HUMBOLDT GENERAL HOSPITAL

DISTRICT BOARD OF TRUSTEES

REGULAR BOARD MEETING

TUESDAY

May 26, 2020
5:30 P.M.

SARAH WINNEMUCCA CONFERENCE ROOM – By Phone
DISTRICT BOARD OF TRUSTEES MEETING AGENDA

MEETING DATE: Tuesday May 26, 2020
MEETING TIME: 5:30 pm
MEETING PLACE: Sarah Winnemucca Conference Room
Humboldt General Hospital
118 E Haskell St, Winnemucca, Nevada

PLACES POSTED: in Winnemucca, Nevada at:
Humboldt General Hospital, 118 E Haskell Street
Humboldt County Courthouse, 50 W Fifth Street
Winnemucca City Hall, 90 W Fourth Street
Humboldt County Library, 85 E Fifth Street
United States Post Office, 850 Hanson Street
www.hghospital.org  https://notice.nv.gov

PERSON POSTING: Alicia Wogan

MEETING VIA TELECONFERENCE / VIDEOCONFERENCE
PURSUANT TO NRS 241.023 AND SECTION 1 OF THE STATE OF NEVADA EXECUTIVE DEPARTMENT
DECLARATION OF EMERGENCY DIRECTIVE 006 ISSUED MARCH 22, 2020 THERE IS NO PHYSICAL
LOCATION FOR MEMBERS OF THE GENERAL PUBLIC TO ATTEND THE MEETING
SEE ACCESS INSTRUCTIONS BELOW

Teleconference: Dial 1-646-749-3122 - Access Code 368-086-437
Videoconference: https://global.gotomeeting.com/join/368086437

A. CALL TO ORDER

B. PUBLIC COMMENT
   (This agenda item is designated to give the general public the opportunity to address the Hospital
   Board. No action may be taken upon a matter raised under this section until it is placed on an
   agenda for action. Public comment is generally limited to three (3) minutes per person.)

C. MEDICAL STAFF-HOSPITAL DEPARTMENT REPORTS
   (These agenda items are designated to give the opportunity to report and update the Hospital
   Board on each group or department listed. No action may be taken upon a matter raised under
   this section until it is placed on an agenda for action.)
   1. Medical Staff report – Chief of Staff
   2. Administration report

D. CONSENT AGENDA
   (The Board is expected to review, discuss and take action on this agenda item. The items may be
   approved in a single motion; however, upon Board member request, any consent item may be
   moved to the discussion portion of the agenda and other action, including postponement or denial
   of the item, may take place.)
   2. Medical Staff applications for appointments, reappointments, provisional and temporary
   privileges for: Mohammad Afzal, MD, Provisional-Hospitalist/Family Medicine; Aaron Brown,
   MD, Provisional-General Surgery; Steven Miller, MD, Provisional-General Surgery; Mohammad
   Jaradat, MD, Provisional-Hospitalist/Internal Medicine; John Jobes, DO, Provisional-Emergency
   Medicine; James Verrees, MD, Provisional-Obstetrics/Gynecology;
Danny Sayegh, MD, Provisional-Family Medicine; Thomas Vreeland, MD, Consulting-Teleradiology; Sarah Fryberger, MD, Active-Pediatrics; Raafat Khani, DO, Active-Family Medicine; and, Joseph Doan, MD, Consulting-Nephrology.

E. FINANCIAL REPORTS
(The Board is expected to review, discuss and take action on this agenda item.)
1. Cerner / Financial update
2. Warrants disbursed - Monthly expenditures
3. Budget hearing update

F. BUSINESS ITEMS-OTHER REPORTS
(The agenda items in this section are for discussion and for possible action. The action may consist of approval, disapproval, acceptance, rejection, authorization, adoption, recommendation, review, referral to staff, or any other action as appropriate. The items may be heard in any order and at any time unless a time is specified; two or more items may be combined for consideration; an item may be removed from the agenda; or, discussion relating to an item may be delayed at any time.)
1. Hospital Administration-Finance / public hearing / FY2020-2021 tentative budget and amendments to budget / submission of final budget / CFO-Administration
2. Hospital Administration-Housekeeping / proposal for purchase of portable automated ultraviolet germicidal disinfection equipment and service plan / COO-Administration

G. TRUSTEE COMMENTS-STAFF REPORTS
(This period is designated for receiving reports, information, department updates, board and committee updates and proposals by the board, chief executive officer, chief financial officer, human resources director, director of nurses, and other staff upon request. No action may be taken upon a matter raised under this section until it is placed on an agenda for action.)

H. PUBLIC COMMENT
(This agenda item is designated to give the general public an opportunity to address the Hospital Board. No action may be taken upon a matter raised under this section until it is placed on an agenda for action. Public comment is generally limited to three (3) minutes per person.)

Notice: Pursuant to Section 3 of the Declaration of Emergency Directive 006 (“Directive 006”) as extended, the state law requirement that public notice agendas be posted at physical locations within the State of Nevada is suspended. This agenda has been physically posted at the locations noted above and electronically posted at http://www.hghospital.org/ and at https://notice.nv.gov/.

Notice: Pursuant to Section 1 of Directive 006 as extended the state law requirement that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended. The meeting may be accessed via: (i) teleconference by dialing 1-646-749-3122 and using access code 368-086-437; or, (ii) videoconference by entering https://global.gotomeeting.com/join/368086437 in a web browser.

Notice: Members of the public may make a public comment at the meeting without being physically present by emailing adminoffice@hghospital.org no later than 5:00 p.m. on the business day prior to the day of the meeting and messages received will be transcribed for entry into the record and provided to the Board of Trustees for review. Members of the public may also make a public comment at the meeting without being physically present by accessing the meeting through: (i) a telephone connection by dialing 1-646-749-3122 and using access code 368-086-437; or, (ii) through the Internet by entering https://global.gotomeeting.com/join/368086437 in a web browser.

Notice: The Executive Assistant at the Administration Office located at Humboldt General Hospital, 118 E. Haskell Street, Winnemucca, Nevada, telephone number 775-623-5222 extension 1123, is the designated person from whom a member of the public may request the supporting material for the meeting. Pursuant to Section 5 of Directive 006 as extended, the state law requirement that a physical location be available for the public to receive supporting material for public meetings is suspended. Staff reports and supporting material for the meeting are available on the Humboldt General Hospital website at http://www.hghospital.org/ and are available to the general public at the same time the materials are provided to the Board of Trustees.

Notice: By law a public body may receive information from legal counsel regarding potential or existing litigation involving a matter over which the public body has supervision, control, jurisdiction, or advisory power and such gathering does not constitute a meeting of the public body.

Notice: Reasonable efforts will be made to assist and accommodate disabled persons. Please contact the Administration Office by telephoning 775-623-5222 extension 1123, one (1) business day in advance of the meeting.
• **Joseph Doan, MD** is applying for initial appointment to Consulting Staff with privileges in Nephrology.
• **Danny Sayegh, MD** is applying for initial appointment to Provisional Staff with privileges in Family Medicine. He was given temporary privileges on 04/09/2020.
• **James Verrees, MD** is applying for initial appointment to Provisional Staff with privileges in OBGYN. He is starting 05/14/2020; he was given temporary privileges on 05/06/2020.
• **John Jobes, DO** is applying for initial appointment to Provisional Staff with privileges in Emergency Medicine. He was given temporary privileges on 03/25/2020.
• **Mohammad Jaradat, MD** is applying for initial appointment to Provisional Staff with privileges as a Hospitalist/Internal Medicine. His anticipated start date is 06/26/2020.
• **Steven Miller, MD** is applying for initial appointment to Provisional Staff with privileges in General Surgery. He is starting 05/14/2020; he was given temporary privileges on 05/06/2020.
• **Aaron Brown, MD** is applying for initial appointment to Provisional Staff with privileges in General Surgery.
• **Mohammad Afzal, MD** is applying for initial appointment to Provisional Staff with privileges as a Hospitalist/Family Medicine.
• **Thomas Vreeland, MD** is applying for reappointment to Consulting Staff with privileges in Teleradiology. He was given privileges on 07/24/2013.
• **Raafat Khani, DO** is applying for initial appointment to Active Staff with privileges in Family Medicine. She was given provisional privileges on 11/19/2019.
• **Sarah Fryberger, MD** is applying for initial appointment to Active Staff with privileges in Pediatrics. She was given provisional privileges on 11/19/2019.
April 2020

Financial package
• Gross patient revenue for April was $7.9M compared to a budget of $8.2M and prior year of $8.5M. The effects of the COVID pandemic continue to deteriorate the number of services at HGH, a trend that has continued through the month of May. Gross patient revenue YTD is $85.4M compared to a budget of $82.2M and prior year of $74.0M. Despite the decline in reported revenue since the EMR implementation in November and the pandemic in early spring gross YTD revenue continues to be strong.
• Contractual allowances and bad debt expense were 51% in April compared to a budgeted amount of 40% and prior year of 52%. YTD contractual allowances and bad debt expense were 54% compared to a budget of 42% and prior year of 48%. Though the trend for the year is up significantly it is down during April as the collection efforts at Cerner increased month over month (from March to April) grew by $1.0M.
• April operating revenue was $3.9M, significantly less than budget of $4.9M and prior year of $4.3M. YTD operating revenue was $39.5M compared to a budget of $48.0M and prior year of $39.2M. Though actual YTD and prior YTD were comparable, the prior year operating revenue was achieved with $11.4M in less gross patient revenue demonstrating the negative impact on much higher deductions from revenue.
• April operating expenses were $5.0M compared to a budget of $4.7M and prior year of $4.5M. YTD operating expenses were $50.9M compared to a budget of $47.0M and prior year of $41.4M. Expenses continue to trend higher this fiscal year because of continued costs associated with the Cerner EMT implementation, technology fees related to the EMR and labor costs associated with onboarding new providers.
• Non-operating revenue was $1.1M for April comprised primarily of $906K from stimulus subsidies through the CARE’s Act. April was the beginning of stimulus proceeds from HHS/CMS which has continued into the month of May.
• As a result of the $906K in stimulus April had net income of $37K compared to a budget of $643K and prior year of $431K. YTD April had a loss of ($5.9M) compared to budgeted net income of $4.9M and prior year net income of $3.3M. The significant increase in contractual allowances and bad debt contributed primarily to the losses YTD. DSO as of 4/30/2020 decreased to 79.5 days from 83 days in March and days cash on hand increased to 198 days, up from 188 days in March.
<table>
<thead>
<tr>
<th>ASSETS:</th>
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<tr>
<td>CURRENT ASSETS</td>
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<td>PROPERTY, PLANT AND EQUIPMENT</td>
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<td>DEFERRED OUTFLOW OF RESOURCES</td>
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<td>5,625,947</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$ 105,457,438</td>
<td>$ 109,942,819</td>
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</tbody>
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| LIABILITIES:                          |        |         |
| CURRENT LIABILITIES                  |        |         |
| ACCOUNTS PAYABLE                     | $ 3,877,467 | $ 2,135,669 |
| ACCRUED PAYROLL                      | 1,947,356 | 1,825,005 |
| OTHER CURRENT LIABILITIES            | 156,301 | 603,000 |
| **TOTAL CURRENT LIABILITIES**        | 5,981,124 | 4,573,674 |
| LONG TERM LIABILITIES                |        |         |
| NET PENSION LIABILITY                | 28,326,281 | 28,326,281 |
| DEFERRED INFLOW OF RESOURCES         |        |         |
| PENSION DEFERRED INFLOWS             | 1,449,686 | 1,449,686 |
| **TOTAL LIABILITIES**                | 35,757,091 | 34,349,641 |

<p>| FUND BALANCE:                         |        |         |
| NET POSITION                          | 69,700,347 | 75,593,178 |
| <strong>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION</strong> | $ 105,457,438 | $ 109,942,819 |</p>
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<thead>
<tr>
<th>PRIOR YR</th>
<th>BUDGET</th>
<th>ACTUAL</th>
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<tbody>
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<td>FY19</td>
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<th>DEDUCTIONS FROM REVENUE</th>
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<th>CONTRACTUAL ADJUSTMENTS</th>
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<tr>
<th>NON-OPERATING INCOME/(EXPENSES)</th>
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<td>BUDGET</td>
<td>ACTUAL</td>
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<td>ACCOUNTS FOR:</td>
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<td>LOCATION HELD:</td>
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<td>Cash Drawers</td>
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<td>Safe/Business Office/Clinics</td>
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<td>General Fund Checking</td>
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<td>Wells Fargo Bank</td>
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<td>Payroll Checking</td>
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<td>HRG Self Pay</td>
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<td>LGIP Savings</td>
<td>10025</td>
<td>NV State Treasurer</td>
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**HGH TOTALS:** 29,507,207

I, Tim Powers, Interim CFO for Humboldt General Hospital, hereby certify that the above report of cash account balances accurately reflects the actual cash-in-bank as reported by the financial institutions holding the funds for the current period end.

