

**PUBLIC NOTICE
CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS**

Tuesday, March 16, 2010 – 7:30 a.m.

Location: Alameda Hospital (2 East Board Room)
2070 Clinton Avenue, Alameda, CA 94501
Office of the Clerk: (510) 814-4001

Regular Meeting Agenda

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

- I. **Call to Order (7:30 a.m. – 2 East Board Room)** Jordan Battani
- II. **Roll Call** Kristen Thorson
- III. **Adjourn into Executive Closed Session**
- IV. **Closed Session Agenda**
 - A. Medical Executive Committee Report and Approval of Credentialing Recommendations H & S Code Sec. 32155
 - B. Consultation with Legal Counsel Regarding Pending Litigation Gov't Code Sec. 54956.9(a)
 - C. Discussion of Pooled Insurance Claims Gov't Code Sec. 54956.95
 - D. Instructions to Bargaining Representatives Regarding Salaries, Fringe Benefits and Working Conditions Gov't Code Sec. 54957.6
 - E. Discussion of Report Involving Trade Secrets H & S Code Sec. 32106
- V. **Reconvene to Public Session (Approximately 9:00 a.m. - 2 East Board Room)**
 - A. Announcements from Closed Session Jordan Battani
- VI. **Consent Agenda**
 - A. Approval of Kitchen Relocation & Seismic Planning with Ratcliff Architects **ACTION ITEM** [enclosure] (PAGES 2-13)
 - B. Approval to Enter into an Agreement with the California Medical Assistance Commission for a Selective Provider Contracting Program (SPCP) **ACTION ITEM** [enclosure] (PAGES 14-15)
 - C. Acceptance of Departmental Policy and Procedure Manuals **ACTION ITEM** [enclosure] (PAGES 16-29)
 - Diagnostic Imaging
 - Nuclear Medicine
 - Mammography
- VII. **General Public Comments / Board Comments**
- VIII. **Adjournment**

DATE: March 16, 2010
TO: City of Alameda Health Care District, Board of Directors
FROM: Kerry Easthope, Associate Administrator
SUBJECT: Seismic Fee Proposal Recommendation – Ratcliff Architects

Recommendation One:

Management is recommending that the City of Alameda Health Care District Board of Directors authorize the Chief Executive Officer to enter into a contract with Ratcliff Architects for the development of construction plans for the relocation of the dietary services from the 1925 building (east building) to the first floor of the Stephens building. This project is one of the required components to be compliant with the 2013 standards set forth in the seismic retrofit regulation SB1953. The scope of work included in Ratcliff’s proposal and this recommendation is independent of the plans being developed by Thornton Tomasetti for other structural work that is required on the Stephens and West buildings and work required to decommission and bring the 1925 building under city building occupancy code.

The value of Ratcliff’s proposal is \$650,750. This amount includes \$75,000 that has already been approved by the Board for initial project planning, schematic plan design & feasibility analysis, and a total project cost estimate. It is important to note that this fee includes approximately \$220,000 associated with construction administration. Therefore, this cost will be spread over the next three plus years as the project progresses.

Recommendation Two:

Management is recommending that the City of Alameda Health Care District Board of Directors authorize an increase to the \$515,265 seismic spending authority, granted to management at the March 1, 2010 board meeting, to \$1,091,015, an increase of \$575,750. This amount would be allocated as follows:

Fugro Liquefaction Study (already authorized)	\$71,000
Ratcliff – Phase I of Kitchen project (already authorized)	\$75,000
Thornton Tomasetti - SPC & NPC work (approved 3/1/10)	\$369,265
Ratcliff Architects – Comprehensive Kitchen project	\$575,750
Total	\$1,091,105

We are recommending that the cash for the current portion of this project - \$355,750, (\$575,750 - \$220,000 construction administration), come from the Fiscal Year 2010 & 2011 Capital Budgets by the amounts of \$200,000 and \$155,750 respectively. In the meantime, management is pursuing other means to finance these projects including: federal appropriations through Congressman Stark's office, inter-governmental transfer program and eventual long term public bond financing for this capital project. It is anticipated that long term bond financing will need to be in place by the time construction begins and these costs can be capitalized at that point.

