



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-MPP-SURGCOM-ASC-P010-(01)	
TITLE/DESCRIPTION: PROCESS FLOW FOR PATIENTS, DOCTORS AND STAFF			
EFFECTIVE DATE: January 31, 2025	REVISION DUE: January 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 20
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PURPOSE:

To create a well-coordinated system that prioritizes safety, efficiency, and patient satisfaction. It ensures that every step, from pre-operative preparation to post-operative care, is handled with precision, fostering trust and excellence in the ASC environment.

DEFINITIONS:

Medical Data Record (MDR) - a document that contains a member's PhilHealth information: Membership information, Premium contribution history, and Other relevant PhilHealth information.

Letter of Authorization (LOA) - a letter written to permit or put someone else in charge of performing an act in your absence.

Claim Signature Form (CSF) - a document that helps members of PhilHealth claim health benefits. It collects information about the patient and member to verify eligibility and coverage, and to ensure that the health care provider receives payment for their services.

PhilHealth Benefit Eligibility Form - a form that indicates the member or their dependent is qualified to avail of the benefits offered by PhilHealth.

Ante room - a small room that serves as a waiting room for the patients and leads to a larger room.

RESPONSIBILITY:

Circulating Nurse, Surgical Team , ASC Clerk, Recovery Room Staff

POLICY:

1. Patient-Centered Care

- 1.1 All interactions and procedures must prioritize the patient's safety, comfort, and well-being.
- 1.2 Patients must be treated with respect, compassion, and dignity at all times.

2. Confidentiality

- 2.1 Patient information must be handled in compliance with data protection regulations (e.g., HIPAA).
- 2.2 Only authorized personnel may access patient records.

3. Teamwork and Collaboration





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- 3.1 All staff and doctors must work collaboratively to ensure seamless operations.
- 3.2 Regular communication and updates between departments are required to avoid delays or errors.

4. Compliance with Standards

- 4.1 All procedures must adhere to national and local regulatory requirements for ambulatory surgical centers.
- 4.2 Infection control, medication safety, and surgical protocols must align with evidence-based best practices.

5. Safety and Emergency Preparedness

- 5.1 The ASC must maintain a safe environment, including functional equipment and sterile conditions.
- 5.2 Emergency drills should be conducted periodically to ensure staff readiness.

6. Feedback and Continuous Improvement

- 6.1 Patients, doctors, and staff are encouraged to provide feedback to enhance service quality.
- 6.2 Regular performance reviews and audits should identify areas for improvement.

7. Ethical Conduct

- 7.1 All decisions and actions must align with ethical principles in healthcare, including informed consent and patient autonomy.
- 7.2 Staff and doctors must report any observed misconduct or safety concerns immediately.





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PROCEDURE (SOP):

CLIENTS

1. Patient Arrival and Registration
 - 1.1 Scheduled Appointment
 - 1.1.1 Timely Arrival
 - 1.1.1.1 Patients are required to arrive at the ASC at the exact time of their scheduled appointment. This ensures efficient workflow and minimizes delays.
 - 1.2 Late Arrivals
 - 1.2.1 Patients arriving late may be asked to reschedule depending on the day's surgical schedule, availability of resources, and procedural priorities. Early communication of any delays is encouraged to avoid inconvenience.
2. Required Documents
 - 2.1 To complete the registration process, patients must bring the following documents:
 - 2.1.1 Photocopy of Medical Data Records (MDR) or Letter of Agreement (LOA).
 - 2.1.2 Claim Signature Form (CSF), duly signed as required.
 - 2.1.3 PhilHealth Benefit Eligibility Form (PBEF), ensuring eligibility for benefits.
 - 2.1.4 Doctor's Order, clearly outlining the scheduled procedure.

Note: Incomplete documentation may result in delays or the need to reschedule the appointment.

3. Registration Process
 - 3.1 Document Submission
 - 3.1.1 Upon arrival, patients will submit all required documents to the registration clerk for review.
4. Verification
 - 4.1 The registration clerk will check the submitted documents for accuracy, completeness, and eligibility. Any discrepancies will be addressed immediately with the patient.
5. System Update
 - 5.1 The clerk will update the patient's information in the system, confirming their registration for the scheduled procedure.
6. Next Steps
 - 6.1 After registration, the clerk will provide the patient with further instructions, including:
 - 6.1.1 Location of the holding area





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6.1.2 Pre-operative preparation requirements

6.1.3 Estimated waiting time

PRE-OPERATIVE INSTRUCTIONS

1. Holding Room Protocol

1.1 Post-Registration

1.1.1 After completing the registration process, patients are escorted to the holding room, a designated area where they will wait comfortably before their procedure.