**SUBMITTED & SIGNED:**

Tim Powers, Interim CFO
<table>
<thead>
<tr>
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<th>Apr '19</th>
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### Pt Days April

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Legend:
- **Med/Surg**
- **ICU**
- **Swing**
- **Obstetrics**
- **Nursery**
### AR Aging April

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*Note: The numbers in the table represent the total amount in thousands.*
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Cerner Data as of April 30, 2020
## Table 1: Monthly Charges, Collections, and AR Variance

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<th>Self Pay AR</th>
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<td>Nov-20</td>
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<tr>
<td>Dec-20</td>
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### 2020 Total
- Charges: $29,609,585
- Payments: $8,872,693
- Adjustments: $6,167,059

### 2019 Total
- Charges: $11,663,742
- Payments: $942,841
- Adjustments: $834,488

## Table 2: AR Days Including Self-Pay and AR Days Excluding Self-Pay

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<tr>
<th>Month</th>
<th>AR Days</th>
<th>AR Days Total (inc. SP)</th>
<th>AR Days &gt; 90 Total (inc. SP)</th>
<th>% AR &gt; 90 Total (inc. SP)</th>
<th>AR Days Total (exc. SP)</th>
<th>AR Days &gt; 90 Total (exc. SP)</th>
<th>% AR &gt; 90 Total (exc. SP)</th>
<th>DNFB Unbilled (inc. SP)</th>
<th>DNFB Unbilled (exc. SP)</th>
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<td>Nov-19</td>
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<td>$5,460,464</td>
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<td>Dec-19</td>
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<td>&gt; 90 Prior Mo. Total</td>
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## Humboldt General Hospital District

### Capital Equipment Expenditure List

#### Tentative Fiscal Year 2021

**Five (5) Year Plan**

- Proposed FY21, Final FY21, & Projecting thru 2025

### Capital Budget Worksheet

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<th>Department</th>
<th>FY2021 (7/1/20)</th>
<th>FY2022</th>
<th>FY2023</th>
<th>FY2024</th>
<th>FY2025</th>
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<td>Memory Care - Quail Corner</td>
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## Gross Patient Revenues

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<td><strong>DEDUCTIONS AS A % OF REVENUE</strong></td>
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## Operating Expenses

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## Net Operating (Loss)

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<td><strong>DONATION EXPENSE</strong></td>
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## Gain (Loss) in Net Assets

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*Due to uncertainty at the state level, no net proceeds of mines tax is budgeted.

^ Actual amounts received to date from CARES Act and HHS
Request: Purchase of a Skytron dual emitter UV-C disinfection robots

Justification: Ultra Violet-C Disinfection Robots improve upon the standard environmental cleaning protocols and optimize infection prevention. Ultra Violet-C is an ultra violet light that kills bacteria and viruses by breaking their bonds. These robots would add an extra level of disinfection at Humboldt General Hospital. Peer reviewed research studies demonstrate the use of Ultra Violet Disinfection Robots reduce hospital acquired infections by an additional 84%.

The use of standard housekeeping procedures is enhanced with the addition of UV-C after a single cycle of treatment. A disinfection cycle can last between 6 and 20 minutes, based on the dose of UV-C that is calculated by the robot for the room. A dual emitter system would allow for two locations to be cleaned during the same cycle. Peer reviewed hospital studies demonstrate a reduction in infection rates by 42.7% for C. Difficile, 71.4% for acinetobacter infections, and 100% of klebsiella infections. There is also some evidence of effectiveness in killing previous forms of coronavirus.

Vendors And Pricing:

- Tru-D Smart UVC: $90,295.00
- Moon Beam 3: $28,895.00
- Skytron dual emitter UV-C disinfection robots: $70,929.00
  - Replacement bulbs in 4-5 years cost $1500/tower.
  - Service/Maintenance Agreement: 2 Years parts and labor on contracted products: Lights, booms, tables, integration, and stainless steel.

The difference in the pricing is based upon the robot’s coverage of the surfaces during the cleaning cycle to ensure maximum effectiveness.

Return on Investment: Reduced risk of hospital acquired infections, which minimizes costs in terms of re-admissions, and fines. Estimated costs of hospital acquired infections range from $4,157 - $94,879/ per patient according to the Centers for Disease Control.

Recommendation: Staff recommend purchasing the Skytron dual emitter UV-C disinfection robots for more complete coverage of surfaces per disinfection cycle.
Submitted To:  
*Janet Sturtz, RN, BSN, CIC, CNOR*
Infection Preventionist  
[sturtzj@hghospital.org](mailto:sturtzj@hghospital.org)
775-623-5222 ext 1218

_Humboldt General Hospital_
118 E. Haskell Street  
Winnemucca, NV 89445

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<th>Part Number</th>
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<tr>
<td>TRU-D</td>
<td>Tru-D SmartUVC V9 Room Disinfection Robot, Includes on-site training, (1) year Service Agreement. Includes iPad Mini Controller, iPod Touch Door Guard &amp; Additional Safety Accessories</td>
<td>1</td>
<td>$114,500.00</td>
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**CAPITAL SUBTOTAL**  
$89,500.00

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**Net:** 30 Days

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<th>FOB:</th>
<th>Hospital</th>
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Delivery & Lead Time: _12 - 14 weeks after receipt of purchase order_

Set Up:  
Once Tru-D arrives on site of facility, a Tru-D representative will schedule in-servicing at which time the Tru-D device will be uncrated and prepped for use.

Warranty Information:  
The initial 12 months of warranty are included with the purchase of the device. Warranty and service provides all-inclusive software upgrades, access to an outbreak loaner device, expedited service and protection for uptime utilization and access to portal suite, analytical data and dashboard metrics. After year 1 subsequent extended service agreements are available.

*Ask your representative for Extended Service Options and Pricing details.*

**Tax:**  
Customer agrees to pay all sales and use, GST/HST, and other applicable taxes relating to the purchase of the items listed in this quote. In the event the Customer is a non-profit entity, Customer agrees to provide Tru-D SmartUVC, LLC documentation evidencing such exempt status.
A PROPOSAL FOR

Humboldt General Hospital

PRESENTED TO
Tiffany A. Love, PhD, FACHE
Chief Operating Officer & Compliance

DATED
May 8, 2020

Courtesy Pricing

PROPRIETARY AND CONFIDENTIAL INFORMATION

Tru-D® SmartUVC

LEARN MORE AT TRU-D.COM
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<td>Tru-D Workflow</td>
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<td>myTru-D Portal Features and Benefits</td>
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<td>Tru-D Reporting</td>
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<td>Tru-D SmartACCESSORIES</td>
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<td>Tru-D Marketing</td>
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<td>Tru-D SmartUVC Service &amp; Warranty</td>
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<tr>
<td>18</td>
<td>Total Cost of Ownership</td>
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<td>19</td>
<td>Financial Proposal</td>
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Executive Summary

Tru-D SmartUVC appreciates your intensive due diligence in selecting a perfect fit vendor for Humboldt General Hospital. Tru-D provides an unmatched standard of care by reducing infections and improving patient safety while impacting community perceptions, reimbursements and profitability.

Tru-D was the only device selected for the CDC-funded $2M Benefits of Enhanced Terminal Room (BETR-D) Disinfection Study, the first randomized clinical trial to examine the impact of enhanced terminal room disinfection as a method to prevent healthcare-associated infections. The study concluded that a combination of standard cleaning and Tru-D cut transmission of superbugs by a cumulative 30 percent among patients.

This is the first well-controlled randomized clinical trial that proves Tru-D makes a meaningful difference in patient outcomes and provides evidence that Tru-D helps reduce transmission of dangerous infections to at-risk patients. And just as the researchers continue to purchase Tru-D and utilize in their individual hospitals, they have validated this as a very important step forward for hospitals and is a very significant complement to your infection reduction armamentarium.

In 2007, Tru-D SmartUVC, now a company of PDI Healthcare, was the first to bring to market a UVC disinfection robot capable of precisely measuring UVC dose with its patented Sensor360 technology, resulting in thorough room disinfection. Today, Tru-D devices are in use in hundreds of hospitals and our Tru-D Portal Command Center tracks more than 3,000 Tru-D disinfection cycles each day across the U.S.A.

Tru-D’s robust Program Management Team develops customized Standard Operating Procedures that ensure Tru-D seamlessly integrates into hospital workflow models with a minimum impact on labor cost, and without the addition of FTE’s for operation.

Tru-D’s team of Client Managers, Training Staff and Technical Experts work each day with the mindset of Continuous Improvement. Together we optimize hospitals utilization of Tru-D devices and make the most of our customers’ investment and trust in Tru-D SmartUVC.

My personal attention is focused on successfully demonstrating Tru-D’s unique value proposition to Humboldt General Hospital.

Sincerely,

Chuck Dunn
President & CEO

Tru-D® SmartUVC
Tru-D SmartUVC is changing the way health care works by providing hospitals with leading-edge technology for enhanced disinfection of health care environments.

Company Information
Data-driven and technology-inspired, Tru-D SmartUVC merges a 50-year history in the UV germicidal industry with the advancing possibilities of today’s technology in the no-touch UV disinfection arena. Tru-D pioneered automated UV robots and is the only device backed by a randomized clinical trial to reduce the relative risk of colonization and infection by multidrug-resistant organisms.

Tru-D SmartUVC Room Disinfection Robot Product Description
Tru-D SmartUVC is a portable UV disinfection system that delivers an automated, measured dose of UVC to consistently disinfect an entire room, resulting in the ability to document disinfection results after each and every Tru-D room treatment.

• Tru-D operates from a single position
• Ensures significant pathogen reduction in direct and indirect shadowed areas
• Validated by more than twenty independent studies and a randomized clinical trial
• Tru-D measured dosing capabilities ensure thorough room disinfection
• Real-time usage-tracking feature provides disinfection documentation to facilities
• Comprehensive implementation and training for all hospital staff
The Science Behind Tru-D

Randomized Clinical Trial Published Papers


Third-Party Studies and Papers


**Third-Party Posters and Presentations**


Anderson, Deverick. *Environmental Disinfection.* Presented at: Society for Healthcare Epidemiology of America Spring Conference. 2016 May 18-21; Atlanta, GA.

The University of Wisconsin Health is serious about providing the safest environment for patient care by including broad utilization of a sporicidal disinfectant, an established antibiotic stewardship program and a quality assurance program for monitoring cleaning of high-touch surfaces.

Before beginning UV disinfection with Tru-D SmartUVC, UW had in place the following interventions to reduce *C. diff*:

- Sporicidal disinfection for all hospital discharges
- Monitoring of 36 high-touch surfaces/objects
- Nurse-driven isolation and testing protocol
- Antimicrobial stewardship program
- Extended isolation (30 days post + test for CDI patients)
- Leadership rounding

In October 2016, UW deployed 14 Tru-D UV disinfection robots through the Tru-D Now program, as part of a 24-month *C. diff* reduction study.

During the first nine months, UW utilized the Tru-D robots on 92% of *C. diff* discharges and transfers, as well as 80% utilization on all other isolation discharges and 84% in high risk areas. From October 2016 to June 2017, UW’s hospital onset *C. diff* rates dropped 52%.

*C. diff* rates per 10,000 patient days:

- Pre UV: 9.7
- Post UV: 4.7

Although not a part of the study protocol, UW also saw reduction in MRSA infections from 1.1 to 0.2 per 10,000 patient days (82% reduction) and NHSN surveillance measures (CLABSI, CAUTI, SSI, VAE) from 0.24 to 0.16 per 10,000 patient days (33% reduction).

After a year of successful reduction outcomes and a significant ROI, UW purchased all 14 devices that were part of the study and an additional 2 devices, totaling 16 robots.

The study completed in September 2018 and the research team plans to publish their final findings in the coming months.

Additionally, UW plans to continue to study Tru-D’s efficacy against gram negative bacteria such as CRE and ESBL.

Wright, Marc-Oliver, *The role of UV light in supplemental disinfection of the environment*. Presented at Kansas City APIC, October 2017, Kansas City, KS.
What is the BETR-D Study?

The Benefits of Enhanced Terminal Room-Disinfection (BETR-D), the most comprehensive study on UV disinfection to date, was a cluster randomized, multicenter crossover study with 2x2 factorial design to evaluate the impact of enhanced terminal room disinfection on acquisition and infection caused by multidrug-resistant organisms (MDROs).

