

# **2013 Rural Hospital Capital Improvement Grant Program**

**Stage 1 – Pre-application**

**Minnesota Department of Health**

**Office of Rural Health & Primary Care**

Application submitted by:  
Sanford Health Network d/b/a  
Sanford Luverne Medical Center  
Luverne, MN

Project title: Surgical Diagnostic Equipment

**2013 Rural Hospital Capital Improvement Grant Program**  
**Stage 1 – Pre-application**  
**Minnesota Department of Health**  
**Office of Rural Health & Primary Care**

**I. Applicant Information**

**1. Applicant Hospital** Sanford Health Network d/b/a Sanford Luverne Medical Center

Address 1600 N. Kniss Ave., Luverne, MN 56156-1067

**2. Contact Person**

Name/Title Laura Murphy, Director, Office of Sponsored Programs

Phone (605) 312-6087

Email SponsoredPrograms@SanfordHealth.org

**3. Person Authorized to Submit the Application (if different from Contact Person)**

Name/Title Randy Anderson, Vice President, Sanford Health Network

Phone (605) 328-5509

Email Randy.Anderson@SanfordHealth.org

**4. System Affiliation (if applicable)**

Name of System Sanford Health

Nature of Affiliation Owned by  
(Managed by, leased to, owned by, etc.)

**5. Grant Amount Requested**\$88,659**Match to Be Provided**\$29,554 **Total Cost**\$118,213

**6. Name of Project**

Surgical Diagnostic Equipment

**2012 Rural Hospital Capital Improvement Grant Program**  
**Stage 1 – Pre-application**  
**Minnesota Department of Health**  
**Office of Rural Health & Primary Care**

<b>A.</b>	Table of Contents.....	2
<b>B.</b>	Brief project description.....	3
<b>1.</b>	Project description.....	3
<b>2.</b>	Goals and objectives of the proposed project.....	3
<b>3.</b>	Relationship of the proposed project to your strategic/capital improvement plan.....	3
<b>4.</b>	Your plan to maintain or operate facilities or equipment included in the project.....	3
<b>C.</b>	Brief case for the project.....	5
<b>1.</b>	What is the problem? (document and quantify, if possible).....	5
<b>2.</b>	What is your proposed solution to the problem?.....	6
<b>3.</b>	Why is the project important to your hospital and your community?.....	6
<b>4.</b>	Who has been and will continue to be involved in the project?.....	7
<b>5.</b>	Who will be the project beneficiaries? How will they benefit? How will you know?.....	7
<b>6.</b>	Where will the project take place? Why here?.....	7
<b>7.</b>	What is the timeline for the project and why now?.....	7
<b>8.</b>	How much will it cost and why?.....	8
<b>9.</b>	Why do you need grant funds to support/undertake the project?.....	8
<b>10.</b>	How are you working with neighboring facilities and/or your hospital system to meet these needs jointly/cooperatively?.....	8
<b>11.</b>	How do you know there will be a demand for the service(s) to be supported by the project and how will the project be sustained after the grant funds are expended?.....	9
<b>12.</b>	Submit the relevant portion of your current hospital strategic plan or capital improvement plan that establishes the project as a priority.....	9
<b>D.</b>	Brief project budget.....	10
<b>1.</b>	Budget form.....	10
<b>2.</b>	Anticipated total project cost and grant funds.....	10
<b>3.</b>	Sources, uses and amounts of required match.....	10
<b>4.</b>	Other supporting project funding.....	10
<b>5.</b>	Budget justification narrative.....	11

## **II. Project Information**

### **B. Brief project description:**

#### **1. Project description**

Sanford Luverne Medical Center (SLMC) proposes to purchase high-definition endoscopic equipment that will provide greater detail and image clarity for diagnostic procedures, offering needed tools for physicians and patients to make informed decisions together regarding future treatments. SLMC has identified the Evis Exera III system, manufactured by Olympus, as the preferred solution (see attached pricing estimate). This quality system offers cutting-edge technology for light source, scope-to-monitor translation and printer functionality. It also is compatible with SLMC's electronic medical record (EMR), allowing images to be transferred to the EMR as digital files and viewed within a patient record for quick reference.