2. Patient Comfort

2.1 In the holding room, patients are provided with a calm environment to relax while they wait for the procedure to begin. Staff are available to address any concerns or questions.

3. Waiting Time

3.1 Patients are informed of the estimated waiting time and kept updated on any changes to the schedule to reduce anxiety and confusion.

4. Circulating Nurse Responsibilities

4.1 Patient Call for Pre-Operative Instructions:

4.1.1 The circulating nurse is responsible for calling the patient from the holding room when it is time for pre-operative preparation.

5. Patient Identification:

5.1 The nurse ensures the patient's identity is confirmed before proceeding with any instructions or assessments.

6. Pre-Operative Instruction:

6.1 The circulating nurse provides the patient with clear, step-by-step instructions to prepare for the procedure, which includes:

7. Review of Medical Considerations:

7.1 Checking for the presence of dentures, metals, implants, or other devices that could interfere with the procedure.

7.2 Asking about any relevant medical considerations that need to be addressed (e.g., pacemakers, prosthetics).

8. Allergy Confirmation:

8.1 Confirming any known allergies, especially to medications or materials that may be used during the surgery (e.g., latex, antibiotics, anesthetic agents).

9. Clarification of Expectations:

9.1 Explaining the upcoming process, expected sensations, and answering any patient questions to alleviate stress and ensure informed consent.





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PREPARATION FOR THE PROCEDURE

1. Final Review
 - 1.1 The circulating nurse verifies the patient's medical records and procedural details to ensure readiness for the surgery.
2. Patient Privacy and Comfort
 - 2.1 Ensure the patient's privacy is maintained throughout the process. The nurse will help the patient change into the surgical gown, and offer reassurance about the next steps.

PREPARATION FOR SURGERY

1. Changing into OR Attire
 - 1.1 Attire Provided
 - 1.1.1 After pre-operative instructions, patients will be directed to the designated changing area, where they will change into the surgical attire provided by the ASC, which includes:
2. Operating Room (OR) Gown: A sterile gown to prevent contamination during the procedure.
 - 2.1 Surgical Cap: To cover the hair and maintain a sterile field.
 - 2.2 Face Mask: To prevent airborne contaminants and maintain infection control.
 - 2.3 Shoe Covers: To protect the operating room environment from contaminants carried on footwear.
 - 2.4 Assistance: If needed, staff will assist patients in changing into surgical attire, ensuring they are comfortable and that all items are worn correctly to maintain sterility.
 - 2.5 Privacy and Dignity: The changing area will provide privacy to maintain the patient's dignity and ensure comfort during the transition to surgical attire.
3. Consent Form and Vital Signs
 - 3.1 Review and Signing of Consent Form
 - 3.1.1 The patient will review the consent form with a nurse or physician to confirm their understanding of the procedure, risks, and benefits.
 - 3.1.2 The form will be signed by the patient to acknowledge consent to proceed with the surgery.
 - 3.1.3 If there are any questions or concerns, the patient will have the opportunity to ask the attending physician before signing the form.
 - 3.2 The signed consent form will be added to the patient's medical record.
4. Vital Signs, Height, and Weight Recording

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- 4.1 Vital Signs: The patient's vital signs (blood pressure, heart rate, respiratory rate, temperature) will be taken and recorded. These will be reviewed to ensure they are within acceptable parameters for surgery.
- 4.2 Height and Weight: The patient's height and weight will be measured and documented to provide a comprehensive medical record for the procedure.
- 4.3 Review for Anomalies: Any abnormalities or concerns regarding the vital signs will be flagged for immediate review by the surgical team before proceeding with the operation.