The two-year, $2M study led by principal investigator Dr. Daniel J. Sexton and lead investigator Dr. Deverick Anderson at Duke University and Duke Infection Control Outreach Network (DICON), collected data across nine hospitals and nearly 22,000 disinfection cycles for more than 120,000 patient days.

Primary Outcome:

The BETR-D study confirms that manual cleaning is not enough and that the environment plays a large role in the transmission of infections.

Results showed that enhanced terminal room disinfection strategies that utilized Tru-D SmartUVC reduced the relative risk of colonization and infection of target multidrug-resistant organisms (MDROs) by 30% in a hospital setting with 93% compliance of standard disinfection protocols. Individual hospital results may vary.

Secondary Outcome:

Enhanced terminal room disinfection with UV in a targeted subset of high-risk rooms led to a decrease in hospital-wide incidence of C. difficile and VRE even when compliance of standard disinfection protocols was 93%. Enhanced disinfection overcomes limitations of standard disinfection strategies and is a potential strategy to reduce the relative risk of acquisition of multidrug-resistant organisms and C. difficile.

“If you move to a more macro level, when you look at all the patients who come into the hospital, we actually did see the C. diff rates decrease by a statistically significant 11%.”

Dr. Deverick Anderson, Lead Investigator
C. diff Spores and More, voiceofamerica.com

Study Fast Facts

| $2M       | CDC-funded study          |
| 122k      | patient days              |
| 28        | months                     |
| 9         | hospitals                  |
| +4        | minutes of cleaning time with UV |
| 90%       | Tru-D utilization          |
| 91%       | hand hygiene compliance    |
| 93%       | cleaning compliance        |
| 30%       | reduced relative risk of infection |
This 3rd party, peer reviewed clinical validation of Tru-D's “total room disinfection” claim was conducted by Virginia Commonwealth University's School of Medicine in coordination with Virginia Commonwealth University Health System.

Key Takeaways:

“This study examined the effectiveness of the Tru-D SmartUVC device on bioburden reduction on anesthesia workstations”

“Regardless of room size and exposure type (variable cycle time based on room size) automated UV-C treatment (Tru-D) greatly influences bioburden reduction on anesthesia workstation high touch surfaces.”

“Decontamination with Tru-D SmartUVC was performed using the 'Vegetative Bacteria' setting.”

“Following the application of the UVC device (Tru-D), all organisms, on all anesthesia workstation locations, in both large and small operating rooms, demonstrate a >2 log10 to >4log10 reduction of bioburden compared to untreated controls. This reduction was observed for all organisms regardless of position (location of equipment and Tru-D) or room size.”

“Importantly, our study included high touch surfaces such as knobs, drawer handles, and dials that are difficult to clean manually.”

“This study demonstrates that UV light (Tru-D) significantly reduces bioburden of 3 organisms commonly implicated in surgical infections.”

The study concluded:

*Regardless of room size and exposure type, automated UV-C treatment greatly influences bioburden reduction on anesthesia workstation high-touch surfaces. Hospitals instituting an automated UV-C system as an infection prevention adjunct should consider utilizing it in operating rooms for bioburden reduction as part of a horizontal infection prevention surgical site infection-reduction strategy.*
Duke UMC reduces postoperative C. *diff* rates with bundled approach

A study has been published by the *Journal of the American College of Surgeons* which examines C. *diff* in adult surgical patients. The study, “Multidisciplinary Approach and Clostridium difficile Infection in Adult Surgical Patients,” discusses the multidisciplinary program that Duke University Medical Center implemented to reduce its C. *diff* rate.

In 2017, Duke University Medical Center was identified as a “High Outlier” for postoperative C. *diff* infections in the American College of Surgeons NSQIP semi-annual report with .4% cases per year with an increased risk in morbidity and mortality.

**Strategies to reduce CDI included:**
- Antimicrobial stewardship optimization
- Increased use of Tru-D SmartUVC for terminal cleaning of CDI patient rooms
- Increased hand hygiene and PPE signage as well as monitoring in high-risk CDI areas
- Improved diagnostic stewardship by an electronic best practice advisory to reduce inappropriate CDI testing
- Education through surgical grand rounds and routine data feedback via NSQIP and NHSN CDI reports

Using these strategies, observed rate of C. *diff* decreased from 1.27 percent in 2016 to 0.91 percent in 2017, a **28% decrease**.

The facility also concluded that there was variability and ineffective cleaning practices within the hospital system, largely due to a lack of Environmental Services staff and staff training in Tru-D technology. The conclusion provided a basis for requesting the hiring and training of additional Environmental Services staff.

By training five additional Tru-D operators, the facility went from using Tru-D on 30% of C. *diff* rooms to 100% of C. *diff* rooms.

Advantages of **Single Placement**

Adopting UVC disinfection technology should complement your existing workflow processes without needing additional full-time employees.

Tru-D SmartUVC’s single placement positioning leaves operators free to complete other tasks during the disinfection process, thus maximizing productivity and room turnover time while minimizing labor costs. The significant labor costs associated with devices that require multiple room placements and constant monitoring by EVS staff often require hiring additional full-time employees whose only task is operation of the UV device. Tru-D’s Program Management team strategically works with each hospital facility to develop an implementation model that fits well within each hospital’s current workflow.

**Consistent, Baseline of Disinfection**

Tru-D is the trusted choice for healthcare professionals because of its proven consistent outcomes that provide a baseline of disinfection that can only be accomplished with Tru-D’s method of UVC dose measurement.
Success Snapshot

The Ultimate Validation of a Successful Randomized Clinical Trial

32 Tru-Ds Purchased to Date Among Nine BETR-D Hospitals

“I think it’s an important tool to have to prevent these infections from happening. All nine hospitals in the study, including our own here at Duke, have purchased these types of machines to continue to use even though the study has completed.”  (Deverick Anderson, MD, BETR-D Researcher, Duke Health)

Alamance Regional Medical Center - A BETR-D Study Hospital

While the facility already had one Tru-D robot, it invested in two additional units following the completion of the BETR-D Study. Overall, infections by superbugs has decreased by +12% at ARMC, and the goal is to reach zero infections through the use of Tru-D and other protective measures.
Success Snapshot

Oneida Healthcare
Oneida, NY

Oneida Healthcare invested in Tru-D in 2016 to drive its already low infection rates further down. Before implementing Tru-D, the facility's C. diff rate was .61; by 2017, it dropped significantly to .18—a 70% decrease. “Though actual cost savings from HAI avoidance can be difficult to quantify, we know from national statistics that HAIs can cost an average of $15,000, so we do believe those savings are real,” said Mary Parry, Chief Operating Officer of Oneida Healthcare. Tru-D is used in Oneida's operating rooms at end-of-day cleaning as well as in isolation discharge cases.

Gibson Area Hospital
Gibson City, IL

Gibson’s HCAHPS scores consistently indicate that patients and families take note of the high level of cleanliness in the hospital. This is due in part to the EVS staff taking ownership of the enhanced disinfection process to ensure a safe and germ-free environment. The staff communicates this through Tru-D table tent cards on bedside tables, which let patients and families know that the room has been thoroughly disinfected prior to being admitted. Currently, Gibson uses Tru-D in a variety of areas including daily use in the OR, terminal clean in the outpatient clinic and the OB department.

Bon Secours St. Mary’s Hospital,
Richmond, VA

Tru-D was brought in to clean patient discharge rooms at a doctor’s or nurse’s request. The robots also disinfect all 27 of St. Mary’s operating rooms twice a week. As one piece of a multi-level patient safety initiative, the arrival of Tru-D decreased surgical-site infections by 50 percent. More recently, Tru-D was used in 2017 to contain an outbreak of Klebsiella.
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<tr>
<th>TRU-D CORPORATE SUPPORT TEAM:</th>
<th>TRU-D LOCAL SUPPORT TEAM:</th>
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<tbody>
<tr>
<td><strong>Chuck Dunn</strong>&lt;br&gt;President &amp; CEO&lt;br&gt;<a href="mailto:chuckdunn@tru-d.com">chuckdunn@tru-d.com</a>&lt;br&gt;901.774.5771</td>
<td><strong>Mike Duffy</strong>&lt;br&gt;Regional Sales Manager&lt;br&gt;<a href="mailto:mikeduffy@tru-d.com">mikeduffy@tru-d.com</a>&lt;br&gt;481.371.9690</td>
</tr>
<tr>
<td><strong>Bryan Pietri</strong>&lt;br&gt;National Sales Director&lt;br&gt;<a href="mailto:bryanpietri@tru-d.com">bryanpietri@tru-d.com</a>&lt;br&gt;901.267.9235</td>
<td><strong>Macauley Hardage</strong>&lt;br&gt;Tru-D Support Specialist&lt;br&gt;<a href="mailto:macauleyhardage@tru-d.com">macauleyhardage@tru-d.com</a>&lt;br&gt;901-644-6154</td>
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<tr>
<td><strong>Andy Wells</strong>&lt;br&gt;National Sales Assistant&lt;br&gt;<a href="mailto:andywells@tru-d.com">andywells@tru-d.com</a>&lt;br&gt;901.774.5771</td>
<td><strong>Sam Patterson</strong>&lt;br&gt;Manager, Customer Experience&lt;br&gt;<a href="mailto:sampatterson@tru-d.com">sampatterson@tru-d.com</a>&lt;br&gt;901.774.5771</td>
</tr>
<tr>
<td><strong>Alice Brewer</strong>&lt;br&gt;Director of Clinical Affairs&lt;br&gt;<a href="mailto:alicebrewer@tru-d.com">alicebrewer@tru-d.com</a>&lt;br&gt;317.459.4774</td>
<td><strong>Jennifer Picker</strong>&lt;br&gt;Manager, Program Management&lt;br&gt;<a href="mailto:jenniferpicker@tru-d.com">jenniferpicker@tru-d.com</a>&lt;br&gt;760.688.6627</td>
</tr>
<tr>
<td><strong>Becca Winter</strong>&lt;br&gt;Director of Communications &amp; Customer Experience&lt;br&gt;<a href="mailto:beccawinter@tru-d.com">beccawinter@tru-d.com</a>&lt;br&gt;901.848.7491</td>
<td><strong>Larry Norton</strong>&lt;br&gt;Operations Manager&lt;br&gt;<a href="mailto:larrynorton@tru-d.com">larrynorton@tru-d.com</a>&lt;br&gt;901.774.5771</td>
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Manual cleaning processes are proven to be inadequate as productivity of the environmental services workforce is constantly in jeopardy, and workflow is affected by the struggle to manage more work in shorter timeframes. Tru-D’s robust Program Management Team develops customized standard operating procedures ensuring **Tru-D seamlessly integrates into hospital workflow** models with minimal impact on labor costs and without the need for additional full-time employees.

**Operator Training Program**

Upon delivery of the Tru-D device(s), operator training will be conducted for all employees, assigned by the facility, to operate the Tru-D device. All regulatory requirements for operator training are met by formal classroom training, hands-on experience and an operator competency quiz and checklist ready to file at the end of training. Tru-D’s Regional Sales Manager provides oversight during implementation phase to ensure operator competency while using the Tru-D device.

A comprehensive Training Tool Kit will be left with the key contact at the facility for future “train-the-trainer” events. Training materials consist of learning presentation, learning transcript, standard operating procedures, competency checklist, certification quiz and certificate.

**Isolation Cases – Patient Care Areas**

Workflow for disinfection of isolation cases will be determined through transparency in sharing relevant data and support (cont.)
of a “top-down” message from hospital administration defining a strategic approach towards a measured reduction in HAIs.

An increase in time required to turnover a room will be experienced with enhanced cleaning, but when areas, rooms and pathogens are prioritized for Tru-D disinfection, hours can be managed easily as Tru-D requires one placement in the room. As the cycle time is measured, within 90 seconds the operator is provided an exact timeframe available to go and complete other tasks. Supervisors or leads use this time to round on EVS employees and nursing staff, or the time is used to impact patient satisfaction while rounding on patients who are located close to where the Tru-D device is being used.

Tru-D’s Program Management Team is able to calculate annual productive hours required to move the device based on the average number of Isolation cases conducted annually and facility footprint. In every case where we have provided calculated productive hours, increase in hours has been so insignificant that additional FTEs have not been required.

**Perioperative Suites**

Determining the workflow for disinfection of perioperative suites is defined and customized per the number of suites and available hours for disinfection. Integration of Tru-D disinfection into the workflow for perioperative suite cleaning will not require an increase in productive hours where terminal end-of-day cleaning is an existing process, and when the recommended number of Tru-D devices are deployed within the hospital defined timeframe (i.e., end of day, 2nd or 3rd shift).