The Evis Exera system will enhance the quality of care for patients in the communities SLMC serves, meeting healthcare needs in a hometown facility. SLMC serves more than 10,000 residents, including its home area of Rock County and portions of Murray, Nobles, and Pipestone counties in Southwest Minnesota. SLMC's active medical staff includes seven family practice physicians, a certified nurse practitioner, and a general surgeon from Sanford Luverne Clinic – which operates as a hospital department. In addition to its 25-bed Critical Access Hospital (CAH), Sanford Luverne Medical Center offers a broad range of outpatient services.

#### **2. Goals and objectives of the proposed project**

**Goal:** To meet the needs of and improve health outcomes for rural patients in Sanford Luverne Medical Center's service area by continuing to offer and grow diagnostic and surgical options close to home.

**Objective 1:** Use outcomes from a recent Community Health Care Needs Assessment to drive improvements and capital upgrades at SLMC.

**Objective 2:** Purchase and install the Evis Exera diagnostic endoscopic system to allow enhanced, digital diagnostic visual screening during procedures.

**Objective 3:** Provide a higher level of care with timely, accurate diagnostic results.

**Objective 4:** Improve work efficiencies for physicians and support staff by reducing equipment malfunctions and down-time due to repairs.

**Objective 5:** Provide an uninterrupted sequence of care for patients by referring them to and performing surgeries within SLMC's community-based facilities.

#### **3. Relationship of the proposed project to your strategic/capital improvement plan.**

Leadership at Sanford Luverne Medical Center revisits the strategic planning process every three years. The SLMC Strategic Plan currently is in its 2012-2014 cycle and uplifts the need to "*Partner with Sanford Clinic to grow specialty service procedures at Sanford Luverne*".

SLMC already has invested in the human capital to move toward this strategic priority, recruiting a new surgeon who began practicing full-time in September 2011. The Evis Exera system represents the next step. SLMC must assure that surgical equipment is capable of serving patients locally and enabling health care professionals to function at the highest level possible.

#### **4. Your plan to maintain or operate facilities or equipment included in the project.**

Sanford Luverne Medical Center's surgeon, Dr. Norma Walks, has taken a leadership role in collaborating with physicians to schedule procedures, increasing both outpatient diagnostic procedures and surgeries. Specific to this proposal, selected expertise within Dr. Walks' field of

practice comprises endoscopic procedures including colonoscopy and upper scopes to diagnose and treat swallowing disorders, acid reflux, gluten allergies and other health conditions; gastrointestinal cancer surgery; laparoscopic surgery of the bowel and gallbladder; breast health surgery including biopsy; and emergency and general surgery.

SLMC's financial leadership team understands that ongoing maintenance and proactive upgrades are necessary to provide patient-centered services on site. SLMC budgets these costs annually as part of its operational budget. SLMC also has access to bio-med technicians through the larger Sanford Health Network. These professionals perform scheduled, routine inspections to troubleshoot issues and help prolong the usable life of equipment such as the Evis Exera system.

### **C. Brief Case for the project**

#### **1. What is the problem? (document and quantify, if possible)**

The endoscopic equipment is the mainstay of the surgical department at Sanford Laverne Medical Center. Designed for diagnostic and screening purposes, this equipment most often is used at SLMC for colonoscopies and esophogastroduodenoscopies (EGDs). These represent the two most common procedures at SLMC, where an annual average of between 425 and 450 colonoscopies and EGDs are performed. In fact, these endoscopic services accounted for a majority of outpatient procedures in fiscal years 2011 and 2012 – and consistently make up nearly half of all procedures performed in the operating room.

Endoscopy holds indispensable value for patients who need reliable answers to their health concerns and who strongly desire to receive care from local, trusted sources. Access to quality diagnostic services at SLMC is paramount to keeping healthcare local. A Community Health Care Needs Assessment completed by SLMC in 2011 affirmed the need to preserve and grow local access for outpatient health care. Feedback from community members revealed that more than 89% of respondents believe it's important to offer health care services locally.

SLMC is proud to provide surgical services and retain care for patients in their home community. However, the bulk of the current endoscopic equipment is leased, not owned, by Sanford Laverne Medical Center. Purchasing a system represents a cost-savings measure over continuing in a leasing schedule.