Background:

Under the direction of the District's Strategic Planning Committee, management has been working with outside consultants, architects and engineers to better understand the scope of work and options available to comply with the 2013 California seismic retrofit requirements (SB 1953). After considering various master plan options with the Strategic Planning Committee, it was determined that management should proceed with developing the plans required to comply with the most immediate 2013 seismic requirements deadline while simultaneously pursuing legislation that would delay the date of compliance.

Discussion:

The known primary issues that need to be addressed as part of the 2013 seismic standards include:

1. Fortification of the footings and foundation slab below the Stephens building to eliminate the liquefiable soil concern in this area.
2. Metal strapping to support the exterior sheer walls of the Stephens and West buildings.
3. Removal of the bridge that connects the 1925 and Stephens buildings.
4. Relocation of "essential" service from the 1925 building to a seismically compliant building. These services include: relocation of dietary services, the morgue, Administrators office, and medical records.
5. Non-Structural Performance Criteria (NPC), some bracing, anchoring fortification of non structural items throughout all critical service areas of the hospital.
6. Decommission the 1925 building from OSHPD jurisdiction and establish it for building occupancy under city building code.

Relocation of the dietary services and other essential services (item #4), is being directed by Ratcliff Architects as the “primary”. Management has been authorized to engage with Ratcliff on the development of the scope of work and conceptual plans (including cost estimates) for this work. This initial engagement is not to exceed \$75,000.

Management is now recommending a comprehensive Architect & Engineering (A&E) proposal in the amount of \$650,750, in order to advance this project. The complete proposal is attached for your review.

Items 1 – 3 will be addressed as part of the scope of work that was approved last board meeting and is now in progress. Thornton Tomasetti is the “primary” on this project. The hospital has engaged Thornton and they, in turn, will sub-contract with the respective engineers and architect. In addition, plans for the NPC work (item #5), have been prepared and are submitted to OSHPD pending review and approval. Cost for this work to date is \$22,000, with an estimated project total of \$45,000.

SB499:

To date, SB 499, which went into effect February 13, 2010, would provide the hospital with a two year extension to the January 2013 compliance deadline. In addition, a new HAZUS 10 (seismic reassessment tool) has been made available to hospitals by the Office of Statewide Health Planning and Development (OSHPD), which could allow for an extension until January 2020, but would also require hospital’s to bring all buildings up to the 2030 seismic standards by that date. The hospital will work with Thornton Tomasetti to apply for both of these extension options. However, one of the progress steps required under the SB499 extension option is to have building plans submitted to OSHPD (ready for review) by June 30, 2010. Therefore, progressive steps need to be advanced in order to meet this quickly approaching progress deadline.

Summary of all Seismic Project Cost:

Thornton Tomasetti – NPC Work

NPC project estimate	\$45,000
Less: amount already invoiced	(\$22,000)
Balance	\$23,000

Thornton Tomasetti – SPC Work

- Strapping, Foundation Work & Bridge removal

SPC Total Cost Proposal	\$417,265
Less: amount already approved Fugro work	(\$71,000)
Balance	\$346,265

Ratcliff – SPC Work

- Kitchen relocation

Kitchen project Cost Proposal	\$650,750
Less: amount already approved for Ratcliff	(\$75,000)
Balance	\$575,750

Total Seismic Project A&E Cost Proposals

Thornton Tomasetti – NPC	\$45,000
Thornton Tomasetti – SPC	\$417,265
Ratcliff – SPC – Kitchen	\$650,750
Total	\$1,113,015



5856 Doyle Street
Emeryville CA 94608

Tel 510 899 6400
Fax 510 899 6404
www.ratcliffarch.com

LETTER OF AGREEMENT FOR ARCHITECTURAL SERVICES

Date of

Agreement: 17 February, 2010

Project: Alameda Hospital Kitchen Relocation Project No. 29025.00

Owner: Alameda Hospital
2070 Clinton Avenue
Alameda, CA 94501

Attn: Kerry Easthope, Associate Administrator

Architect: The Ratcliff Architects
a California Corporation
5856 Doyle Street
Emeryville, CA 94608

Description of Project: Alameda Hospital proposes to relocate their existing Food Service facilities from the existing Administration Building, first floor, to the existing Stephens Wing, first floor. The spaces to be relocated are the Kitchen, and its supporting rooms, the Dining Room and Physician's Dining. The impact of this relocation results in a remodel project that will impact the entire first floor of the Stephens Wing.