Through our patient-centered training and implementation of Tru-D, operators learn how to share the important concept of thorough room disinfection as a key differentiator of Tru-D. Staff will be able to speak the Tru-D message and integrate the appropriate language into daily patient rounding, impacting patient satisfaction. By adopting Tru-D as an integral adjunct to your facility infection prevention solution, you ensure that every corner, crevice and shadow in a room is disinfected. This innovative best practice not only improves patient outcomes--it impacts your community's perception of patient care.

**Portal Administrators**

Tru-D Portal Administrator(s) are defined by facility and setup within the myTru-D portal website page to access daily data allowing the viewer to generate reports that filter operator activities, room history, cycle times and dose type delivered. Portal users will be those stakeholders invested in the program development, labor management and metrics review.
Cycle Time and Employee Productivity

Tru-D SmartUVC’s single placement positioning leaves operators free to complete other tasks during the disinfection process, thus maximizing productivity and room turnover time while minimizing labor costs. The significant labor costs associated with devices that require multiple room placements and constant monitoring by EVS staff often require hiring additional full-time employees whose only task is operation of the UV device. Tru-D’s Program Management team strategically works with each hospital facility to develop an implementation model that fits well within each hospital’s current workflow.

1 PLACEMENT = TOTAL ROOM COVERAGE

Set up Tru-D once, Leave room. Run cycle.

Continue other tasks: Set up additional Tru-Ds. Clean another room. Bed transport, etc.

Cycle 1

SINGLE PLACEMENT POSITIONING

Tru-D Workflow

2 MIN

+25 MIN

2 MINUTES EMPLOYEE NON-PRODUCTIVE TIME

TOTAL ROOM DISINFECTION

- Single placement eliminates human error in positioning
- Measured dose ensures ALL room surfaces are fully disinfected
- Employees are not tethered to the room and can set up multiple Tru-Ds or perform other housekeeping tasks.
MYTRU-D PORTAL FEATURES & BENEFITS

Tru-D Portal

During the disinfection cycle, Tru-D automatically uploads disinfection data to the secure Tru-D Portal allowing administrators to track Tru-D usage including specific pathogen data, room number, operator and cycle times.

Features & Benefits

• Health care administrators can access portal content in real time from Tru-D SmartUVC devices 24/7.
• Creates an ecosystem that is an essential part of the customer’s daily operation.
• Provides conduit for infection reduction metrics, performance and trend analysis.
• Performance visibility helps realize hospital targets and goals for infection reduction.
• Secure data with full featured backup and access.

Dashboard

• Provides a tailored “Snapshot” view of an account over a given review period.
• Devices can be assigned by individual identities, grouped and arranged by hierarchies and tiers within hospital network.
• Time settings configurable to daily, weekly, monthly and life of account.
• Terminal (Isolation) Discharge infographic displays percent of isolation discharge rooms cleaned by Tru-D SmartUVC.
• Daily, weekly, and monthly chart of completed cycles per day displays helpful usage patterns to identify trends and help optimize utilization.

Tru-D® SmartUVC

LEARN MORE AT TRU-D.COM
**Completed Cycles Per Day**

- Analyze daily usage and identify trends to help optimize utilization.
- Allows for filtering by individual devices or through device grouping for quick, visual analytics.

**Operator Performance Metrics**

- Shows running tallies of cycles completed by operators in a given account over a chosen review period.
- Search functions able to display complete usage history for each operator for selected time periods.

**Activity Reports – By Device, Operator and Room Number**

- One-touch online sorting, filtering and search capabilities.
- Provides hospitals with the means to both measure and manage the process.
- Ensures consistent and reliable lists for staff to cross-reference.
- Exportable to PDF and Excel format.
- Customized reporting upon request.
**Benefits of Reporting**
Our reports offer you information relating to your Tru-D usage, which can assist you in tracking your program's overall effectiveness and coverage on a selected set of rooms, departments, and/or facilities. This information arms you with the ability to identify trends in your program, and any gaps, towards reaching your disinfection goals.

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**System Comparative**
Best for monitoring multiple hospitals within a system, by comparing cycles completed daily, monthly, and quarterly.

**Facility Usage**
Best for tracking the usage either of a defined set of rooms or departments, or all the rooms in the facility by providing a breakdown of completed cycles for the month or quarter.

**Targeted Area**
Best for monitoring the usage and utilization of a defined set of rooms and percent to goal (if applicable). This report offers a detailed day-to-day breakdown of completed cycles and the average cycle times.

---

**Targeted Area Sample**

---

**Summary Statistics**

<table>
<thead>
<tr>
<th>Devices Used</th>
<th>Avg Cycle Time (mins)</th>
<th>Cycles Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 of 2</td>
<td>30.47</td>
<td>23</td>
</tr>
</tbody>
</table>

**Top Areas by Cycles Completed**

<table>
<thead>
<tr>
<th>Space Type</th>
<th>Cycle Count</th>
<th>Avg Cycle Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>23</td>
<td>30.47</td>
</tr>
</tbody>
</table>

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**Report Days are From 7:00 am to 6:59 am**

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**Tru-D® SmartUVC**

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**LEARN MORE AT TRU-D.COM**
Tru-D SmartBARRIERs are portable walls to block UVC light in open bay areas. The freestanding walls easily pop up and cover a room opening from floor to ceiling. For larger openings or areas, multiple barriers can be clipped together to form a larger wall or enclosure.

The SmartBARRIERs are available in three widths (3’, 5’ and 7’) and two heights (10’ and 13’). Tru-D recommends extending beyond an opening 1’ on each side. For example, if a doorway is 5’ wide, a 7’ wide SmartBARRIER is recommended to ensure safety from the UVC energy around the outer edges. Each BARRIER comes with a carry bag for easy storage and transport.

Tru-D SmartCOVERS can be used to protect Tru-D from dirt and debris when traveling throughout a hospital campus. SmartCOVERS are durable, waterproof and can be easily cleaned.

For More Information:
Tru-D SmartUVC
800.774.5799
info@tru-d.com
www.tru-d.com/smartaccessories
**Telling Your Tru-D Story**

Tru-D SmartUVC works closely with each hospital to build strategic internal and external communication plans. We partner with your marketing team to create campaigns to reach your target markets including patients, families, nurses, EVS staff and physicians as well as local and national media. These campaigns provide tools and resources that are customizable, branded and helpful in educating multiple disciplines of the science behind Tru-D and highlight your hospital’s commitment to infection prevention and patient safety. All of these materials are easily accessible for editing and printing on the Tru-D website at Tru-D.com/hospitalresources.

**Internal Communication Campaigns**

Promote your investment in patient and staff safety to the people who matter most. Tru-D provides guidance and tools to help you communicate Tru-D to your internal audiences, most notably your personnel and patients.

**External Communication Campaigns**

Tru-D works with hospitals to build national recognition for our clients who believe in Tru-D’s success and its impact on the hospitals. From a full Media Kit with sample news releases to photos and videos, sample e-mail pitches and more, we equip you with the resources you need to tell your Tru-D story to the world.

---

**Contact Info**

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**EMAIL** beccawinter@tru-d.com

Christin Yates  
*Public Relations Officer*  
**OFFICE** (800) 774-5799  
**CELL** (901) 218-9426  
**EMAIL** christinylates@tru-d.com
Service Agreement

Year 1 of your Service Agreement is inclusive with your Tru-D device purchase. Extended Service Agreements are paid quarterly or pre-paid at purchase and will be invoiced 90 days prior to the end of the initial 12-month warranty per the terms of the executed Service Agreement.

Tru-D Web Portal Access:
- Password protected access to your usage analytics
- Customized dashboard with usage graphs and search features
- Analytics include room and operator identification, date stamp, dosage selected and run time
- Permanent archive of your data

Access to our Outbreak Loaner Pool:
- 30-day no cost use of additional Tru-D ($4,500 value, shipping charges apply)
- Shipment within 72 hours of outbreak notification
- One outbreak loaner device annually

Our Service Commitment to you:
- 24 hours, 7 days a week, Tru-D technicians are available via telephone and email
- Comprehensive warranty scope for defect or workmanship
- Within 24 hours of notification of service issue you will receive a response and resolution plan
- Within 48 hours device will be “back-in-service” with onsite repair
- If device requires factory service a loaner unit will be onsite within 72 hours
- iPad Mini and iPod Door Guard back up clone onsite in 24 hours
- Hospital site visit annually for preventative maintenance, sensor calibration, and device tune up
- Complete Bulb Protection Plan and Replacement bulbs at end of bulb life
- Tru-D App upgrades as released
- Continuous training and education for operators and managers
# Capital Total Cost of Ownership

## Humboldt General Hospital

3 Year Total Cost of Ownership Matrix

Courtesy Pricing
Tru-D SmartUVC Disinfection Robot System

<table>
<thead>
<tr>
<th>Capital Cost</th>
<th>$89,500 - Capital Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tru-D SmartUVC Device</td>
<td>Multi-unit purchase discounted pricing available</td>
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</table>

<table>
<thead>
<tr>
<th>Operational Cost</th>
<th>12-month initial warranty included with purchase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Agreement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Cost</th>
<th>Pricing Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Service Agreement</td>
<td></td>
</tr>
</tbody>
</table>

1 Year Extended Service Agreement: $2,400 Quarterly Payments (auto-renew option) or, $9,000 Pre-paid at purchase

2 Year Extended Service Agreement: $17,800 - Pre-paid at purchase

3 Year Extended Service Agreement: $26,500 - Operational Budget

<table>
<thead>
<tr>
<th>3 Year Total Cost of Ownership</th>
<th>$89,500 - Capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital plus Operational Budget</td>
<td>$17,800 - Operational</td>
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</table>

<table>
<thead>
<tr>
<th>Capital Depreciation Schedule: Straight Line 7 years</th>
<th>$12,786 per year</th>
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</thead>
<tbody>
<tr>
<td>Installation</td>
<td>Included</td>
</tr>
<tr>
<td>Training</td>
<td>Included</td>
</tr>
<tr>
<td>Disposable/Consumables</td>
<td>Tru-D has no consumables per cycle</td>
</tr>
<tr>
<td></td>
<td>Tru-D bulbs are rated 9,000 hours - replacement bulbs included in Service Agreement</td>
</tr>
<tr>
<td>Software Upgrades</td>
<td>Included in Service Agreement</td>
</tr>
</tbody>
</table>

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*Proprietary and Confidential Information*
Tru-D SmartUVC

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480-371-9690

Humboldt General Hospital
118 E. Haskell Street
Winnemucca, NV 89445

<table>
<thead>
<tr>
<th>Part Number</th>
<th>Description</th>
<th>Qty</th>
<th>List Price</th>
<th>Your Price</th>
<th>Total Price</th>
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<tbody>
<tr>
<td>TRU-D</td>
<td>Tru-D SmartUVC V9 Room Disinfection Robot, Includes on-site training, (1) year Service Agreement. Includes iPad Mini Controller, iPod Touch Door Guard &amp; Additional Safety Accessories</td>
<td>1</td>
<td>$114,500.00</td>
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</table>

**CAPITAL SUBTOTAL** $89,500.00

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<tbody>
<tr>
<td>GPO:</td>
<td>Courtesy</td>
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<td></td>
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<tr>
<td>Net:</td>
<td>30 Days</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>FOB:</td>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Delivery &amp; Lead Time:</td>
<td>12 - 14 weeks after receipt of order</td>
<td></td>
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<td></td>
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</tbody>
</table>

Set Up:
Once Tru-D arrives on site of facility, a Tru-D representative will schedule in-servicing at which time the Tru-D device will be uncrated and prepped for use.

Warranty Information:
The initial 12 months of warranty are included with the purchase of the device. Warranty and service provides all-inclusive software upgrades, access to an outbreak loaner device, expedited service and protection for uptime utilization and access to portal suite, analytical data and dashboard metrics. After year 1 subsequent extended service agreements are available.
*Ask your representative for Extended Service Options and Pricing details.

Tax:
Customer agrees to pay all sales and use, GST/HST, and other applicable taxes relating to the purchase of the items listed in this quote. In the event the Customer is a non-profit entity, Customer agrees to provide Tru-D SmartUVC, LLC documentation evidencing such exempt status.
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BACKGROUND & OVERVIEW

Hospital-acquired infections (HAIs) cost health care facilities billions of dollars each year, and, according to the Centers for Disease Control and Prevention, 75,000 patients die annually in the U.S. alone from these infections. **Tru-D SmartUVC is changing the way health care works** by providing hospitals with cutting-edge technology for enhanced disinfection of hospital environments. Tru-D aims to offer a programmatic solution for hospitals’ room disinfection needs and works with each facility to achieve their specific HAI reduction goals, resulting in significant cost savings and improved patient outcomes.