SLMC's resident endoscopic system is more than eight years old and displaying advanced signs of wear and tear. SLMC's equipment often malfunctions, interrupting diagnostic and surgical procedures. Recurring problems with the endoscopic equipment often forces its return to the manufacturer for refurbishing. Historically, this down time has occurred every few months, making the equipment unreliable for both patient and physician needs. These disruptions cause procedural delays or rescheduling of appointments for a high-demand service. Between procedures, staff must thoroughly clean and reprocess the scope mechanism for use by another patient. The Minnesota Department of Health rightfully requires a robust step-by-step process for decontamination of this equipment after each use and carefully scrutinizes these practices. SLMC staff members take seriously this responsibility to patient safety.

The main element in the system's light source, the bulb, already has been replaced but does not provide optimum illumination for procedures. Furthermore, the system's printer itself is utterly obsolete. Its manufacturer no longer is able to provide replacement parts or other needed supplies, such as ribbon and the machine-specific paper.

Fortunately, the mounting operational issues thus far have not extended to the camera's processor – a component failure that would render the entire system unusable. The factors noted above make it impractical to replace the processor, should it fail. This is especially true given that SLMC owns only the scopes themselves and leases the light source and camera processor components.

From a Health Information Technology (HIT) perspective, the current endoscopic system is neither high-definition nor compatible with SLMC's electronic medical record (EMR). Branded as Sanford One Chart, this EMR solution from EPIC software enables greater functionality – such as attaching an image from an endoscopic procedure directly to the patient's digital record. This allows for easy, direct access when physicians consult with surgeons and has added applications as a visual aid when discussing problem areas and

treatment options with patients. Additionally, the present endoscopic system does not have a dedicated auxiliary monitor. Health care professionals must instead use an auxiliary monitor that actually is part of SLMC's laparoscopic system. Scheduling conflicts are not uncommon, as physicians need the monitor for both types of procedures.

Taken altogether, these numerous challenges compromise the quality and safety of care that SLMC is able to offer patients at the local level. Perhaps nearly as damaging from a hometown access viewpoint, these malfunctions and delays have the potential to erode the community's trust in SLMC as a competent provider.

## **2. What is your proposed solution to the problem?**

The Evis Exera system comprises a new light source, high-definition camera, high-definition LCD monitors, and modern printer. The scope itself affords physicians and surgeons a wide-angle view of 170 degrees in a single image, with angulation possible up to 180 degrees up/down and 170 degrees right/left. This versatile system will give health care professionals at SLMC unprecedented capabilities to enhance quality of diagnostic care for patients.

The high-definition standard, with realistic representation of tissue and organs, results in more efficient examinations and evaluations – which in turn leads to greater efficiency and accuracy in determining root causes for difficulty in swallowing, esophageal disease, gluten intolerances, and gastric reflux issues. The new system also will give clearer views of polyps or masses in the colon that may be to blame for anemia, changes in bowel habits, diverticulosis, or Crohn's disease.

The Evis Exera system's high-definition features are particularly valuable in studying small and flat to the colon wall polyps. The most difficult to identify and the easiest to overlook, these polyps should be removed and in some cases biopsied to rule out the possible presence of colon cancer, or to open the door for early-detection therapies if cancer is diagnosed.

The ability to attach images directly within the Sanford One Chart EMR speaks to performance improvements that will streamline workflow for staff and also be visible to the patients served.

## **3. Why is the project important to your hospital and your community?**

As previously stated, the importance of providing health care access locally for outpatient was affirmed through a Community Health Care Needs Assessment. Sanford Luverne Medical Center's goal is to keep services within the community. The ability to perform inpatient surgeries at SMLC affects many departments, including medical/surgical nursing, radiology, laboratory, respiratory care, and rehabilitation services.

The diagnostic services afforded by the endoscopic equipment are a mainstay not only for the facility, but also for area residents. SLMC's population has become an aging one, with a 65-and-older group that is significantly higher than the Minnesota state average (18.9% vs. 12.9% in 2010). Some of these patients may find it difficult to travel for health care needs, and they prefer to receive their care locally. This is important because residents generally begin to require more care as they age, meaning SLMC is responding to a higher level of medical needs for this population.

