

**AMENDMENT NO. 1  
TO SERVICES AGREEMENT  
BETWEEN PROFESSIONAL RESEARCH CONSULTANTS, INC. AND  
THE COUNTY OF MONTEREY ON BEHALF OF NATIVIDAD MEDICAL CENTER  
FOR  
HEALTHCARE INDUSTRY MARKET RESEARCH DESIGN, ANALYSIS, SUPPORT, TRAINING  
AND CONSULTING SERVICES**

This Amendment No. 1 to the Services Agreement (“Agreement”) which was effective on November 1, 2023 is entered into by and between the County of Monterey, on behalf of Natividad Medical Center (“NMC”), and Professional Research Consultants, Inc. (“CONTRACTOR”); **From this point forward, the party referenced previously as “NMC” shall be referenced as “COUNTY” and collectively, COUNTY and CONTRACTOR are referred to as the “Parties” to this Agreement, with respect to the following:**

**RECITALS**

**WHEREAS**, the Agreement was executed with Professional Research Consultants, Inc. to provide healthcare industry market research design, analysis, support, training and consulting services with a term November 1, 2023 through October 31, 2024 and a total Agreement amount not to exceed \$65,000; and

**WHEREAS**, COUNTY and CONTRACTOR currently wish to amend the Agreement via Amendment No. 1 to extend the term through December 31, 2027 for a revised term of Agreement (November 1, 2023 through December 31, 2027) to allow for services to continue with additions to the original scope of work attached hereto as **“Exhibit A-1: Additional Scope of Services/ Payment Provisions per Amendment No. 1”** with a \$320,000 increase for the added services for a revised total Agreement amount not to exceed \$385,000.

**AGREEMENT**

**NOW, THEREFORE**, the Parties agree to amend the Agreement as follows:

The Agreement is hereby renewed on the terms and conditions as set forth in the Original Agreement incorporated herein by this reference, except as specifically set forth below.

1. Section 2 / Paragraph titled, “PAYMENTS BY COUNTY” shall be amended to the following:  
***“COUNTY shall pay the CONTRACTOR in accordance with the payment provisions set forth in EXHIBIT A plus EXHIBIT A-1 as per Amendment No. 1 attached hereto this Amendment No. 1. The total amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed the sum of \$385,000.”***
2. The first sentence of Section 3 /Paragraph titled, “TERM OF AGREEMENT” shall be amended to the following:  
***“The term of this Agreement is from November 1, 2023 through December 31, 2027 unless sooner terminated pursuant to the terms of this Agreement.”***
3. Section 4/ Paragraph titled, “SCOPE OF SERVICES AND ADDITIONAL PROVISIONS/EXHIBITS” shall be amended to the following:  
***“The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:***  
**Addendum No. 1 to Service Agreement**  
**Exhibit A: Scope of Services/Payment Provisions**  
**Exhibit A-1: Additional Scope of Services/ Payment Provisions**  
**Exhibit B: Business Associate Agreement**  
**Addendum No. 1 to Business Associate Agreement”**

4. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
5. A copy of this Amendment No. 1 shall be attached to the Agreement.
6. This Amendment No. 1 shall be effective when signed by both Parties.

*The remainder of this page was intentionally left blank.*

*~ Signature page to follow ~*

IN WITNESS WHEREOF, the Parties hereto are in agreement with this Amendment No. 1 on the basis set forth in this document and have executed this Amendment No. 1 on the day and year set forth herein.

**COUNTY OF MONTEREY on behalf of**  
**NATIVIDAD MEDICAL CENTER**

By: \_\_\_\_\_  
Charles R. Harris, CEO

Date: \_\_\_\_\_

**APPROVED AS TO LEGAL PROVISIONS**

DocuSigned by:  
By: Stacy Saitta  
696D21D44C4341D  
Monterey County Deputy County Counsel

Date: 6/27/2024 | 1:42 PM PDT

**APPROVED AS TO FISCAL PROVISIONS**

DocuSigned by:  
By: Jennifer Forsyth  
4E7E657875454AE  
Monterey County Deputy Auditor/Controller

Date: 6/27/2024 | 2:49 PM PDT

**CONTRACTOR**

Professional Research Consultants, Inc.

**CONTRACTOR's Business Name**  
\*\*\*See instructions below\*\*\*

DocuSigned by:  
By: Dr. Joe Inguanzo  
52576132F0C26437  
(Signature of: Chair, President, or Vice-President)

Dr. Joe Inguanzo, CEO  
Name and Title

Date: 6/6/2024 | 10:18 AM PDT

DocuSigned by:  
By: Ken Livingston  
A16A4E77495B4DA  
(Signature of: Secretary, Asst. Secretary, CFO, Treasurer, or Asst. Treasurer)

Ken Livingston, Senior Vice President  
Name and Title

Date: 6/6/2024 | 10:10 AM PDT

**\*\*\*Instructions\*\*\***

If **CONTRACTOR** is a corporation; including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).