**Company Profile**

More than a decade ago, Tru-D was the first to bring to market a UV disinfection robot capable of precisely measuring UVC dose with its patented Sensor360 technology, resulting in consistent and thorough room disinfection. Validated by more than 15 independent studies, including the only randomized clinical trial on UV disinfection, which was funded by the Centers for Disease Control and Prevention (the Benefits of Enhanced Terminal Room-Disinfection or “BETR-Disinfection Study”), Tru-D’s combined automated, measured dosing capabilities and real-time usage-tracking features make it one of the most precise and advanced automated UV disinfection systems available.

The BETR-Disinfection study, a well-controlled, randomized clinical trial, proves that Tru-D, in combination with quaternary ammonium disinfectants, makes a meaningful difference in patient outcomes and provides evidence that Tru-D helps reduce transmission of dangerous infections to at-risk patients. Further, the study proves that when used in “at-risk” rooms, Tru-D affects every patient who enters the hospital, providing a safer environment. Just as the BETR-Disinfection researchers continue to purchase Tru-D and utilize it in their individual hospitals, they have validated this as a very important step forward for hospitals and is a very significant complement to hospitals’ infection reduction programs.

Tru-D provides an unmatched standard of care by reducing infections hospital-wide and improving patient safety while impacting community perceptions, reimbursements and profitability.

**Clinical Compendium**

This overview of third-party, peer-reviewed publications provides device-specific clinical validations of Tru-D’s capabilities on HAI reduction, workflow, pathogen reduction, competitive comparatives, OR and ICU use and disinfection of complex medical devices.

**The Future**

In the growing UV disinfection space, Tru-D will build on its leadership position and strategic alliances to broaden its footprint as an infection prevention solution company. By investing in research and development, Tru-D will be able to have a wider impact and provide additional products and services to assist hospitals in the fight against HAIs.

Tru-D takes pride in the research and science behind its product and looks to expand upon the solid studies that validate its technology to provide hospitals with evidence-based best practices. With strategic leadership and a growing team, Tru-D will continue to offer best-in-class support and partnership to its customer base.

Tru-D's basis of scientific evidence and widespread adoption throughout prestigious hospital systems continue to drive market acceptance of UV disinfection technology. As more evidence of UV disinfection’s efficacy becomes available, enhanced terminal room disinfection strategies will likely become a standard of care for all hospitals.
A growing number of clinical studies have demonstrated that ultraviolet devices and hydrogen peroxide systems when used for terminal disinfection can reduce colonization or health care-associated infections in patients admitted to these hospital rooms. In this review, out of the 11 studies included, seven used Tru-D compared to four using competitor devices.

A validated ‘no touch’ device or system should be used for terminal room disinfection following discharge of patients on contact precautions.

There are now 3 studies that have demonstrated that this UVC system (Tru-D SmartUVC) is capable of reducing vegetative bacteria inoculated C. difficile by 1.7–4 log₁₀.
**Background**

Enhanced terminal disinfection may decrease the risk of acquiring MDROs from the environment, but these strategies have not been evaluated in a large, randomized trial.

**Methods**

The BETR-Disinfection study was performed over 28 months in 9 study hospitals from 4/2012 to 7/2014. Each hospital used four strategies for terminal room disinfection in a randomized sequence. Each strategy was used for 7-month study arms, including a 1 month wash-in period. Two of these strategies used a UV-C emitting device.

A total of 311,407 patients had 606,828 unique room stays in the study hospitals during the study; 24,589 eligible patients were exposed resulting in 122,873 exposure days.

**Conclusion**

Enhanced terminal room disinfection strategies that utilized UV-C emitters reduced the risk of acquisition and infection caused by target MDRO.

**Publication**

The Lancet

**Trial Registration**

Clinical Trials Identifier: NCT 01579370

---

*Results proved that enhanced terminal room disinfection strategies that utilized Tru-D SmartUVC reduced the risk of acquisition and infection of four, major multidrug-resistant organisms (MDROs) by a cumulative 30% among patients who entered the same room, which was previously occupied by a patient colonized or infected with one of these pathogens.*
In conclusion, enhanced terminal room disinfection with UV in a targeted subset of high-risk rooms (ie, contact precaution rooms) led to a decrease in risk of acquisition of target multidrug-resistant organisms such as *C difficile* and VRE for all hospitalised patients, through both direct and indirect effects. These findings are important, because they suggest that strategies targeting high-risk rooms might have benefit for the larger population of patients admitted to hospital, by reducing the burden of pathogenic organisms in the hospital microbiome.

Effectiveness of targeted enhanced terminal room disinfection on hospital-wide acquisition and infection with multidrug-resistant organisms and *Clostridium difficile*: a secondary analysis of a multicentre cluster randomised controlled trial with crossover design (BETR Disinfection)


**Background**

The hospital environment is a source of pathogen transmission. The effect of enhanced disinfection strategies on the hospital-wide incidence of infection has not been investigated in a multicentre, randomised controlled trial. We aimed to assess the effectiveness of four disinfection strategies on hospital-wide incidence of multidrug resistant organisms and *Clostridium difficile* in the Benefits of Enhanced Terminal Room (BETR) Disinfection study.

**Methods**

We did a prespecified secondary analysis of the results from the BETR Disinfection study, a pragmatic, multicentre, crossover cluster-randomised trial that assessed four different strategies for terminal room disinfection in nine hospitals in the southeastern USA.

**Conclusion**

Enhanced terminal room disinfection with UV in a targeted subset of high-risk rooms led to a decrease in hospital-wide incidence of *C difficile* and VRE. Enhanced disinfection overcomes limitations of standard disinfection strategies and is a potential strategy to reduce the risk of acquisition of multidrug-resistant organisms and *C difficile*.

**Publication**

The Lancet Infectious Diseases

**Trial Registration**

Clinical Trials Identifier: NCT 01579370
In an effort to prevent additional CDI recurrences, we used an automated UV radiation device (Tru-D SmartUVC), which has been shown to reduce the environmental burden of *C. difficile*.

Decontamination with Ultraviolet Radiation to Prevent Recurrent Clostridium difficile Infection in 2 Roommates in a Long-Term Care Facility

Brett Sitzlar, BS; Ravy K. Vajravelu, BS; Lucy Jury, NP; Curtis J. Donskey, MD; Robin L.P. Jump, MD, PhD

Methods

In an effort to prevent additional CDI recurrences, we used an automated UV radiation device (Tru-D SmartUVC), which has been shown to reduce the environmental burden of *C. difficile*. The UV radiation device was run for a full cycle in both the bathroom and patient room (22,000 mWs/cm² for ~ 90 min) at a time when both patients were absent. Afterward, a second set of environmental swab samples were obtained. *C. difficile* was detected only on a bed rail (1 colony). Five weeks after UV radiation, rectal swab samples obtained from both patients were negative for *C. difficile*. In the subsequent months, neither patient had additional episodes of CDI.

Findings

Routine use of UV radiation devices to decrease the environmental burden of pathogens is a feasible addition to current infection control and housekeeping measures and may ultimately help to reduce rates of CDI among patients in hospitals and LTCFs.

Publication

Infection Control Hospital Epidemiology, 2012, Vol 33(5) 533-536
Quat vs. Quat/UV revealed that a reduction of 94% in epidemiological important pathogens (EIP) (60.8 vs. 3.36) led to a 35% decrease in colonization/infection (2.3% vs. 1.5%).

Microbial Load on Environmental Surfaces: The Relationship Between Reduced Environmental Contamination and Reduction of Healthcare-Associated Infections

William A. Rutala¹,², PhD, MPH, Hajime Kanamori¹,², MD, PhD, MPH, Maria F. Gergen¹, MT (ASCP), Emily E. Sickbert-Bennett¹,², PhD, Lauren P. Knelson³, MSPH, Luke F. Chen³, MBBS, MPH, MBA, Daniel J. Sexton³, MD, Deverick J. Anderson³, MD, MPH and David J. Weber¹,², MD, MPH, and the CDC Prevention Epicenters Program

¹Hospital Epidemiology, University of North Carolina Health Care, ²Division of Infectious Diseases, University of North Carolina School of Medicine, Chapel Hill, NC, ³Duke Infection Control Outreach Network, Division of Infectious Diseases, Duke University Medical Center, Durham, NC, USA

Background

Disinfection of noncritical environmental surfaces and equipment is an essential component of infection prevention as surfaces may contribute to cross-transmission of epidemiologically important pathogens. We monitored four epidemiologically-important pathogens (EIP), including MRSA, VRE, C. difficile and MDR-Acinetobacter. The current study was performed in two hospitals contemporaneously with the BETR-Disinfection study, a multi-center cross-over study comparing the feasibility and effectiveness of three enhanced disinfection strategies for terminal room disinfection against standard practice.

Methods

Microbiological samples were collected from eight previously-identified high-frequency-touch hospital room surfaces. Each surface was sampled repeatedly using 10 individual Rodac plates (25cm²/plate).

Results

All enhanced disinfection interventions (i.e., Quat, UV, Bleach, Bleach/UV) were significantly superior to a Quat alone in reducing EIP (Table). The BETR-Disinfection study demonstrated the rate of colonization/infection in a patient subsequently admitted to a room of a patient colonized/infected with an EIP was Quat, 2.3%; Quat/UV, 1.5%; Bleach, 1.9%, and Bleach/UV, 2.2%.

Conclusion

Comparing the best strategy with the worst strategy (i.e., Quat vs Quat/UV) revealed that a reduction of 94% in EIP (60.8 vs 3.36) led to a 35% decrease in colonization/infection (2.3% vs. 1.5%). Our data demonstrated that a decrease in room contamination was associated with a decrease in subsequent patient colonization/infection.

Publication | Presentation
ID Week Abstract 2016
HAI REDUCTION - CDI Rates

When Tru-D was added to a compendium of infection reduction efforts, HO CDI rates dropped from 11.49 to 6.93 per 10,000 patient days.

Everything But the Kitchen Sink: Reducing Hospital Onset Clostridium difficile Infections

Marc-Oliver Wright, MT (ASCP), MS, CIC, FAPIC, Linda Stevens, DNP, RN, Amy Marver, RN, MSN, Nasia Safdar, MD, PhD

University of Wisconsin Hospitals and Clinics, University of Wisconsin-Madison, School of Medicine and Public Health, Division of Infectious Disease

William S. Middleton Veterans Hospital, Department of Veterans Affairs

Background

Despite broad utilization of a sporicidal disinfectant, an established antimicrobial stewardship program, sporadic supplemental UV light disinfection and a quality assurance program for monitoring cleaning of high touch surfaces, the hospital onset (HO) LabID rate for Clostridium difficile infection (CDI) as defined by the National Healthcare Safety Network (NHSN) at a major academic medical center was in excess of expected in 2014-2015 (SIR = 1.26 from 2006-2008 baseline, 372/323893 or 11.49 per 10,000 patient days).

Methods

A number of interventions were implemented anew or intensified if already being used. The number of high touch objects being monitored for effective cleaning was doubled and a diagnostic testing algorithm designed to discourage inappropriate testing was developed and released in late 2015 (A) and hardwired into the organization’s electronic health record in 2016 (B for on admission, C for HO). Screening asymptomatic bone marrow transplant patients on admission began in a single mixed oncology unit and student volunteer hand hygiene and isolation compliance audits were conducted in random CDI patient rooms (D). In 2016, unit-based rapid intervention teams with staff and patient education and unit-based event reviews for hospital onset CDI were deployed in all inpatient units (E). Fluoroquinolones required pre-approval in two high acuity/utilization units (F) and systematic implementation of UV light technology for all CDI discharges was implemented (G) (Figure 1)

Results

HO-CDI dropped to 6.93 per 10,000 patient days (115/165869, RR=0.60, p<0.001) in 2016. Hospital onset CDI testing dropped precipitously from 13 per 1,000 patient days to 7.0 (p<0.001).

Conclusions

An existing multi-faceted prevention strategy was insufficient in achieving low HO-CDI rates. Only after implementing a more aggressive program and specifically addressing diagnostic/laboratory stewardship was a sustained improvement attained.