SLMC supports public presentations on health care topics, including past features at free-standing events and as part of collaborative health fairs. Recognizing that colorectal health is a key issue for older community members, SLMC's surgeon has set a goal of presenting a colonoscopy session at least once each quarter.

**4. Who has been and will continue to be involved in the project?**

Tom Rolfs, Surgery Department Manager, will oversee equipment functionality and usage. Surgeon Dr. Walks will be the primary user of the endoscopic equipment, along with Dr. Joshua Crabtree, who performs colonoscopies. Seven Sanford Luverne Clinic physicians provide referrals from their practice. The project centers on patients in the Sanford Luverne Medical Center service area, who will be able to receive procedures at their rural local facility.

**5. Who will be the project beneficiaries? How will they benefit? How will you know?**

As a patient-centered health care facility, Sanford Luverne Medical Clinic first strives to benefit those within the four-county service area. Retaining services local is important to limit travel for procedures and surgeries.

As noted above, SLMC’s primary population is in large an elderly group whose members do not want to travel to a larger city for health care. Scheduling procedures locally provides convenience for patients because it requires less travel time and shorter wait times, once they arrive at their appointments. It is a comfort for patients to consult with their own physicians following a procedure.

SLMC will monitor and report on the number of surgical procedures performed and measure patient satisfaction through reports from respected third-party surveyor, Press Ganey. SLMC staff members also will note anecdotal feedback from patients, fellow support staff, and physicians to drive continual process improvements.

**6. Where will the project take place? Why here?**

Sanford Luverne Medical Clinic moved into its new facility in 2005. The surgery department is designed with two surgical rooms and an endoscopy/procedure room, a post-operative care unit, and seven Same Day Surgery bays for admission and recovery. SLMC’s strategic goals include growing primary care services and specialty services at the facility to meet the community’s healthcare needs. It is imperative that physicians and SLMC’s full-time surgeon offer diagnostic screenings to their patients locally and make themselves available for follow-up consultations.

SLMC is unique in that it is approximately 30 miles west of the next nearest Minnesota hospital, located in Worthington, and approximately 35 miles east of the nearest tertiary care center, in Sioux Falls, S.D. As a result, SLMC sees a relatively low daily census – which averaged 6.4 in the last fiscal year. By contrast, outpatient visits numbered 28,697.

**7. What is the timeline for the project and why now?**

<b>Activity</b>	<b>Timetable</b>	<b>Responsible Party</b>
Consult with vendor to purchase equipment	July 2013	Surgery Manager Chief Nursing Officer
Bio-med and information technology teams install equipment	September 2013	Surgery Manager Sanford Health Network IT



<b>Activity, con't.</b>	<b>Timetable, con't.</b>	<b>Responsible Party, con't.</b>
Physicians and support staff receive training on new endoscopic equipment's features	September-October 2013	Surgery Manager Vendor
Endoscopic equipment in service to patients for diagnostic and screening procedures	September-October 2013	Surgery Manager Sanford Health Network IT

**Why now?** Sanford Luverne Medical Center is at a critical juncture in serving an increasingly aging rural population. SLMC physicians can meet the population's growing healthcare needs only by offering more medical procedures within SLMC and providing patients with better care — close to home. (See also Item 11, below.) Reliable endoscopic equipment is needed to meet the goal of increasing procedures and surgeries in order to keep services local. From a business perspective, SLMC must be able to expand these surgical services to maintain a full-time surgeon and continue to offer surgical services. A patient might need surgery only once, but her or his needs must be met in that moment and place.

**8. How much will it cost and why?**

As a member of the larger Sanford Health Network, Sanford Luverne Medical Center benefits from contracted vendor purchasing. The attached price quote from Evis Exera's manufacturer, Olympus lists contract costs of \$118,213. This includes an adjustment of \$16,000 on the trade-in value for two, older scopes. No freight will be charged.

SLMC commits a 25% cash match (\$29,554) from the Capital Improvement Plan budget. SLMC also will subsidize any employee time needed to learn the new features of the endoscopic system, including best practices for cleaning and reprocessing after patient use.