The finishes in the corridor south and east of the new kitchen will be upgraded. In addition, the kitchen remodel will trigger fire / life-safety upgrades which include adding vestibule doors at the existing elevator, and adding sprinklers throughout the entire first floor of the Stephens Wing, including the Phone Switch Room. Also, the fire protection between first and second floors of the building has been compromised with the prior removal of plaster ceilings, and we will need to apply to OSHPD for Alternate Means of Protection to resolve this situation.

Ratcliff has proceeded with a schematic design phase, which at this point is nearly, but not 100% complete. Remaining tasks are to acquire final design approval from the owner, finalize the schematic design drawings and report, and obtain the preliminary cost estimate from the cost estimator. The fee listed herein includes the \$75,000 previously allocated to the Schematic Design effort, and the fee has been modified to incorporate information obtained during this first design phase.

The development of the Kitchen and Dining Room will not require any construction on the second and third floors of the Stephens Wing. Exhaust from the cooking hoods, and other air supply, will

be located in existing duct shafts, to the roof. Two new air handlers and two new exhaust fans will be installed on the roof of Stephens Wing.

We assume that the project will be developed as a separate package from the SPC-2 Upgrade project which is under development by Thornton Tomasetti for the Stephens Wing. However, the SPC-2 Upgrade project must be submitted to OSHPD prior to, or concurrent with the Kitchen Relocation project in order for OSHPD to review, as the Stephens Wing is currently rated SPC-1. For clarification, it is our understanding and expectation that the modifications to the windows on the first floor, the removal of the bridge, and repair of the openings, and the architectural work on the building façade covering the seismic strapping are all included in the seismic project, and not in the Kitchen Relocation project.

Work will be performed as proposed in the attached project schedule. If the schedule differs substantially from the proposed schedule, due to circumstances outside Ratcliff's control, Additional Services may be requested.

The Architect is authorized to perform the following professional services:

I. Scope of Basic Services:

A. Pre-Design Phase (completed under initial agreement)

1. Meet with the Owner to review the Owner's Program, including scope of the architectural, engineering, Project Schedule and Project Budget requirements for the Project.

B. Schematic Design Phase (being completed under initial agreement)

1. Review existing preliminary design for code compliance.
2. Review preliminary designs with user group; resolve and finalize plan layouts.
3. Develop schematic level plans,
4. Coordinate with kitchen consultants on location of kitchen equipment, server equipment, and mechanical features.
5. Coordinate with structural, mechanical and electrical consultants.
6. Conduct field visits as required to confirm existing conditions necessary for project development.
7. Develop Outline Specifications.
8. Contact Alameda Planning Dept. for requirements for approval of exterior features of the building.
9. Develop a conceptual Statement of Probable Construction Costs for the project.
10. Attend up to 3 meetings with Owner/User.

C. Design Development Phase

1. Based on the approved Schematic Design Documents, prepare Design Development Documents to establish the final scope, relationships, design forms, and appearance of the project, including all kitchen equipment selections, for the Owner's approval.
2. Coordinate with sub-consultants as required to finalize engineering systems.
3. Develop an itemized equipment budget estimate.
4. Attend up to 4 meetings with Owner/User.

D. Construction Documents Phase

1. Based on the approved Design Development Documents, prepare Construction Documents and Specifications setting out in detail the requirements for the constructions of the project for the Owner's approval.
2. Submit documents for approval by OSHPD, and develop corrections as required to obtain a Building Permit.
3. Prepare a Statement of Probable Construction Costs for the Owner's approval at 75% completion of Construction Documents.