Publication

Poster session presented at: SHEA Conference. 2017 March 29-31; St. Louis, MO.
The combined results of the study concluded that “routine use of UV disinfection is a feasible addition to current infection control and environmental management service measures and may help reduce rates or health care-associated infections and ensure our Veterans a clean, safe environment for their health care.”
We believe that this conflict needs to be viewed as a safety issue because enhanced disinfection using UV devices is an evidence-based strategy to improve patient safety. (Room turnover time vs. admitting patient to at risk room)

Implementation Lessons Learned From the Benefits of Enhanced Terminal Room (BETR) Disinfection Study: Process and Perceptions of Enhanced Disinfection with Ultraviolet Disinfection Devices

Deverick J. Anderson, MD;1 Lauren P. Knelson, MSPH;1 Rebekah W. Moehring, MD, MPH;1,3 Sarah S. Lewis, MD, MPH;1 David J. Weber, MD, MPH;2 Luke F. Chen, MBBS, MPH;1 Patricia F. Triplett, MD;2,4 Michael Blocker, MD;5,6 R. Marty Cooney, MPH, MSE, BSN;7 J. Conrad Schwab, MD;8 Yuliya Lokhnygina, PhD;9 William A. Rutala, PhD;2 Daniel J. Sexton, MD1 for the CDC Prevention Epicenters Program

Objective

To summarize and discuss logistic and administrative challenges we encountered during the Benefits of Enhanced Terminal Room (BETR) Disinfection Study and lessons learned that are pertinent to future utilization of ultraviolet (UV) disinfection devices in other hospitals

Design

Multicenter cluster randomized trial

Setting & Participants

Nine hospitals in the southeastern United States

Methods

All participating hospitals developed systems to implement 4 different strategies for terminal room disinfection. We measured compliance with disinfection strategy, barriers to implementation, and perceptions from nurse managers and environmental services (EVS) supervisors throughout the 28-month trial results. Implementation of enhanced terminal disinfection with UV disinfection devices provides unique challenges, including time pressures from bed control personnel, efficient room identification, negative perceptions from nurse managers, and discharge volume. In the course of the BETR Disinfection Study, we utilized several strategies to overcome these barriers: (1) establishing safety as the priority; (2) improving communication between EVS, bed control, and hospital administration; (3) ensuring availability of necessary resources; and (4) tracking and providing feedback on compliance. Using these strategies, we deployed ultraviolet (UV) disinfection devices in 16,220 (88%) of 18,411 eligible rooms during our trial (median per hospital, 89%; IQR, 86%-92%).

Conclusion

Implementation of enhanced terminal room disinfection strategies using UV devices requires recognition and mitigation of 2 key barriers: (1) timely and accurate identification of rooms that would benefit from enhanced terminal disinfection and (2) overcoming time constraints to allow EVS cleaning staff sufficient time to properly employ enhanced terminal disinfection methods.

Trial Registration

Clinical Trials Identifier: NCT 01579370

Publication

Infection Control & Hospital Epidemiology, 2018: 1-7
Deployment of a touchless ultraviolet light robot for terminal room disinfection: The importance of audit and feedback

Michele Fleming MSN, RN, CIC*, Amie Patrick BSN, RN, Mark Gryskevicz, Nadia Masroor MPH, BS, Lisa Hassmer MBA, Kevin Shimp MSN, RN, Kaila Cooper MSN, RN, CIC, Michelle Doll MD, MPH, Michael Stevens MD, MPH, Gonzalo Bearman MD, MPH

Virginia Commonwealth University Health System, Richmond, VA

Results

During the 25-month assessment period, UVD capture rate increased from a baseline of 20% (14 out of 70) to 100% (47 out of 47) (Fig 1). During the first month, there were 70 opportunities for UVD; 14 rooms were disinfected for a capture rate of 20% (Fig 2).

During the final month of assessment, the capture rate for the UV disinfection was 100%: 47 rooms were disinfected and 47 rooms were eligible for disinfection. The UVD capture rate remained consecutively above 80% for 19 of the 25 months. During months 21-25, the capture rate remained above the goal of ≥90%. Tracking of UVD device use indicated that as the capture rate increased, the number of days the devices were not used decreased. The standardized infection ratio for National Healthcare Safety Network Lab ID C difficile decreased from 1.283 in 2015 to 1.212 in 2016. This result was not statistically significant (P = .6067).

Conclusions

Multidisciplinary collaboration, education, and structured A&F improve fidelity with UVD of rooms of patients with a history of Cdifficile infection.

Publication

American Journal of Infection Control, 2017
Concludes pathogen reduction in patient rooms in direct & indirect areas before standard terminal room disinfection by environmental services.

Decontamination of Targeted Pathogens from Patient Rooms Using an Automated Ultraviolet-C-Emitting Device

Deverick J. Anderson, MD, MPH;1,2 Maria F. Gergen, MT (ASCP);3 Emily Smathers, MPH;2 Daniel J. Sexton, MD;1,2 Luke F. Chen, MBBS, MPH;1,2 David J. Weber, MD, MPH;3,4 William A. Rutala, PhD, MPH;3,4 CDC Prevention Epicenters Program

Objective

To determine the effectiveness of an automated ultraviolet-C (Tru-D SmartUVC) emitter against vancomycin-resistant enterococci (VRE), Clostridium difficile, and Acinetobacter spp. in patient rooms.

Prospective cohort study. Two tertiary care hospitals. Convenience sample of 39 patient rooms from which a patient infected or colonized with 1 of the 3 targeted pathogens had been discharged.

Results

In total, 142 samples were obtained from 27 rooms of patients who were colonized or infected with VRE, 77 samples were obtained from 10 rooms of patients with C. difficile infection, and 10 samples were obtained from 2 rooms of patients with infections due to Acinetobacter. Use of an automated UV-C emitting device led to a significant decrease in the total number of colony forming units (CFUs) of any type of organism (1.07 log10 reduction; P < .0001), CFUs of target pathogens (1.35 log10 reduction; P < .0001), VRE CFUs (1.68 log10 reduction; P < .0001), and C. difficile CFUs (1.16 log10 reduction; P < .0001). CFUs of Acinetobacter also decreased (1.71 log10 reduction), but the trend was not statistically significant (P = .25). CFUs were reduced at all 9 of the environmental sites tested. Reductions similarly occurred in direct and indirect line of sight.

Conclusions

Our data confirm that automated UV-C-emitting devices can decrease the bioburden of important pathogens in real-world settings such as hospital rooms.

Publication

Infection Control & Hospital Epidemiology, May 2013: Vol. 34, No. 5
Colony counts were also reduced on surfaces such as grab bars and toilet seats in the patients’ bathrooms, which were not in direct line of sight from the device (shadowed areas), but to a lesser degree.

We confirmed the results of 2 previous studies that demonstrated that an automated UVLD device significantly reduced environmental contamination on high-touch surfaces in patient rooms.

Terminal Decontamination of Patient Rooms Using an Automated Mobile UV Light Unit,

John M. Boyce MD; Nancy L. Havill, MT; Brent A. Moore, PhD

To determine the ability of a mobile UV light unit to reduce bacterial contamination of environmental surfaces in patient rooms.

An automated mobile UV light unit that emits UV-C light was placed in 25 patient rooms after patient discharge and operated using a 1- or 2-stage procedure.

1 stage – Bathroom door is open and Tru-D placed in center of the room

2 stage – Bathroom is disinfected separately

Conclusions

The mobile UV-C light unit significantly reduced aerobic colony counts and C. difficile spores on contaminated surfaces in patient rooms.

Noted: In conclusion, we confirmed the results of 2 previous studies that demonstrated that an automated UVLD device significantly reduced environmental contamination on high-touch surfaces in patient rooms. Although the methods we used to assess the efficacy of the device differed from those used in previous studies, the levels of reduction in vegetative bacteria and C. difficile spores observed in our study were similar to those reported previously.

Publication

Infection Control & Hospital Epidemiology 2011, Vol 32(8) 737-742
Evaluation of an automated ultraviolet radiation device for decontamination of Clostridium difficile and other healthcare-associated pathogens in hospital rooms

Michelle M Nerandzic, Jennifer L Cadnum Michael J Pultz and Curtis J Donskey MD

Background

Environmental surfaces play an important role in transmission of healthcare-associated pathogens. There is a need for new disinfection methods that are effective against Clostridium difficile spores, but also safe, rapid, and automated.

Methods

We examined the efficacy of environmental disinfection using the Tru-D device in the laboratory and in rooms of hospitalized patients. Cultures for C. difficile, methicillin-resistant Staphylococcus aureus (MRSA), and vancomycin-resistant Enterococcus (VRE) were collected from commonly touched surfaces before and after use of Tru-D.

Results

On inoculated surfaces, application of Tru-D’s reflected dose consistently reduced recovery of C. difficile spores and MRSA by >2-3 log10 colony forming units (CFU)/cm² and of VRE by >3-4 log10 CFU/cm². Similar killing of MRSA and VRE was achieved in ~20 minutes at a reflected dose of 12,000 μWs/cm², but killing of C. difficile spores was reduced. Disinfection of hospital rooms with Tru-D reduced the frequency of positive MRSA and VRE cultures by 93% and of C. difficile cultures by 80%. After routine hospital cleaning of the rooms of MRSA carriers, 18% of sites under the edges of bedside tables (i.e., a frequently touched site not easily amenable to manual application of disinfectant) were contaminated with MRSA, versus 0% after Tru-D (P < 0.001). The system required <5 minutes to set up and did not require continuous monitoring.

Conclusions

The Tru-D SmartUVC device is a novel, automated, and efficient environmental disinfection technology that significantly reduces C. difficile, VRE and MRSA contamination on commonly touched hospital surfaces.

Publication

BMC Infectious Diseases 2010, 10:197
Room Decontamination with UV Radiation

William A. Rutala, PhD, MPH; Maria F. Gergen, MT (ASCP); David J. Weber, MD, MPH

Objective

To determine the effectiveness of a UV-C–emitting device (Tru-D SmartUVC) to eliminate clinically important nosocomial pathogens in a contaminated hospital room.

Methods

This study was carried out in a standard but empty hospital room (phase 1) and in a room previously occupied by a patient with methicillin-resistant Staphylococcus aureus (MRSA) or vancomycin-resistant Enterococcus (VRE) infection (phase 2) in an acute care tertiary hospital in North Carolina from January 21 through September 21, 2009.

Results

In our test room, the effectiveness of UV-C radiation in reducing the counts of vegetative bacteria on surfaces was more than 99.9% within 15 minutes, and the reduction in C. difficile spores was 99.8% within 50 minutes.

Conclusion

This UV-C device was effective in eliminating vegetative bacteria on contaminated surfaces both in the line of sight and behind objects within approximately 15 minutes and in eliminating C. difficile spores within 50 minutes.

Publication

We suggest that effective disinfection of operating tables and bed railings in military treatment facilities can be achieved with UVC lamps. Tru-D is a cost-effective, easy to use noninvasive, noncorrosive approach, with no adverse environmental effects.

Disinfection of Acinetobacter Baumannii-Contaminated Surfaces Relevant to Medical Treatment Facilities with Ultraviolet C Light
Vipin K. Rastogi, PhD; Lalena Wallace, MS; Lisa S. Smith, MS

Conclusion
We suggest that effective disinfection of operating tables and bed railings in military treatment facilities can be achieved with UVC lamps. UVC irradiation is a cost-effective, easy-to-use, noninvasive, noncorrosive approach, with no adverse environmental effects. All three dimensional surfaces must be directly exposed to the UVC irradiation (either direct line of site or indirect via reflected UV dose), to ensure better infection control in patient treatment facilities.

Publication
Military Medicine, Vol. 172, November 2007
Objective

To determine the effectiveness of a pulsed xenon ultraviolet (PX-UV) disinfection device for reduction in recovery of healthcare-associated pathogens.

Setting

Two acute-care hospitals.

Methods

We examined the effectiveness of PX-UV for killing of Clostridium difficile spores, methicillin-resistant Staphylococcus aureus (MRSA), and vancomycin-resistant Enterococcus (VRE) on glass carriers and evaluated the impact of pathogen concentration, distance from the device, organic load, and shading from the direct field of radiation on killing efficacy. We compared the effectiveness of PX-UV and ultraviolet-C (UV-C) irradiation, each delivered for 10 minutes at 4 feet. In hospital rooms, the frequency of native pathogen contamination on high-touch surfaces was assessed before and after 10 minutes of PX-UV irradiation.