SURGICAL PROCEDURE

1. Transfer to the Operating Room (OR)
 - 1.1 Escorted Transfer
 - 1.1.1 After changing into surgical attire and completing pre-operative preparations, the patient will be safely escorted by the nursing staff to the assigned operating room.
 - 1.2 Safety Measures
 - 1.2.1 The transfer will be conducted in a calm and secure manner, ensuring the patient feels supported throughout the process. Staff will provide reassurance and address any patient concerns.
 - 1.3 Monitor Equipment
 - 1.3.1 If the patient requires monitoring or assistance (e.g., IV fluids, oxygen), the nursing staff will ensure all necessary equipment is properly attached and functional during the transfer.
2. Positioning and Preparation in the Operating Room
 - 2.1 Entering the OR
 - 2.1.1 Upon entering the OR, the surgical team will ensure that the environment is sterile and all equipment is ready for the procedure. The patient will be carefully positioned on the operating table with the assistance of the surgical team.
 - 2.2 Surgical Positioning
 - 2.2.1 The team will position the patient according to the planned procedure, taking into account the type of surgery and the patient's comfort. This may involve adjusting the table, using supports, or adding cushioning to ensure proper alignment and minimize pressure points.
3. Comfort and Safety
 - 3.1 While ensuring that the patient is correctly aligned for the procedure, the surgical team will also check that the patient remains comfortable. Additional padding or repositioning will be provided to avoid discomfort during surgery.

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4. Final Verification

- 4.1 The surgical team will verify the patient's identity and surgical site to prevent any errors. This includes confirming the procedure with the patient and the surgical team.

Post-Operative Recovery

1. Transfer to the Recovery Room

1.1 Post-Surgery Transfer

- 1.1.1 After the completion of surgery, the patient will be carefully transferred from the operating room to the recovery room by the surgical team and nursing staff.

2. Safety Measures

- 2.1 The transfer will be done gently and securely to minimize any discomfort or risk. Monitoring equipment (e.g., IV lines, oxygen) will accompany the patient as necessary during the transfer.

3. Monitoring and Assessment in the Recovery Room

3.1 Initial Monitoring

- 3.1.1 Upon arrival in the recovery room, staff will immediately begin closely monitoring the patient's vital signs, including heart rate, blood pressure, oxygen saturation, respiratory rate, and temperature.

4. Frequent Vital Checks

- 4.1 Vital signs will be checked at regular intervals according to ASC protocols, adjusting the frequency based on the patient's condition and the complexity of the surgery.

5. Responsiveness and Alertness

- 5.1 Recovery room staff will assess the patient's level of consciousness, responsiveness, and ability to follow simple commands. If the patient is drowsy or semi-conscious, they will be monitored carefully to ensure safe recovery from anesthesia.

6. Pain Management

- 6.1 The patient's pain levels will be assessed using a standardized pain scale.
- 6.2 Any pain or discomfort will be promptly addressed through prescribed medications or other appropriate interventions.
- 6.3 Staff will ensure that the patient is comfortable and provide reassurance throughout the recovery process.

7. Addressing Anesthesia Side Effects

- 7.1 Recovery room staff will be vigilant for potential side effects from anesthesia, such as nausea, dizziness, or confusion, and will manage these symptoms according to protocol.
- 7.2 Antiemetics or other medications may be administered to alleviate nausea or other post-





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anesthesia effects.

POST-OPERATIVE CARE AND PREPARATION FOR DISCHARGE

1. Continued Monitoring
 - 1.1 The patient will remain in the recovery room until their vital signs stabilize, and they are sufficiently alert and responsive.
2. Discharge Readiness
 - 2.1 Once the patient is stable, vital signs are within normal limits, and they are no longer under the effects of anesthesia, the patient will be prepared for discharge.
 - 2.2 Staff will provide the patient with post-operative care instructions, including pain management, activity restrictions, and signs of complications that should prompt a call to the ASC or their healthcare provider.

DISCHARGE

1. Stability Assessment
 - 1.1 Comprehensive Evaluation
 - 1.1.1 Before discharge, the patient's clinical stability will be thoroughly assessed. This evaluation includes monitoring vital signs (heart rate, blood pressure, temperature, and oxygen levels), pain levels, and overall responsiveness to ensure the patient is stable and ready to leave.
2. Pain Management Review
 - 2.1 The patient's pain will be managed effectively, and pain levels will be reassessed to ensure they are within a manageable range. Any remaining discomfort will be addressed with appropriate interventions, including prescribed pain relief.
3. Functional Mobility Check
 - 3.1 The patient's ability to perform basic activities, such as sitting up, standing with assistance, and walking short distances, will be assessed to ensure they are physically able to tolerate discharge. If needed, staff will provide assistance or physical therapy recommendations.
4. Post-Anesthesia Monitoring
 - 4.1 The recovery room staff will ensure that any residual effects from anesthesia have worn off, and the patient is alert enough to comprehend post-operative instructions and navigate their discharge.
5. Discharge Readiness





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5.1 Once the patient's vital signs are stable, pain is well-controlled, and mobility is sufficient, the patient will be cleared for discharge, based on clinical assessment criteria established by the ASC.