E. Bidding Phase

1. Following the Owner's approval of the Construction Documents and of the latest Statement of Probable Construction Cost, assist the Owner during the Bidding Phase in obtaining competitive bids from General Contractors of the Owner's choice.

F. Construction Administration Phase

1. The Construction Phase will commence with the award of the Contract for Construction and will terminate when final payment to the Contractor is due, or in the absence of a Final Certificate for Payment, sixty days after the Date of Substantial Completion of the Work, whichever occurs first.
2. Visit the site at intervals appropriate to the stage of construction to become generally familiar with the progress of the work. Coordinate with Architect's sub-consultants for their site visits at appropriate intervals.
3. Attend weekly Owner/Architect/Contractor meetings throughout the Construction Phase. Meeting minutes will be prepared by others.
4. Advise Owner of Work that does not conform to the Contract Documents. Owner shall have sole authority to accept or reject Work that does not conform to the Contract Documents.
5. Review those Shop Drawings, Product Data and Samples required of the Contractor by the Construction Contract. Such review shall be only for general conformance with the design concept and general compliance with the plans and specifications. Architect shall not be responsible for any

deviations between shop drawings and contract documents or field conditions unless such deviations are specifically brought to Architect's attention in writing. Such review by Architect shall not relieve the Contractor of any responsibilities under the Construction Contract. Action by the Architect with respect to such Contractor submittals shall be taken with reasonable promptness so as to cause no delay.

6. Participate in the preparation of Change Orders as required for OSHPD submittals and to modify the Contract Documents.
7. The Architect's decision on matters relating to aesthetic effect shall be final if consistent with the intent expressed in the Contract Documents.
8. The Architect shall not have control over or charge of and shall not be responsible for construction means, methods, techniques, sequences or procedures, or for safety precautions and programs in connection with the Work, since these are solely the Contractor's responsibility under the Contract for Construction. The Architect shall not be responsible for the Contractor's schedules or failure to carry out the Work in accordance with the Contract Documents. The Architect shall not have control over or charge of acts or omissions of the Contractor, Subcontractors, or their agents or employees, or of any other person performing portions of the Work.

II. Additional Services:

Services not specified in this Agreement shall be considered Additional Services. If the Project's scope or Architect's services are modified, then the Architect's fee shall be equitably adjusted. Additional Services may be provided if authorized by the Owner and confirmed in writing by the Architect. Additional Services include, but are not limited to:

- A.** Revisions to documents approved by the Owner or any governmental agency, or instructions by the Owner or the Owner's representative which are inconsistent with previous approvals, instructions and data provided.
- B.** Substantial documentation required by Alameda Planning or Zoning Dept. for approval of any aspect of the exterior design. We have included a meeting with Alameda Planning officials to review the rooftop equipment and enclosure, and anticipate staff approval based on project elevations. If the approval becomes more complex or requires 3-dimensional graphics, we would consider this an Additional Service.
- C.** Modifications to existing facilities, which are not otherwise in the scope of the project, is considered an Additional Service. We believe the existing toilets adjacent to the hospital lobby meet accessibility requirements. We have added new accessible toilets to replace non-accessible toilets removed, and these are sufficient for the Dining Room relocation. Minor adjustments may be required to telephone or drinking fountain along the

path of travel. Accessibility upgrades required by OSHPD or other agency, beyond those listed above, would be an Additional Service.

D. Selection of furnishings, window coverings, or artwork.

E. Artist's renderings, physical material and finish boards, or finish binder are additional service.

F. Providing services in connection with evaluating substitutions proposed by the Contractor and making subsequent revisions to Drawings, Specifications and other documentation resulting therefrom.