Results

On carriers, irradiation delivered for 10 minutes at 4 feet from the PX-UV device reduced recovery of C. difficile spores, MRSA, and VRE by $0.55 \pm 0.34$, $1.85 \pm 0.49$, and $0.6 \pm 0.25 \log_{10}$ colony-forming units (CFU)/cm², respectively. Increasing distance from the PX-UV device dramatically reduced killing efficacy, whereas pathogen concentration, organic load, and shading did not. Continuous UV-C achieved significantly greater $\log_{10}$ CFU reductions than PX-UV irradiation on glass carriers. On frequently touched surfaces, PX-UV significantly reduced the frequency of positive C. difficile, VRE, and MRSA culture results.

Conclusions

The PX-UV device reduced recovery of MRSA, C. difficile, and VRE on glass carriers and on frequently touched surfaces in hospital rooms with a 10-minute UV exposure time. PX-UV was not more effective than continuous UV-C in reducing pathogen recovery on glass slides, suggesting that both forms of UV have some effectiveness at relatively short exposure times.

Publication

Infection Control & Hospital Epidemiology, January 2015, pp 1-6
The device was easy to transport and utilize, and able to disinfect rooms rapidly.

First UK evaluation of an automated ultraviolet-C room decontamination device (Tru-D)
N. Mahida a, N. Vaughan b, T. Boswell a, *
a Department of Clinical Microbiology, Nottingham University Hospitals NHS Trust, Nottingham, UK
b Infection Prevention and Control Department, Nottingham University Hospitals NHS Trust, Nottingham, UK

Tru-D is an automated room disinfection device that uses ultraviolet-C radiation to kill microorganisms. The device was deployed in six side-rooms and an operating theatre. In a cleaned, unoccupied operating theatre, Tru-D eradicated all organisms from the environment. Using artificially seeded Petri dishes with meticillin-resistant Staphylococcus aureus, multi-resistant acinetobacter and vancomycin-resistant enterococci, the mean log_{10} reductions were between three and four when used at 22,000 mWs/cm2 reflected dose. The device was easy to transport and utilize, and able to disinfect rooms rapidly. This appears to be a practical alternative technology to other ‘no-touch’ automated room disinfection systems.

Publication
Journal of Hospital Infection, 2013, 1-4

Figure 1. The Tru-D unit in operation.
Regardless of room size and exposure type, automated UV-C treatment greatly influences BR on AW high-touch surfaces. Hospitals instituting an automated UV-C system as an infection prevention adjunct should consider utilizing it in operating rooms for BR as part of a horizontal infection prevention surgical site infection-reduction strategy.

Ultraviolet-C light as a means of disinfecting anesthesia workstations

Matthew Nottingham BS a,b,*, Gene Peterson MD, PhD b, Christopher Doern PhD b, Michelle Doll MD, MPH b, Nadia Masroor MS b, Kakotan Sanogo MPH b, Michael Stevens MD, MPH b, Gonzalo Bearman MD, MPH b
a Virginia Commonwealth University School of Medicine, Richmond, VA
b Virginia Commonwealth University Health System, Richmond, VA

Background

Anesthesia workstations (AWs) are a reservoir for pathogenic organisms potentially associated with surgical site infections. This study examined the effectiveness of the Tru-D SmartUVC device (Tru-D LLC, Memphis, TN) on bioburden reduction (BR) on AWs.

Methods

Strips of tissue inoculated with a known concentration of either Staphylococcus aureus, Enterococcus faecalis, or Acinetobacter sp were placed on 22 high-touch surfaces of an AW. Half of the AW surfaces received direct ultraviolet (UV) light exposure and half received indirect exposure. Two inoculated strips, in sterile tubes outside of the room, represented the control. Trials were conducted on AWs in an operating room and a small room. Strips were placed in a saline solution, vortexed, and plated on blood agar to assess BR by the number of colony forming units.

Results

All experimental trials, compared with controls, exhibited a BR >99%. There was a significantly greater reduction of E faecalis colony forming units in the operating room AW under direct exposure (P = .019) compared with indirect exposure. There was no significant difference in reduction when comparing AWs between rooms.

Conclusion

Regardless of room size and exposure type, automated UV-C treatment greatly influences BR on AW high-touch surfaces. Hospitals instituting an automated UV-C system as an infection prevention adjunct should consider utilizing it in operating rooms for BR as part of a horizontal infection prevention surgical site infection-reduction strategy.

Publication

American Journal of Infection Control, 2017
Tru-D SmartUVC, LLC
743 S. Dudley
Memphis, TN 38104
(800) 774-5799
www.tru-d.com
info@tru-d.com
Hello Janet,

Attached is a quote for one (1) Skytron 1140 UV-C disinfection robot.

Please make your P.O. out to Skytron and email to trina@kecklermedical.com or fax to 209-847-4166.

For additional information please contact me at 209-505-5959.

Thank you for your business opportunity.

brett@kecklermedical.com
Mobile: 209-505-5959

Brett Manning
brett@kecklermedical.com

J.M. Keckler Medical Co., Inc.
HUMBOLDT GENERAL-
SKYTRON 1140 UV-C ROBOT

QUOTE Q-45097-3

PRICING SUMMARY

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REQUIRED DEPOSIT

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GPO: Intalere (Amerinet) - 1 (1000)

PAYMENT TERMS:
Net 30 days from date of invoice, subject to credit approval. Extended dating must be approved by Skytron and noted in this quote.
Shipping and taxes are not included in this quote unless itemized above.
All products are invoiced upon shipment.

FREIGHT:
FOB origin, prepaid and added, unless approved by Skytron and noted in this quote.
All shipments are subject to a separate handling charge.

ISSUE PO TO:
Skytron, LLC · PO Box 888615 · Grand Rapids, MI · 49588 · 616-656-2900

SUBMIT PO TO:
trina@kecklermedical.com or fax to 209-847-4166

REMIT TO:
Skytron, LLC · PO BOX 675164 · Detroit, MI · 48267-5164 · 616-656-2900

I acknowledge that I have reviewed and accept the content of this quote in its entirety.

_____________________________  _________________
Signature  Printed Name

_____________________________
Date  Title
## Humboldt General - Skytron 1140 UV-C Robot

### Pricing Detail

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**Total**                                                                                             |     |                     |                    |                      | $36,800.00            |
## Humboldt General - Skytron 1140 UV-C Robot

### PRICING DETAIL

**SOLUTIONS: Q-45097**

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<td>Includes initial set up of UV-C robots and one (1) day in-service training for staff. Barcode stickers will be provided for each room of the facility for the facility's team to install. If it is preferred that J.M. Keckler install the barcode stickers, a quote can be provided for this service.</td>
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<td>STORAGE</td>
<td>Customer will receive the product at their facility and store until ready for installation. If storage and staging is requested of J.M. Keckler Medical then please contact your sales representative for pricing and terms.</td>
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INTALERE TERMS AND CONDITIONS

PAYMENT TERMS
Net thirty (30) days after date of invoice
Shipping and Taxes are not included in this quote unless itemized above
All products are invoiced upon shipment

WARRANTY
2 - years Parts and Labor on contracted products: Lights, Booms, Tables, Integration, and Stainless
1 - year Parts and Labor on non-contracted products
90 - days on replacement parts, spare bulbs (surgical lights), spare pads (surgical tables), supplies, and accessory items
3 - years on Optik View displays
15 - years on sterilizer pressure vessel (steam chamber and jacket)
* In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

FREIGHT TERMS
F.O.B. Destination, Prepaid and Added
All shipments subject to handling charge

DELIVERY
120 Days after receipt of order

DEPOSIT
25% deposit required for Booms, Columns, and RTLS upon order acceptance
50% deposit required for Integration, Passive RFID, OR Workflow, OR Cockpit and custom products upon order acceptance

CONTRACT NUMBER
VQ-10088 - Lights/Booms/OR Integration/Stainless
VQ-10089 - Tables
SUPPLEMENTAL TERMS AND CONDITIONS

DRAWING CHANGE FEE
$200.00 Drawing Revision Charge will be invoiced after 2nd submittal revision
$200.00 Drawing Revision Charge will be invoiced after 1st fabrication revision
$750.00 Fabrication Revision Charge will be invoiced if revision is within 45 days of shipping

CHANGE ORDER FEE
Change order fees, equal to five percent (5%) of order total, apply if order changes occur within 60 days prior to shipment.

CANCELLATION FEE
Eight percent (8%) cancellation fee will be invoiced or deposit will be forfeited on cancelled items of an equipment order.

MINIMUM ORDER FEE
Orders with a product total less than $25.00 are subject to a $20 non-refundable minimum order fee added to the invoice.

RE-STOCKING FEE
  a. Equipment - 20% re-stocking fee will apply to all returns for credit of new equipment that has not yet been installed, within 180 days of shipment. Refurbishment charges, if any, will be calculated upon inspection of the goods when received. All returns to be authorized by Skytron in advance.
  b. Parts - $50.00 re-stocking fee for inspection/testing, plus up to five percent (5%) of item cost for repair/refurbishing charge (not to exceed $2,500 per item). Non-warranty part returns with a List Price less than $100.00 per item will not be accepted.
  c. Re-Stocking policy does not supersede Skytron’s North American Warranty policy, Demo policy, or Table Pad Return policy.

MISCELLANEOUS
  a. Unless otherwise noted, Skytron reserves the right to make product improvements, discontinue products, and change prices without notice.
  b. Orders are subject to credit approval.
  c. Unless otherwise noted or previously negotiated, quoted amounts Do Not Include freight costs and applicable taxes. Freight and tax rates in effect at time of shipment will be applied.
  d. Buyer expressly agrees that no terms and conditions shall supersede those in this quote without express, written consent of Skytron.

UV DISINFECTION, IF APPLICABLE
In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.
SERVICE TERMS AND CONDITIONS

WORKING HOURS
All service and installation pricing is based on normal working hours, 8 AM to 5 PM, Monday thru Friday, excluding holidays.

DISCONNECTION AND REMOVAL OF EXISTING EQUIPMENT
If required, for a fee, Skytron can disconnect and remove existing equipment.

UNION LABOR
Facilities requiring the use of union labor must be identified as such for quoting purposes.

SEISMIC REQUIREMENTS
Please notify Skytron’s Service Manager for installations having specific seismic requirements. Skytron is not responsible for any x-raying of the floor, structural ceiling through bolting, and associated fasteners.

TRADE-IN EQUIPMENT
Please notify Skytron’s Service Manager for installation where trade-in equipment will be present.

COMBINATION PRODUCTS
For integrated products combining lighting and equipment pendants, include installation pricing for both individual units.

SCHEDULING
Contact Skytron’s Service Manager a minimum of 15 working days prior to desired installation date. Large and intensive projects requiring multiple phases require a minimum 60-day notice before installation commences. Please contact Skytron’s National Service Manager or Sales Representative.

SERVICE CONTRACTS
A signed service contract is required. A preliminary evaluation of product may be required for product that has been in use for some time.

ELECTRICAL CONNECTIONS, FINAL TIE-INS AND FINISHES
All final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide final tie-in services due to local licensing regulations. Finish work (e.g., caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.
Hello Janet,

Attached is a quote for one (1) set of Skytron 2280 dual emitter UV-C disinfection robots.

Please make your P.O. out to Skytron and email to trina@kecklermedical.com or fax to 209-847-4166.

For additional information please contact me at 209-505-5959.

Thank you for your business opportunity.

brett@kecklermedical.com
Mobile: 209-505-5959

Brett Manning
brett@kecklermedical.com

J.M. Keckler Medical Co., Inc.
HUMBOLDT GENERAL-SKYTRON 2280 UV-C ROBOTS

QUOTE Q-45144-2

PRICING SUMMARY

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REQUIRED DEPOSIT
$0.00
GPO: Intalere (Amerinet) - 1 (1000)

PAYMENT TERMS: Net 30 days from date of invoice, subject to credit approval. Extended dating must be approved by Skytron and noted in this quote.
Shipping and taxes are not included in this quote unless itemized above.
All products are invoiced upon shipment.

FREIGHT: FOB origin, prepaid and added, unless approved by Skytron and noted in this quote.
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ISSUE PO TO: Skytron, LLC · PO Box 888615 · Grand Rapids, MI · 49588-656-2900
SUBMIT PO TO: trina@kecklermedical.com or fax to 209-847-4166
REMIT TO: Skytron, LLC · PO BOX 675164 · Detroit, MI · 48267-5164 · 616-656-2900

I acknowledge that I have reviewed and accept the content of this quote in its entirety.