6. Post-Operative Instructions

- Before leaving, the patient will receive thorough post-operative care instructions from the nurse or attending physician. These instructions will cover:

6.1 Wound Care

- 6.1.1 Proper methods for cleaning and caring for the surgical site, signs of infection, and when to seek medical attention.

6.2 Medications

- 6.2.1 Clear guidance on prescribed medications, including pain relievers and antibiotics, if applicable. The patient will also be instructed on dosage, frequency, and any potential side effects.

6.3 Activity Restrictions

- 6.3.1 Specific limitations on physical activity (e.g., no heavy lifting, avoiding certain movements) to promote healing and prevent complications.

6.4 Follow-Up Appointments

- 6.4.1 Information on the next steps for medical follow-up, including dates and times for appointments with the surgeon or primary care provider.

6.5 Written Instructions

- 6.5.1 The patient will receive a written copy of the post-operative care instructions to take home, ensuring they have all relevant information for recovery.

6.6 Clarification of Questions and Concerns

- 6.6.1 The nurse or attending physician will take time to address any patient concerns, answer questions, and ensure the patient understands all instructions before discharge. This ensures the patient feels confident in managing their recovery at home.





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DOCTORS AND STAFF

ENTRY AND PREPARATION

1. Arrival and Entry

- 1.1 Doctors and staff arrive at the ASC at the designated time.
- 1.2 Enter through the ante room entrance at the back of the facility to ensure patient and staff areas remain separate for infection control.

2. Dressing Room Protocol

- 2.1 Proceed to the dressing area.
- 2.2 Change into operating room (OR) attire, which includes:
 - 2.2.1 OR gown
 - 2.2.2 Surgical cap
 - 2.2.3 Mask
 - 2.2.4 Shoe covers
- 2.3 Perform thorough hand hygiene both before and after changing to maintain sterility.

CASE REVIEW AND PLANNING

3. Case Review

- 3.1 Gather as a team to review the day's scheduled procedures.
- 3.2 Discuss patient-specific information such as:
 - 3.2.1 Case details (e.g., type of procedure, duration, special requirements).
 - 3.2.2 Patient history, including allergies, comorbidities, or unique concerns.

4. Staff Assignments

- 4.1 Allocate specific roles and responsibilities for each staff member to ensure a smooth workflow during surgeries.
- 4.2 Confirm the roles of the surgical team, and circulating nurses.

SUPPLY AND INSTRUMENT PREPARATION

5. Preparation of Supplies

- 5.1 Gather all surgical supplies and instruments needed for each scheduled case.
- 5.2 Verify that supplies match the requirements of the procedures (e.g., sterile instruments,





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specialty tools).

6. Instrument Sterility Check

- 6.1 Inspect all instruments to ensure sterility and functionality.
- 6.2 Replace any damaged or compromised items immediately to avoid delays.

EQUIPMENT AND MACHINE CHECKS

7. Equipment Functionality

- 7.1 Perform pre-use checks on all essential equipment, such as:
 - 7.1.1 Anesthesia machines
 - 7.1.2 Patient monitors
 - 7.1.3 Suction devices
 - 7.1.4 Surgical lights
- 7.2 Address any technical issues or malfunctions promptly to avoid procedural delays.

8. Emergency Equipment Check

- 8.1 Confirm that emergency equipment (e.g., defibrillators, oxygen tanks, and crash carts) is in working condition and easily accessible.

FINAL PREPARATIONS

9. Operating Room Setup

- 9.1 Prepare the operating rooms by arranging all necessary supplies, instruments, and equipment according to the procedural requirements.
- 9.2 Ensure that all surfaces and areas are sterilized and ready for use.

10. Team Readiness Check

- 10.1 Conduct a final team review to confirm:
 - 10.1.1 Supplies and instruments are prepared.
 - 10.1.2 Equipment is functional.
 - 10.1.3 All team members are ready to begin the procedures.

POST-PROCEDURE INSTRUMENT AND SUPPLY MANAGEMENT

11. Medical Waste Disposal





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- 11.1 Dispose of all medical waste in properly labeled, color-coded bins.
- 11.2 Transport waste to the designated storage area for pickup in compliance with infection control and environmental policies.

12. Instrument Sterilization

- 12.1 Transport reusable instruments to the sterilization area in a closed, contamination-free container.
- 12.2 Follow standard sterilization protocols, which may include:
 - 12.2.1 Manual or automated washing.
 - 12.2.2 Autoclaving or using other approved sterilization methods based on instrument type.
- 12.3 Verify sterilization indicators for proper processing before storing instruments in sterile packs.