III. Compensation for Basic Services:

A. Compensation shall be billed for time expended to a maximum of \$650,750.00 (Six hundred fifty thousand seven hundred fifty dollars). Reimbursable expenses are not included in this total. The maximum fees will be billed for Ratcliff and consultants as follows:

Consultant	Total
Architectural: Ratcliff	\$463,675
Structural: Thornton Tomasetti	\$73,000
Electrical & Lighting: JRA Engineers	\$29,900
Mechanical: Oldham Eng.	\$47,000
Kitchen: Marshall Assoc.	\$18,675
Cost Estimator: DLA	\$10,500
Civil:	Not required
Waterproofing: AME	\$3,000
Acoustical: Salter Assoc.	\$5,000
Total	\$650,750

IV. Compensation for Additional Services:

A. Compensation shall be at the Hourly Rates set out in Exhibit A, or if agreed to by the parties prior to Additional Services being provided, at a stipulated sum.

V. Compensation for Reimbursable Expenses:

A. Expenses incurred by the Architect in connection with the Project are in addition to compensation for services unless specifically stated in this Agreement and include, but are not limited to, the following: copying and printing; renderings and models; long distance telephone calls; facsimiles; out-of-town travel, meals, and accommodations; fees paid for securing approval of authorities having jurisdiction over the Project. Expenses shall be billed at 115% of actual cost to cover administrative and processing expenses of the Architect.

VI. Professional and General Liability Insurance:

The Architect shall provide to the Owner, certificates of insurance evidencing professional and general liability insurance coverage in force with limits of liability described below.

Commercial General Liability Insurance	\$1,000,000 per occurrence/ \$2,000,000 in the aggregate
Automobile Liability Insurance	\$1,000,000 per accident
Worker's Compensation Insurance	Statutory
Employer's Liability Insurance	\$1,000,000 policy limit
Professional Liability Insurance	\$1,000,000 per claim and in the aggregate

VII. Other Conditions:

A. The Architect shall provide the services specified in this Agreement in accordance with the Attachment A, Standard Terms and Conditions, which are hereby incorporated herein.

This Agreement entered into as of the day and year first written above.

Owner
(Insert name)

Architect
The Ratcliff Architects
a California Corporation

Signature

Signature

Print name and title

Print name and title

Signature

Alameda Hospital Kitchen Replacement

ID	Task Name	Duration	Start	Finish	Predecessor	2010	2011							
						Q4 '09 Jul	Q1 '10 Jan	Q2 '10 Apr	Q3 '10 Jun	Q4 '10 Oct	Q1 '11 Jan	Q2 '11 Apr	Q3 '11 Jul	Q4 '11 Oct
1	Proposal / Project Setup / Contracts	9 wks	Tue 9/8/09	Mon 11/9/09		9/8	11/9							
2	project start date	0 days	Mon 12/14/09	Mon 12/14/09			12/14							
3														
4	Schematic Design	70 days	Mon 12/14/09	Fri 3/19/10	2									
5	Schematic Design: Develop Layout	6 wks	Mon 12/14/09	Fri 1/22/10										
6	Conceptual Cost Estimate	2 wks	Mon 3/1/10	Fri 3/12/10			3/1							
7	Approval by client	1 wk	Mon 3/15/10	Fri 3/19/10	6		3/15							
8	Design Development	35 days	Thu 4/1/10	Wed 5/19/10	7									
9	Design Development: Kitchen Dwgs. Finalized	6 wks	Thu 4/1/10	Wed 5/12/10										
10	Approval by client	1 wk	Thu 5/13/10	Wed 5/19/10	9									
11	Construction Documents	60 days	Thu 5/20/10	Wed 8/11/10	10									
12	Construction Documents to 75%	8 wks	Thu 5/20/10	Wed 7/14/10										
13	Cost Estimate	3 wks	Thu 7/15/10	Wed 8/4/10	12									
14	Document Review, Final Coordination/Correction	4 wks	Thu 7/15/10	Wed 8/11/10	12									
15	Approval by client	1 wk	Thu 8/5/10	Wed 8/11/10	13									
16	OSHPD Review Process	105 days	Wed 8/11/10	Wed 1/5/11										
17	OSHPD Submittal	0 days	Wed 8/11/10	Wed 8/11/10	15									
18	OSHPD First Review	2 mons	Thu 8/12/10	Wed 10/6/10	17									
19	Backcheck / Corrections	4 wks	Thu 10/7/10	Wed 11/3/10	18									
20	OSHPD Second Review	1 mon	Thu 11/4/10	Wed 12/1/10	19									
21	Backcheck / Corrections	2 wks	Thu 12/2/10	Wed 12/15/10	20									
22	Final Review / Approval	2 wks	Thu 12/16/10	Wed 12/29/10	21									
23	Issue Permit	1 wk	Thu 12/30/10	Wed 1/5/11	22									
24	Bid / Construction	200 days	Thu 12/16/10	Wed 9/21/11										
25	Bid Period	4 wks	Thu 12/16/10	Wed 1/12/11	21									
26	Contracts	4 wks	Thu 1/13/11	Wed 2/9/11	25									
27	Construction	8 mons	Thu 2/10/11	Wed 9/21/11	26,23									