If **CONTRACTOR** is a partnership; the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required).

If **CONTRACTOR** is contracting in an individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required).

**Exhibit A-1: Additional Scope of Services/ Payment Provisions as per Amendment No. 1.****Additional Sample Plans to Section II. 1 (“CONTRACTOR Obligations”) to Exhibit A of the Original Agreement****2025 Study Year (patients discharged January 1 through December 31, 2025)**

	Quarterly Targeted Surveys	Annual Targeted Surveys	Rate	Administrative Fees	Annual Targeted Total Value	Annual 'Not to Exceed' Surveys	Annual 'Not to Exceed' Total Value
<b>Child HCAHPS Plus Study</b>							
Pediatric Patient Caregiver	40	160	x \$25.75	+ \$ 2,110.00	= \$ 6,230.00	200	\$ 7,260.00
<b>HCAHPS Plus Study</b>							
Inpatient	250	1,000	x \$25.75	+ \$ 3,605.00	= \$ 29,355.00	1,200	\$ 34,505.00
<b>OAS CAHPS Plus Study</b>							
Outpatient Ambulatory Surgery	80	320	x \$25.75	+ \$ 2,155.00	= \$ 10,395.00	400	\$ 12,455.00
<b>Patient Loyalty Study, eSurveys</b>							
ED Patient	Unlimited	Unlimited	x \$ -	+ \$ 10,400.00	= \$ 10,400.00	Unlimited	\$ 10,400.00
Outpatient Clinic	Unlimited	Unlimited	x \$ -	+ \$ 9,500.00	= \$ 9,500.00	Unlimited	\$ 9,500.00
	<b>370</b>	<b>1,480</b>			<b>\$ 65,880.00</b>	<b>1,800</b>	<b>\$ 74,120.00</b>

**432026 Study Year (patients discharged January 1 through December 31, 2026)**

	Quarterly Targeted Surveys	Annual Targeted Surveys	Rate	Administrative Fees	Annual Targeted Total Value	Annual 'Not to Exceed' Surveys	Annual 'Not to Exceed' Total Value
<b>Child HCAHPS Plus Study</b>							
Pediatric Patient Caregiver	40	160	x \$26.50	+ \$ 2,170.00	= \$ 6,410.00	200	\$ 7,470.00
<b>HCAHPS Plus Study</b>							
Inpatient	250	1,000	x \$26.50	+ \$ 3,710.00	= \$ 30,210.00	1,200	\$ 35,510.00
<b>OAS CAHPS Plus Study</b>							
Outpatient Ambulatory Surgery	80	320	x \$26.50	+ \$ 2,215.00	= \$ 10,695.00	400	\$ 12,815.00
<b>Patient Loyalty Study, eSurveys</b>							
ED Patient	Unlimited	Unlimited	x \$ -	+ \$ 10,710.00	= \$ 10,710.00	Unlimited	\$ 10,710.00
Outpatient Clinic	Unlimited	Unlimited	x \$ -	+ \$ 9,785.00	= \$ 9,785.00	Unlimited	\$ 9,785.00
	<b>370</b>	<b>1,480</b>			<b>\$ 67,810.00</b>	<b>1,800</b>	<b>\$ 76,290.00</b>

**2027 Study Year (patients discharged January 1 through December 31, 2027)**

	Quarterly Targeted Surveys	Annual Targeted Surveys	Rate	Administrative Fees	Annual Targeted Total Value	Annual 'Not to Exceed' Surveys	Annual 'Not to Exceed' Total Value
<b>Child HCAHPS Plus Study</b>							
Pediatric Patient Caregiver	40	160	x \$27.25	+ \$ 2,235.00	= \$ 6,595.00	200	\$ 7,685.00
<b>HCAHPS Plus Study</b>							
Inpatient	250	1,000	x \$27.25	+ \$ 3,820.00	= \$ 31,070.00	1,200	\$ 36,520.00
<b>OAS CAHPS Plus Study</b>							
Outpatient Ambulatory Surgery	80	320	x \$27.25	+ \$ 2,280.00	= \$ 11,000.00	400	\$ 13,180.00
<b>Patient Loyalty Study, eSurveys</b>							
ED Patient	Unlimited	Unlimited	x \$ -	+ \$ 11,030.00	= \$ 11,030.00	Unlimited	\$ 11,030.00
Outpatient Clinic	Unlimited	Unlimited	x \$ -	+ \$ 10,075.00	= \$ 10,075.00	Unlimited	\$ 10,075.00
	<b>370</b>	<b>1,480</b>			<b>\$ 69,770.00</b>	<b>1,800</b>	<b>\$ 78,490.00</b>