**9. Why do you need grant funds to support/undertake the project?**

While Sanford Health Network assists Sanford Luverne Medical Center with volume purchasing and access to specialty services, each facility is charged with innovating service and other improvements to remain financially sustainable. SLMC has been negatively affected from reduced payments, making it difficult to replace capital equipment as needed. The Minnesota Rural Hospital Capital Improvement Grant enables SLMC to lessen the financial risk inherent in assessing and implementing patient-centered quality improvements.

**10. How are you working with neighboring facilities and/or your hospital system to meet these needs jointly/cooperatively?**

The Evis Exera system is stationary and cannot be shared with neighboring facilities. However, as part of the Sanford Health Network, Sanford Luverne Medical Center relies on consultative support from the nearest tertiary hospital – Sanford USD Medical Center in Sioux Falls, S.D. – and for transfer of patients, as needed.

**11. How do you know there will be a demand for the service(s) to be supported by the project and how will the project be sustained after the grant funds are expended?**

As stated above, the area's elderly population and the Community Health Care Needs Assessment both indicate a need for local healthcare services. SLMC has only to draw on its own recent history to see the deleterious effects of not meeting these needs. In 2009, SLMC lost its previous full-time surgeon, which directly resulted in fewer procedures taking place in the facility. For the remainder of the 2009 fiscal year and continuing through 2011, SLMC could offer only outpatient procedures – and only on a limited basis – performed on-site at SLMC by Sanford Health Network surgeons during outreach clinic days. No inpatient procedures were provided during this time period, as the Sioux Falls-based surgeons could not offer the mandatory next-day follow ups.

Since Dr. Walks began her full-time duties at SLMC in September 2011, the facility has seen an annual average of between 425 and 450 endoscopic procedures. Based upon these numbers, the need for new equipment even more urgent – colonoscopies and esophogastro-duodenoscopies (EGDs) make up nearly half of all procedures performed in SLMC's operating room, and account for 65% of outpatient procedures to date in the current fiscal year (FY 2013). The current system is strained at present capacity. Considering the equipment's maintenance record, SLMC leadership harbors justifiable concerns that the leased system cannot continue to meet demand.

SLMC leaders also anticipate greater needs in the future – spurred in part by the healthcare reforms in the Patient Protection and Affordable Care Act. This legislation opens the door for previously uninsured and/or underinsured patients to exercise preventative care options for the first time, instead of waiting until issues escalate to emergency situations.

**12. Submit the relevant portion of your current hospital strategic plan or capital improvement plan that establishes the project as a priority.**

The text below includes sections of Sanford Luverne Medical Center's strategic plan:

- Growth: *Grow services to provide care close to home*  
*Partner with Sanford Clinic to grow specialty service procedures at SLMC*  
*Develop plan for increasing general surgery procedures*
- Quality/Safety/Risk: *Support the extension and growth of Sanford Centers of Excellence at SLMC*
- Service: *Improve patient satisfaction*
- Finance: *Achieve Sanford Health Network financial targets*  
*Sustainable Net Operating Margin*  
*Achieve 8% Net Operating Margin (FY 2012; provider based billing/addition of general surgeon)*

**D. Brief project budget**

**1. Budget form**

**PRE-APPLICATION *PRELIMINARY* BUDGET FORM**

<b>Categories</b>	<b>Rural Hospital Capital Improvement Funding Requested</b>	<b>Funding From Other Sources</b>	<b>Total Cost</b>
Acquisition, Demolition, Site Improvements and Related			
Construction/Remodeling			
Architect and Engineering Fees			
Other soft costs (legal, permits, survey, interim financing, etc)			
Supplies			
Capital Equipment	\$88,659	\$29,554	\$118,213
Other (explain)			
Shipping			
<b>TOTAL</b>	<b>\$88,659</b>	<b>\$29,554</b>	<b>\$118,213</b>

**2. Anticipated total project cost and grant funds**

The total project budget is estimated to be \$118,213, of which \$88,659 is respectfully requested through the Rural Hospital Capital Improvement Grant Program.

**3. Sources, uses and amounts of required match**

Sanford Luverne Medical Center commits to a 25% match of the proposed grant funding, for a hospital investment of \$29,554. These monies will come from the Capital Improvement Plan budget.