_________________________________________  __________________________________________
Signature                                           Printed Name
_________________________________________  __________________________________________
Date                                                 Title
**Humboldt General - Skytron 2280 UV-C Robots**

**PRICING DETAIL**
**UVC DISINFECTION: Q-45144**

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</tr>
</tbody>
</table>

**TOTAL $70,400.00**
# Humboldt General - Skytron 2280 UV-C Robots

## PRICING DETAIL

### SOLUTIONS: Q-45144

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>QTY</th>
<th>LIST PRICE</th>
<th>QUOTED PRICE</th>
<th>QUOTED PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV-C Robots Initialization</td>
<td>Includes initial set up of UV-C robots and one (1) day in-service training for staff. Barcode stickers will be provided for each room of the facility for the facility's team to install. If it is preferred that J.M. Keckler install the barcode stickers, a quote can be provided for this service.</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>STORAGE</td>
<td>Customer will receive the product at their facility and store until ready for installation. If storage and staging is requested of J.M. Keckler Medical then please contact your sales representative for pricing and terms.</td>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**TOTAL**

$0.00
INTALERE TERMS AND CONDITIONS

PAYMENT TERMS
Net thirty (30) days after date of invoice
Shipping and Taxes are not included in this quote unless itemized above
All products are invoiced upon shipment

WARRANTY
2 - years Parts and Labor on contracted products: Lights, Booms, Tables, Integration, and Stainless
1 - year Parts and Labor on non-contracted products
90 - days on replacement parts, spare bulbs (surgical lights), spare pads (surgical tables), supplies, and accessory items
3 - years on Optik View displays
15 - years on sterilizer pressure vessel (steam chamber and jacket)
* In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.

FREIGHT TERMS
F.O.B. Destination, Prepaid and Added
All shipments subject to handling charge

DELIVERY
120 Days after receipt of order

DEPOSIT
25% deposit required for Booms, Columns, and RTLS upon order acceptance
50% deposit required for Integration, Passive RFID, OR Workflow, OR Cockpit and custom products upon order acceptance

CONTRACT NUMBER
VQ-10088 - Lights/Booms/OR Integration/Stainless
VQ-10089 - Tables
SUPPLEMENTAL TERMS AND CONDITIONS

DRAWING CHANGE FEE
$200.00 Drawing Revision Charge will be invoiced after 2nd submittal revision
$200.00 Drawing Revision Charge will be invoiced after 1st fabrication revision
$750.00 Fabrication Revision Charge will be invoiced if revision is within 45 days of shipping

CHANGE ORDER FEE
Change order fees, equal to five percent (5%) of order total, apply if order changes occur within 60 days prior to shipment.

CANCELLATION FEE
Eight percent (8%) cancellation fee will be invoiced or deposit will be forfeited on cancelled items of an equipment order.

MINIMUM ORDER FEE
Orders with a product total less than $25.00 are subject to a $20 non-refundable minimum order fee added to the invoice.

RE-STOCKING FEE
a. Equipment - 20% re-stocking fee will apply to all returns for credit of new equipment that has not yet been installed, within 180 days of shipment. Refurbishment charges, if any, will be calculated upon inspection of the goods when received. All returns to be authorized by Skytron in advance.
b. Parts - $50.00 re-stocking fee for inspection/testing, plus up to five percent (5%) of item cost for repair/refurbishing charge (not to exceed $2,500 per item). Non-warranty part returns with a List Price less than $100.00 per item will not be accepted.
c. Re-Stocking policy does not supersede Skytron's North American Warranty policy, Demo policy, or Table Pad Return policy.

MISCELLANEOUS
a. Unless otherwise noted, Skytron reserves the right to make product improvements, discontinue products, and change prices without notice.
b. Orders are subject to credit approval.
c. Unless otherwise noted or previously negotiated, quoted amounts Do Not Include freight costs and applicable taxes. Freight and tax rates in effect at time of shipment will be applied.
d. Buyer expressly agrees that no terms and conditions shall supersede those in this quote without express, written consent of Skytron.

UV DISINFECTION, IF APPLICABLE
In order to maintain warranty on UV Disinfection products (IPT UV-C), a service contract must be purchased from Skytron, and service work performed by a Skytron Service Technician. Failure to comply with the terms of the service contract may void warranty. Service contract terms and conditions are available upon request.
SERVICE TERMS AND CONDITIONS

WORKING HOURS
All service and installation pricing is based on normal working hours, 8 AM to 5 PM, Monday thru Friday, excluding holidays.

DISCONNECTION AND REMOVAL OF EXISTING EQUIPMENT
If required, for a fee, Skytron can disconnect and remove existing equipment.

UNION LABOR
Facilities requiring the use of union labor must be identified as such for quoting purposes.

SEISMIC REQUIREMENTS
Please notify Skytron’s Service Manager for installations having specific seismic requirements. Skytron is not responsible for any x-raying of the floor, structural ceiling through bolting, and associated fasteners.

TRADE-IN EQUIPMENT
Please notify Skytron’s Service Manager for installation where trade-in equipment will be present.

COMBINATION PRODUCTS
For integrated products combining lighting and equipment pendants, include installation pricing for both individual units.

SCHEDULING
Contact Skytron’s Service Manager a minimum of 15 working days prior to desired installation date. Large and intensive projects requiring multiple phases require a minimum 60-day notice before installation commences. Please contact Skytron’s National Service Manager or Sales Representative.

SERVICE CONTRACTS
A signed service contract is required. A preliminary evaluation of product may be required for product that has been in use for some time.

ELECTRICAL CONNECTIONS, FINAL TIE-INS AND FINISHES
All final tie-ins of electrical connections, plumbing and media must be made by a qualified and licensed individual. Skytron does not provide final tie-in services due to local licensing regulations. Finish work (e.g., caulking and trim) is the responsibility of others. Installation of standard product moldings or trim is included in the pricing provided.
Skytron
UVC Disinfection Robots
The best value in UVC disinfection

By offering the largest choices of UVC on the market, Skytron has the ideal UVC solution to fill the need of any hospital, long term facility, or any area that is improving infection control procedures. With four models to choose from, Skytron meets on every need and every budget. Through effective, single-cycle, whole-room disinfections, Skytron UV delivers more power and efficiency, ensuring proper disinfection and increased staff workflow productivity.

Easy to use
SmartDosage UV™ technology delivers a lethal germ-killing dose to all surfaces, including shadowed areas. Skytron UV Disinfection Robots automatically sense room size and characteristics to calibrate the appropriate runtime, thus instilling confidence that disinfecting treatments are completed with the highest quality performance every time.

Quick and effective treatments
Skytron UV Disinfection Robots deliver high energy output, resulting in faster and more effective treatments. With rapid, single-cycle, whole-room disinfections, more germicidal power is delivered. Clinical pathogens are killed, and direct, indirect, and shadowed surfaces are disinfected.

Options to maximize any need
With our vast portfolio of UVC, Skytron offers multiple choices to find the best fit for your clinical setting. If you are in search of adding UVC to your facility, Skytron can help identifying the ideal robot to complete the job. Regardless of size, strength, or number of emitters, Skytron is here to find the perfect solution.
Most powerful UVC portfolio ever
How Can UVC Help You?

The Problem

Healthcare Associated Infections (HAI’s) impact 5 to 10 percent of hospitalized patients and cost hospitals an average of $15,000 per incident. Nationally, HAI’s cost hospitals more than $25 billion per year in additional expenses for readmission or elongated hospital stays. Additionally, HAI’s put hospital staff at risk and increase labor expenses for paid sick time.1

Environmental contamination
- Contamination is directly impacted by patient-to-patient transmission2
- Patients occupying rooms that previously housed pathogen-infected patients have 73% increased risk for disease3,4
- Pathogens persist in the environment for weeks to months on surfaces5

73% of pathogens live
- High-touch room surfaces
- Faucet handles
- Telephone handsets
- Bed rails
- Door knobs
- TV remote controls1

Manual disinfection
- Proven to be less than 50% effective5
- Only 34% of high-touch surfaces are terminally cleaned4
- Majority of isolation rooms are still contaminated with dangerous pathogens after disinfection4

Solution: Skytron UVC

Shorter treatment times
- Higher room throughput
- Reduces turn-over time

More effective disinfections
- Higher pathogen kill rate
- Lead to greater reduction of HAI’s

Whole-room disinfections
- Include shadowed surfaces
- Disinfect surfaces in distant proximity

Improve workflow
- Single-cycle treatments
- No repositioning of unit

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2. Weber, Rutala, Miller et al. ICHE 2010
Single Emitter Systems

1140 Sentry

Value
Category leading UVC power, single cycle disinfection

Flexibility
Removable emitter for use in small spaces

Simplicity
Lightweight and easy to move

3200 Max

Shorter Run-Times
Highest single emitter output

Higher Room Throughput
Faster cycles equals more rooms in less time

Smart Cycle UVC
Field Balance and PowerBoost UV Technology
Multiple Emitter Systems

2280 Syndicate

Multiple Locations
Dual Emitters allows for two locations hit with same cycle

Shadows Minimized
Two Emitters allows for more effective treatments

Lower Labor Costs
Units do not require repositioning to complete cycle

Surfacide

Greatest Coverage
Three Emitters in a single cycle allow more energy delivery in less time

Shadows Minimized
Significantly reduce shadows and deliver more energy to high-touch surfaces

Lower Labor Costs
Units do not require repositioning to complete cycle

Flexibility
Handling in multiple configurations and deliver energy to defined areas
Proven Outcomes

Peer-Reviewed Hospital Study

- Significant reductions in HAI incident rates
- Conducted hospital-wide with 95% of the rooms in the entire facility being treated
- Conducted over a 6-month period
- Study conducted totally independent of Skytron
- No bias or conflict of interest

Mercy Anderson Hospital (Cincinnati, OH)

- Clostridium Difficile (C. Diff) dropped 42% in one year trial period
- Vancomycin-Resistant Enterococci (VRE) down 83% during the same period


Proven Outcomes

McLaren Oakland Study

Significant HAI Rate Reduction

- 72% reduction in Clostridium Difficile incidences

ROI Economic Impact

- $236,880 cost avoidance 1st 6 months for C.Diff alone

High Throughput

- 15 minute average room turn-around time

No Conflict of Interest

- Study conducted independently of Skytron

Service

**Service:**
Skytron's industry-leading service programs are worry and hassle free:

- One to five year plans which cover all OEM parts, including lamps and labor
- On-site service visits and travel expenses, 24/7 telephone support, and annual preventative maintenance check-ups
- “Spare in the Air” program, where Skytron expedites a replacement robot to minimize down time during required services
- Consultation for implementing an optimal deployment strategy for your facility

**Training:**
Skytron offers instruction on UV robot operation to ensure safe and effective performance:

- Training for multiple shifts of staff
- Training of management staff in Steri-Trak, Skytron's cloud-based tracking and documentation system

**Total Cost of Ownership**
Skytron offers solutions designed to deliver the highest performance with the lowest overall cost of ownership. Skytron's Total Cost of Ownership (TCO) program provides customers with a plan to prevent as much equipment down-time as possible, and a defined annual cost of ownership for confident budgeting.

- With TCO, customers receive:
  - 98% up-time guarantee
  - Labor for routine and emergency maintenance
  - OEM certified technician and documentation
  - All OEM parts, including lamps
  - 1 annual PM

Customer Testimonials

**Legacy Meridian Park Medical Centers (Tualatin, OR)**
"The results [culture tests] were incredible. The light penetrates and destroys the actual DNA of microorganisms like MRSA."

**Mercy Health (Kenwood, OH)**
"Our experience has been great. The service and support from Skytron has been incredible. We have 24/7 access to a real-time person...The training was there right from the start."

**McLaren Flint Health Care (Flint, MI)**
"We were able to reduce the infections in our intensive care unit by 30% over a 6 month period."

Need more help? We’re just a phone call away. 800-759-8766
About Skytron: Skytron is a healthcare efficiency company specializing in capital equipment that drives performance in today’s healthcare facilities. Our solutions enhance the utilization of people, facilities and capital because they are designed with the user in mind and have a low, long-term cost of ownership. We offer full-room solutions in Clinical, Infection Prevention and Clinical Business Intelligence products.

To learn more, visit our website at www.skytron.com
## QUOTE

**Bill To:** 00652397  
Humboldt General Hospital  
Humboldt General Hospital  
118 E Haskell ST  
Winnemucca, NV 894453299

**Ship To:** 00652397  
Humboldt General Hospital  
Humboldt General Hospital  
118 E Haskell ST  
Winnemucca, NV 894453299

**Sent:**  
**Reference#:** QT200391920200423152142

**Note:**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Product</th>
<th>Description</th>
<th>UOM</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
</table>
| 1   | 1317106     | MoonBeam3 Disinfection Tecnlgy  
MOONBEAM3                  | Ea  | 28,895.00  | 28,895.00     |

**Sub Total:** 28,895.00

This quote is valid for 30 days after which this pricing may expire.