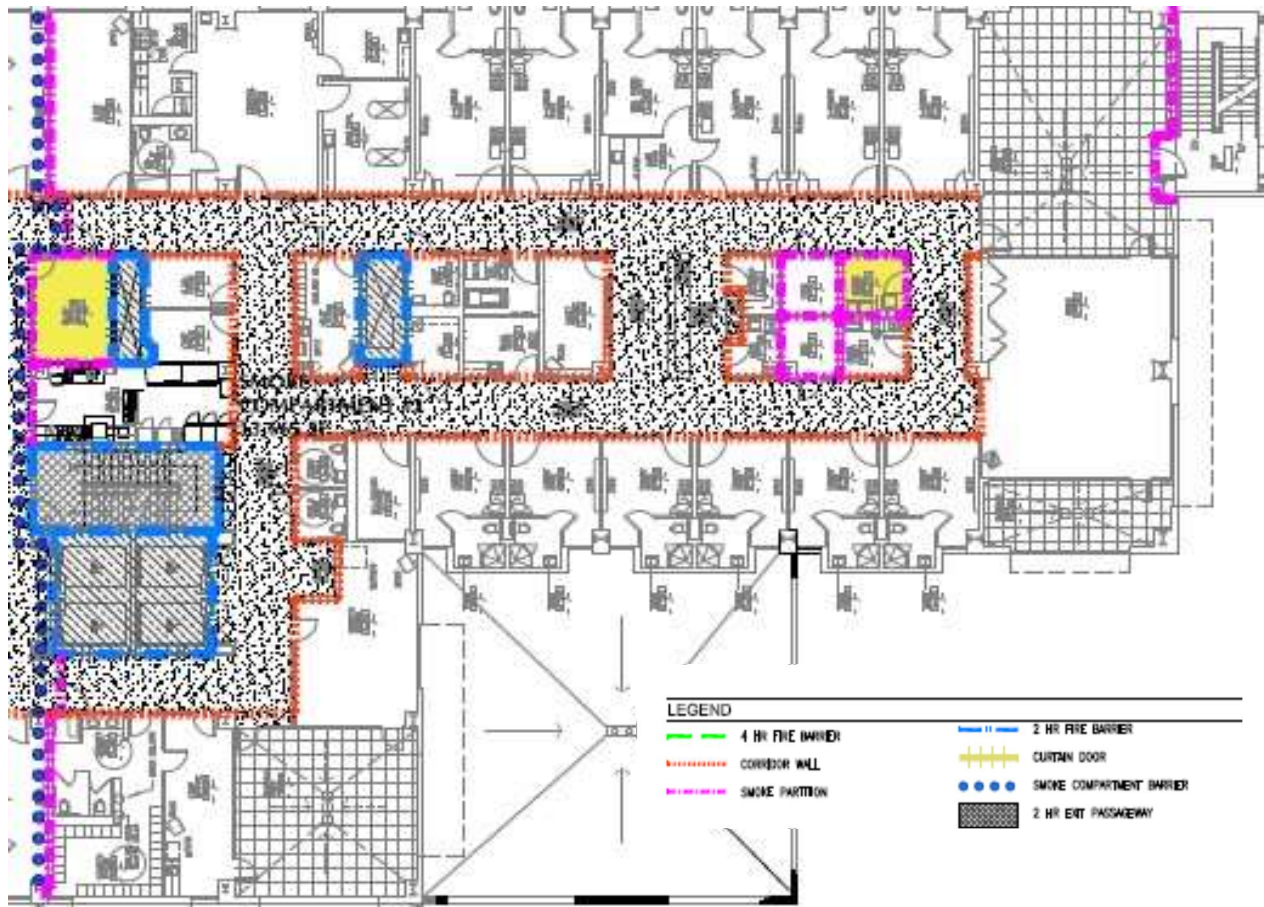
APPENDIX E: AVAILABLE SPACES

First (Ground) Floor Plan

Gray-shaded spaces are currently unoccupied (shelled space) and are labeled with square footage. All are in non-hospital licensed space.



Hospital Second Floor, 2 West Unit



This second floor acute care hospital space is a well-thought-out environment, designed to cater to a variety of healthcare needs. Its layout supports efficient patient care, quick access to critical services, and a safe, accessible environment for all who use the facility.

Key Areas:

- **Patient Rooms:** The space is designed to accommodate a total of 17 patients, broken down into:
 - **Double Occupancy Rooms:** 5
 - **Single Occupancy Rooms:** 6
 - **Airborne Isolation Room:** 1
- **Core Services:** The central area of the floor plan includes a nurse station, medication room, office, conference room, public restroom, soiled and clean utility rooms, and nutrition room.
- **Specialized Area:** Large activity/treatment space.

APPENDIX F: Union Contracts

WCH has five unions that currently represent approximately 82% (~526 employees) of our workforce. The remainder (~117 employees) management-represented are supervisors, directors/executives, and confidential employees (Human Resources, Finance, Payroll, Quality/Risk, Assistants to Executives).

Union Employees:

1. SEIU UHW Service and Maintenance (26% = 167 employees):
 - i. CBA Expires Aug 2024 – currently in negotiations
 - ii. Employees represented include environmental services, nursing assistants, food service workers, maintenance
2. SEIU UHW Professionals Unit (2.5% = 16 employees):
 - i. CBA Expired Feb 2024 -Currently in negotiations
 - ii. Employees represented include lab technologists, pharmacists
3. Teamsters Local 853 (8% = 51 employees):
 - i. CBA Expires Oct 2027
 - ii. Employees represented include unit clerks, HIM techs, Registration Clerks
4. CalTEC (8% = 51 employees):
 - i. CBA Expired May 2024- Currently in negotiations
 - ii. Employees represented include Imaging Techs, Respiratory Therapists
5. California Nurses Association (37.5% = 240 employees):
 - i. CBA Expires Dec. 2026
 - ii. Employees represented: Registered Nurses including Charge Nurses