**4. Other supporting project funding**

None. Sanford Luverne Medical Center proposes to purchase the Evis Exera system entirely with funds earmarked in its own Capital Improvement Plan budget and support secured through a successful submission to the Rural Hospital Capital Improvement Grant Program.

5. **Budget justification narrative** (explain the cost basis for each line item)
- a. *Capital equipment* of \$118,213 includes the following items, all of which are manufactured by Olympus–

<b>Equipment</b>	<b>Cost /Unit</b>	<b>Units Needed</b>	<b>Total Cost</b>
CV-190 Evis Exera III Video Processor <i>Receives information from the scope camera and directs it to the monitors or printer. Along with high-definition scopes and high-definition monitors, processor creates images superior to that of standard definition. Processor also has data integration abilities.</i>	\$21,964.80	1	\$21,964.80
CLV-190 Evis Exera III Light Source <i>Automatic light adjustment to achieve ideal illumination for observation with each scope. Light source provides twice the viewable distance and significantly brighter image, due to improved lamp design and signal processing.</i>	\$12,672	1	\$12,672
OEP-5 High-Definition Printer <i>Re-creates lifelike images for providers to use as visual aids during patient education.</i>	\$7,265.28	1	\$7,265.28
OEV-261H High-Definition LCD Monitor <i>Displays images in high definition, using less energy and occupying less space than tube-style monitors. Second monitor will be dedicated full-time to this system.</i>	\$ 6,824.53	2	\$ 13,649.06
OL-0015-08 Rollstand <i>Mounting point for auxiliary monitor, positioning it at eye level for easy viewing.</i>	\$940.56	1	\$940.56
PCF-H190L Evis Exera III slim colonoscope <i>Each contains a high-definition camera to provide increased image resolution. Scopes have wider field of view to provide users with a more complete view of the colon – especially helpful when looking just past a fold to check for abnormalities.</i>	\$38,860.80	2	\$77,721.60* reduced to \$61,721.60

\*SLMC’s vendor, Olympus, will decrease this amount by \$16,000 on the basis of trade-in value for the two, older colonoscopes currently owned by the facility

- b. *Funding from other sources*  
None, other than the 25% match (equivalent to \$29,554) committed by Sanford Laverne Medical Center. SLMC will subsidize the costs of on-the-job training for key staff as noted above.



**Olympus America Inc.**  
 3500 Corporate Parkway  
 P.O. BOX 610  
 Center Valley, PA 18034-0610

**TEL:** (800) 848 9024  
**FAX:** (800) 228 4963

andy.riECK@olympus.com  
 www.olympusamerica.com

<b>Quote Number: 157836</b>
Please refer to this number on all correspondence
<b>Quote Name:</b> Sanford- Luverne Grant
<b>Effective Date:</b> November 27, 2012
<b>Expiration Date:</b> January 26, 2013

**Customer Information**

**Contact Name:** Janet Friedrichsen  
**Contact Email:** FRIEDRIJ@sanfordhealth.org

**Account Name:** SANFORD HOSPITAL LUVERNE  
**Customer Address:** 1600 N. KNISS AVENUE  
 LUVERNE, MN 56156  
**Customer Number:** 93102

**Olympus Representative Information**

**Name:** Andrew Rieck  
**Phone:** (612) 670 9089  
**Email:** andy.riECK@olympus.com

**Payment Terms:** Net 30 days subject to Olympus credit approval  
**F.O.B.** Shipping Point

**Comments**

Serial numbers for trade ins will need to be provided before quote can be converted to an order.