13. Room Cleaning and Disinfection

- 13.1 Remove all contaminated materials and clean all surfaces (e.g., operating table, counters, and equipment) using approved hospital-grade disinfectants.
- 13.2 Pay extra attention to high-touch areas such as handles, switches, and monitors.
- 13.3 Replace bed linens, drapes, and other disposable coverings.
- 13.4 Perform a terminal clean if the operating room will not be immediately reused, following detailed disinfection protocols.

14. Environmental Monitoring

- 14.1 Conduct air and surface testing periodically to ensure the cleaning process is effective and the environment remains sterile.

15. Preparation for the Next Case

- 15.1 Restock all necessary supplies, ensuring sterile instruments are available.
- 15.2 Arrange equipment and tools as per the requirements of the next scheduled procedure.
- 15.3 Perform a final inspection to confirm readiness before bringing in the next patient.

16. Documentation and Restocking

- 16.1 Complete post-procedural documentation, including any incidents or special observations.





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16.2 Restock supplies and prepare operating rooms for the next day's schedule.

EXIT FOR DOCTORS AND STAFF

17. Removal of OR Attire

18. Return to the Dressing Room:

- 18.1 Enter the designated dressing room immediately after completing all procedures.
- 18.2 Avoid touching non-sterile surfaces while still in OR attire to prevent contamination.

19. Remove OR Attire Properly:

- 19.1 Remove items in the following sequence to minimize contamination risk:
 - 19.1.1 Surgical gown (fold inward to contain any contaminants).
 - 19.1.2 Shoe covers (avoid contact with outside surfaces).
 - 19.1.3 Cap and mask (discard immediately into appropriate waste bins).

20. Disposal of Used Items:

- 20.1 Place disposable items (e.g., masks, gowns, shoe covers) in clearly marked bio-hazard waste bins.
- 20.2 Deposit reusable items (e.g., fabric caps) in designated laundry containers for proper washing and sterilization.

HAND HYGIENE

21. Thorough Washing:

- 21.1 Wash hands thoroughly with soap and water, following the facility's hand hygiene protocol.
- 21.2 Pay attention to all areas, including under nails, between fingers, and up to the wrists.

22. Hand Sanitizer (Optional):

- 22.1 Use an alcohol-based hand sanitizer if water is not immediately available.

TEAM DEBRIEFING (OPTIONAL)

23. Purpose of Debriefing:

- 23.1 Conduct a brief team discussion to:





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- 23.1.1 Review the day's procedures.
- 23.1.2 Identify successes and areas for improvement.
- 23.1.3 Share any notable incidents or learning points.
- 23.2 Encourage open communication to improve future workflows and patient outcomes.

24. Documentation:

- 24.1 Record any critical feedback or suggestions for procedural enhancements in the facility's quality improvement log.

EXIT THE FACILITY

25. Collection of Personal Belongings:

- 25.1 Gather all personal items (e.g., phones, wallets, and bags) from designated staff storage areas.

26. Compliance with Exit Protocols:

- 26.1 Leave through the designated staff exit to ensure separation from patient areas, maintaining infection control measures.

27. Final Check:

- 27.1 Confirm all tasks are complete, including logging out of systems, handing over responsibilities, or completing required documentation.





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WORK INSTRUCTION:

KEY TASKS	PERSON RESPONSIBLE
1. Verifies and reviews the patient's information.	ASC Clerk
2. Assists patient to the holding area and instructs waiting time.	
3. Requests missing documents.	ASC Staff
4. Transfers the patient to recovery room.	
5. Releases clearance to discharge patient.	
6. Calls the patient from the holding room for the pre-op instructions of the procedure.	Circulating Nurse
7. Directs patient to the dressing room for surgical attire.	
8. Takes the vital signs and prepares documentation.	
9. Verifies the patient's identity and surgical site.	Surgical Team
10. Receives the patient and closely monitors vital signs.	Recovery Room Nurse
11. Assesses the patient's level of consciousness, responsiveness, and ability to follow simple commands.	
12. Clears the patient and instructs post-operative care instructions.	





