

## Sample Quote

Improving healthcare ... One review at a time.

Lawrence F Muscarella PhD, President LFM Healthcare Solutions, LLC P.O. Box 684, Montgomeryville, PA 18936 T: 215-740-3456; E: <u>Larry@LFM-HCS.com</u> Date: [Click to select date]
Invoice # [No.]
Expiration Date: [Click to
select date]

To: HOSPITAL
[Company Name]
[Street Address]
[City, ST ZIP Code]

Description	Check Box if a Requested Service	No. of Days	Cost
A plan is developed based on the requested services, which the healthcare facility defines and customizes. An engagement letter detailing the services (e.g., a review of the GI endoscopy unit's reprocessing practices) and the contracted responsibilities, objectives, fees, scope, and confidentiality is written and signed.	NA	NA	NA
The medical facility's relevant manuals, documentation, policies and procedures, and records are reviewed for completeness and accuracy. A summary of the performed services is provided to the facility. The details and scope of this service are detailed in the signed engagement letter. The completeness of this documentation may be required of quality regulations. (It is permissible for this to be the only selected service on this quote.)		Est. 1.0	\$*
An external audit is performed on-site pursuant to the terms and scope of the engagement letter, with:  (a) selected staff members being interviewed; and (b) their infection-control practices being observed.  ( <i>Note</i> : If this step is selected, <b>Step 2</b> and <b>Step 3</b> are required.)		Est. 1.5	\$*
A confidential "Preliminary Report" detailing the audit's findings is written and submitted to the medical facility for comment. This report includes any identified deviations and, as required, recommendations and corresponding corrective and preventive actions ("CAPAs").	NA	1.5	\$*
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Audit – Step #3: The final report is issued.	A confidential "Final Report" is written and submitted to the medical facility's management. Once the audit is completed, the auditor (Lawrence F Muscarella, PhD) addresses any questions about quality improvement that the facility may have.	NA	1.0	\$*
Corrective and Preventive Actions ("CAPAs"): CAPAs are opened and/or completed.	The medical device facility is assisted in opening and completing preventive and corrective actions ("CAPAs"). The details and scope of this service are detailed in the signed engagement letter. This service may fulfill important quality and safety requirements.		Est. 3.0	\$*
Root cause analysis (RCA): A root cause analysis of an adverse event is performed.	A root cause analysis of an adverse event, or of one or more deviations, is performed (independent of or based on the scope and objectives of an external audit). For each deviation or non-conformance, one or more corresponding corrective and preventive actions (CAPAs) are developed. A report featuring this analysis is provided to the medical facility. The details and scope of this analysis are detailed in the signed engagement letter. This service may fulfill important quality requirements.		Est. 4.0	\$*
Risk assessment: A risk analysis of an adverse event is performed.	A risk assessment of an infection-control breach or an identified deviation is performed (independent of or based on the scope and objectives of an external audit). A letter featuring this risk assessment is provided to the medical facility. The details and scope of this analysis are detailed in the signed engagement letter. This service may fulfill important quality and safety requirements.		Est. 1.5	\$*
Outbreak Investigation: The medical facility is assisted performing an outbreak investigation.	The medical facility is assisted in its investigation and determination of the causes of an adverse event, bacterial outbreak, or medical error associated with one or more of its medical devices. A report detailing the findings of this investigation is provided to the facility. A root cause analysis and a risk assessment may also be performed separately. A preliminary report and a final report are provided to management. The scope of this service is detailed in the signed engagement letter.		TBD	TBD
Traveling, Lodging Expenses	These expenses depend on the medical facility's geographic location and the scope of the work to be performed, but these fees are clearly established beforehand in an engagement letter.	0	TBD	TBD
			Total	

**Instructions**: Check the boxes to customize the services to be performed. Add the costs for the total amount.

 $\textbf{Quotation prepared by:} \ Lawrence \ F \ Muscarella, \ PhD, \ President, \ \textit{LFM Healthcare Solutions, LLC}$ 

Key:

— NA: Not applicable

— Est.: Estimated time

TBD: To be determined

— \$\*: Contact Dr. Muscarella directly for a quote

SQ-MKT101-H-11172014

## Thank you for the opportunity to prepare this quote!

LFM Healthcare Solutions, LLC P.O. Box 684 Montgomeryville, PA 18936; 215-740-3456; Larry@LFM-HCS.com