Quoted Products							
#	Item Type	Model and Description	Qty	List Price	Contract Price	Unit Price	Total Price
1	New	<b>CV-190:</b> CV-190 EVIS EXERA III VIDEO PROCESSOR	1	\$26,000.00	\$21,964.80	\$21,964.80	\$21,964.80
2	New	<b>CLV-190:</b> CLV-190 EVIS EXERA III LIGHT SOURCE	1	\$15,000.00	\$12,672.00	\$12,672.00	\$12,672.00
3	New	<b>OEP-5:</b> HD Olympus Printer	1	\$9,170.00	\$7,265.28	\$7,265.28	\$7,265.28
4	New	<b>OEV-261H:</b> OLYMPUS 26" FULL HD LCD MONITO	2	\$8,300.00	\$6,824.53	\$6,824.53	\$13,649.06
5	New	<b>OL-0015-08:</b> GCX TALL ROLLSTAND 59-73.5" 25 # MAX W/PWR SUP HOLSTER & CORD	1	\$1,150.00	\$940.56	\$940.56	\$940.56
6	New	<b>PCF-H190L:</b> EVIS EXERA III HD slim colonoscope with Responsive Insertion Technology, brighter NBI, wide-angle view, auxiliary water jet, 11.5 mm diameter, 3.2 mm channel, 170 degree field of view, 168 cm working length and angulation of 180 degree/180 degree (up/down) 160 degree/160 degree (right/left). Complete with standard accessories.	2	\$46,000.00	\$38,860.80	\$38,860.80	\$77,721.60

Pricing may be based on a local agreement or the following contract(s):  
 Sanford Health Agreement



**Olympus America Inc.**  
 3500 Corporate Parkway  
 P.O. BOX 610  
 Center Valley, PA 18034-0610

**TEL:** (800) 848 9024  
**FAX:** (800) 228 4963

andy.riek@olympus.com  
 www.olympusamerica.com

<b>Quote Number: 157836</b>
Please refer to this number on all correspondence
<b>Quote Name:</b> Sanford- Luverne Grant
<b>Effective Date:</b> November 27, 2012
<b>Expiration Date:</b> January 26, 2013

**Trade-In Terms and Conditions (If Applicable)**

1. Trade-In equipment must originate from the facility purchasing the new equipment and must have original serial number tags intact.
2. Trade-In credits are offered exclusively on a one-for-one basis toward the simultaneous purchase of a like-kind product from any product category (i.e. video/fiber GI, SIG, Pulmonary, ENT, Intubation) and listed in or identified under the quoted products section. Olympus reserves the right in its sole discretion to make the final determination of what constitutes like-kind product categories.
3. Trade-In credits will be issued to the customer facility upon Olympus receipt and inspection of the Trade-In equipment to verify its condition and value. Trade-In equipment must be received by the Olympus facility in San Jose, CA within 30 days from the customers receipt of the like-kind product. Olympus reserves the right to cancel the associated credits to the customer if the Trade-In equipment is not received within the 30-day timeframe.
4. Trade-In equipment will be accepted by Olympus for credit only, and under no circumstances will Trade-In equipment be exchanged for cash.
5. Olympus reserves the right to modify the list of qualified models for trade-in or the stated value for any qualified model from time to time, based on then current market conditions and needs. Trade-in values are valid until the expiration date of this quote.

Trade-In Products					
#	Model	Serial Number	Qty	Trade Amount(ea)	Trade Total
7	<b>PCF-Q180AL:</b> PCF-Q180AL EVIS EXERA II COLONOVIDEOSCOPE		1	\$8,000.00	\$8,000.00
8	<b>PCF-Q180AL:</b> PCF-Q180AL EVIS EXERA II COLONOVIDEOSCOPE		1	\$8,000.00	\$8,000.00

**SANFORD HOSPITAL LUVERNE**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Purchase Order #: \_\_\_\_\_

Total List Price: \$159,920.00  
 Total Selling Price: \$134,213.30  
 Total Trade-In(s): \$16,000.00  
 Sub Total: \$118,213.30  
 Freight: \$0.00  
**Total: \$118,213.30**

- I. Olympus Standard Terms and Conditions apply to this quote, unless otherwise mutually agreed upon in writing.
- II. Errors & Omissions Excepted. Price quotes and the total package prices are for the quoted items only.
- III. Changes and additions to, or deletions from this quote may cause pricing adjustments.
- IV. Service manuals and additional operator manuals are not included and may be ordered by contacting the Customer Care Center at (800) 848 9024.
- V. If freight charge is included, the freight charge may not necessarily reflect the exact charge paid by Olympus to the carrier due to the volume incentive discount agreements entered into between Olympus and carrier, unless otherwise mutually agreed upon in writing.