Date: Wed 2/17/11

Task: Summary, Rolled Up Task, Progress, Milestone

Critical Task: Summary, Rolled Up Task, Progress, Milestone

Group By Summary: Summary, Rolled Up Task, Progress, Milestone

Deadline: Summary, Rolled Up Task, Progress, Milestone

Legend: Summary, Rolled Up Task, Progress, Milestone

Page 1

DATE: March 16, 2010
TO: City of Alameda Health Care District, Board of Directors
FROM: David A. Neapolitan
SUBJECT: Selective Provider Contracting Program (SPCP)

Recommendation:

Management requests the Board of Directors to authorize management to negotiate and execute a Selective Provider Contract with the California Medical Assistance Commission (CMAC) to include contracted inpatient acute care services and participation in the inter-governmental transfer program.

Background:

Despite attempts to renegotiate reasonable inpatient rates with CMAC, in September of 2007 the hospital canceled its contract for inpatient acute care services. This was necessary as the proposed contracted reimbursement rates continued to be significantly below the organization's actual cost to provide services to Medi-Cal beneficiaries as well as substantially below the average regional rates for acute care hospitals.

As a result of recent research, management has identified an opportunity that will result in the contracting with CMAC at rates that are close to if not equal to our current cost levels as well as the ability to access Federal matching funds. This will provide access to Medi-Cal beneficiaries in the community and surrounding area to receive inpatient acute level care directly at Alameda Hospital.

Discussion:

In 2008, Alameda Hospital completed a strategic plan which examined the health care needs of the district and surrounding areas. One major finding was the need to expand access to primary care services. In response, Alameda Hospital formed its own 1206 (b) clinic and developed working relationships with other community clinics in the area. Through staffing its own local clinic and forging relationships with La Clinica de la Raza and Asian Health Services of Oakland, Alameda Hospital has begun making significant strides toward expanding access to care for all members of the community as well Medi-Cal and other low income patients from surrounding areas in the County.

This is important regionally since the county facility in Oakland, Highland Hospital, is often full or on deferral status for new admissions. With the expansion of clinic services and a fee-for-service contract, Alameda Hospital can play an even greater role in access

to care for Medi-Cal beneficiaries as management is actively continuing its outreach program. Recent activity includes cooperative efforts with the California Chinese Unit of the American Cancer Society, work with the local senior center and support for various other local health care events.

Alameda Hospital also faces many challenges. The hospital has embarked on major seismic retrofit efforts to achieve compliance with SB 1953 requirements and is in the process of a major upgrade to its information management system which includes advanced clinical applications and positions Alameda Hospital for the future with a fully electronic medical record.

Alameda Hospital is uniquely situated within the health care service resources of Alameda County, as the only hospital on the island providing essential access to residents and visitors. With growing relationships with Oakland's Asian and Latino communities, Alameda Hospital is making positive advances to meet the needs of an even larger segment of the overall region.

Given the large numbers of Medi-Cal beneficiaries in and around Alameda Hospital's primary service area, participation in the SPCP opens new opportunities for the public served by the City of Alameda Health Care District. As such, on March 10, 2009, management submitted a proposal with the assistance of Clark Koortbojian and Associates (CKA) to CMAC to begin negotiations of a confidential Selective Provider Contract.

DATE: March 16, 2010
TO: City of Alameda Health Care District Board of Directors
FROM: Kerry Easthope, Associate Administrator
SUBJECT: Approval of Departmental Policies and Procedures

Recommendation:

Management recommends that the Board of Directors approve the policy and procedure manuals for the following Hospital Departments or Services:

1. Diagnostic Imaging
2. Nuclear Medicine
3. Mammography

Background:

Title 22 of the California Code of Regulations, and in some cases the Joint Commission, requires some hospital departments or services to have their department specific policies approved by the governing body. In order to comply with this regulation, and assist with the review process, we have attached the table of contents from each department's policy and procedure manual.

Discussion:

Each manual is available for your review at any time through Administration.

Diagnostic Imaging Radiology

Approved by:

***City of Alameda Health Care District
Board of Directors***

on:

March 16, 2010

By:

Jordan Battani
President, Board of Directors

Deborah E. Stebbins
Chief Executive Officer

Alka Sharma, M.D.
Medical Staff President



**ALAMEDA HOSPITAL
DEPARTMENT OF DIAGNOSTIC IMAGING**

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104. Ultrasound Technologist
105. Nuclear Medicine Technologist
106. Bone Density Technician
107. Lead Radiology Aide
108. Imaging Receptionist
109. Radiology Aide

PATIENT PREPARATION – ADULT, Volume 2

PATIENT PREPARATION – CHILD, Volume 2

CONTINUOUS IMPROVEMENT – See CI Binder

INFECTION CONTROL – See Infection Prevention Binder

Diagnostic Imaging Nuclear Medicine

Approved by:

***City of Alameda Health Care District
Board of Directors***

on:

March 16, 2010

By:

Jordan Battani
President, Board of Directors

Deborah E. Stebbins
Chief Executive Officer

Alka Sharma, M.D.
Medical Staff President



**ALAMEDA HOSPITAL
DEPARTMENT OF DIAGNOSTIC IMAGING**

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8. Invasive & Complex Procedures
9. Post-Procedure Instructions
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11. Patient & Family Instructions for Procedures
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13. Patient Care Procedures re: ER, IP, & OP
14. Patient Processing / Guide for Minor Consents
15. Procedure for Additions or Change
16. Guidelines for Patient Discussions of Radiation Exposure
17. Appropriateness of Care Guidelines – Common Procedures
18. Quick Reference Guide to Age-Specific Characteristics
19. MD Orders – Patients Receiving Radionuclide Therapy
20. Recommended Maximum Daily Working & Visiting Time for I-131
21. Consent Form – Hyperthyroidism and Thyroid CA (Therapy)

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23. Safety – Radiation
24. Annunciator Protocol
25. Latex Allergies
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28. Radiation Safety Rules
29. ALARA Program
30. Radiation Safety Committee & Radiation Safety Officer
31. Control of Radiopharmaceuticals
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46. Therapeutic Use of Radiopharmaceuticals
47. Misadministration Form
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50. Acquisition of Dosimetry Records from Other Employers - Form

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51. In-Patient Radioiodide Therapy – Nursing Instructions & Forms
52. Radiation Safety Procedures – Nursing & Respiratory

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54. Qualifications
55. Personnel Retention
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63. Safety – Departmental Personnel & Equipment

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- 64. Safety – Electrical
- 65. Age Specific Competency Test
- 66. Competency & Appraisal Assessment Form
- 67. Technologist Qualification - Venipuncture
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- 70. Patient Reports
- 71. FAX Policy & Form
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- c. Patient Thyroid Scan Questionnaire
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- 86. Medical Device Reporting
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- 90. Quality Control – General
- 91. Daily Survey List – Weekly Wipe Test
- 92. Nucelar Medicine Area Map
- 93. QA – Dose Calibrator

JOB DESCRIPTION

CONTINUOUS IMPROVEMENT – See CI Binder

INFECTION CONTROL – See Infection Prevention Binder

Diagnostic Imaging Mammography

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