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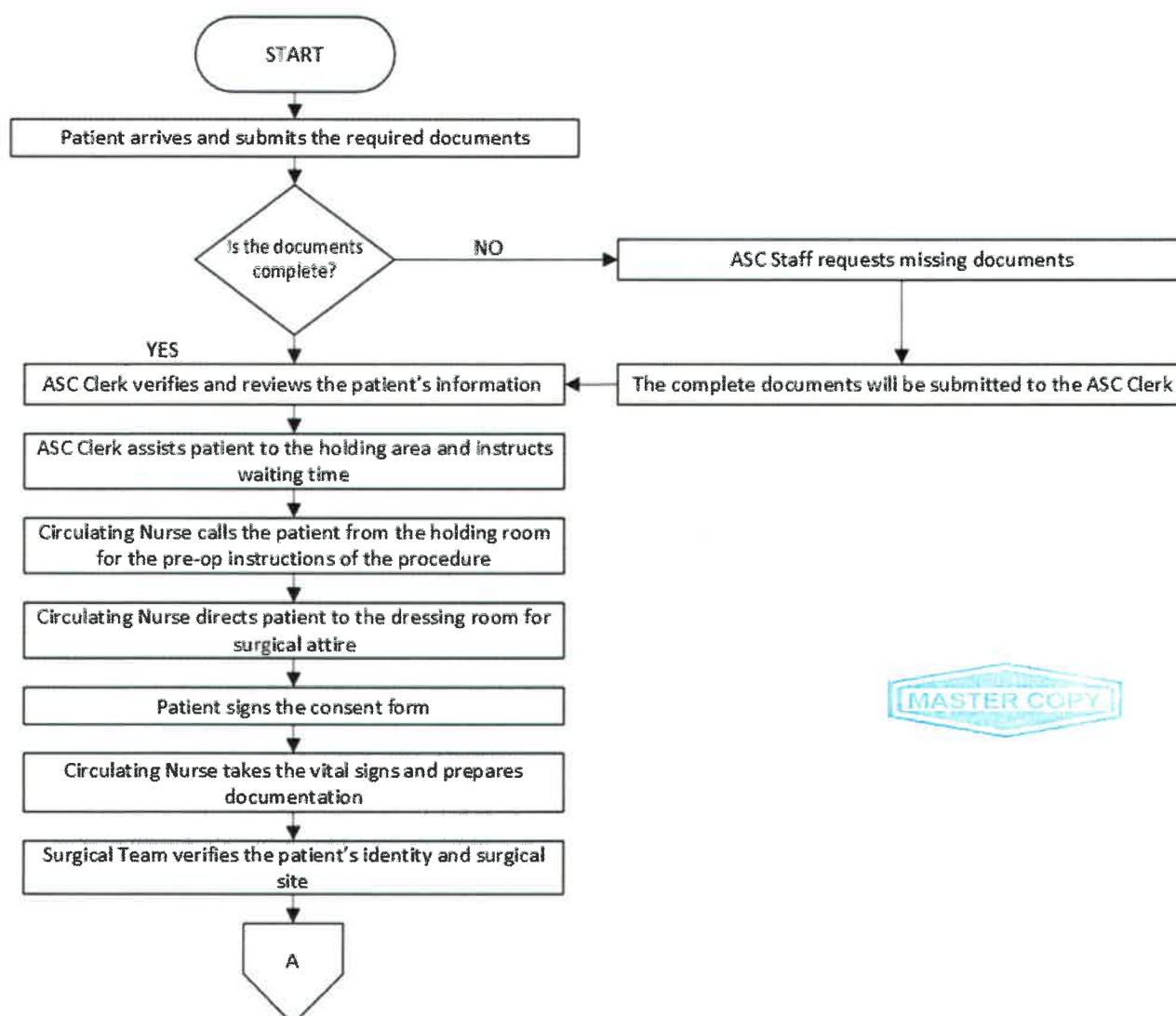
RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Nursing Service Division		POLICY NUMBER: DPOTMH-MPP-SURGCOM-ASC-P010-(01)	
TITLE/DESCRIPTION: PROCESS FLOW FOR PATIENTS, DOCTORS AND STAFF			
EFFECTIVE DATE: January 31, 2025	REVISION DUE: January 30, 2028	REPLACES NUMBER: N/A	NO. OF PAGES: 16 of 20
APPLIES TO: Ambulatory Surgical Center		POLICY TYPE: Multi Disciplinary	

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DEPARTMENT:

Nursing Service Division

POLICY NUMBER:

DPOTMH-MPP-SURGCOM-ASC-P010-(01)

TITLE/DESCRIPTION:

PROCESS FLOW FOR PATIENTS, DOCTORS AND STAFF

EFFECTIVE DATE:

January 31, 2025

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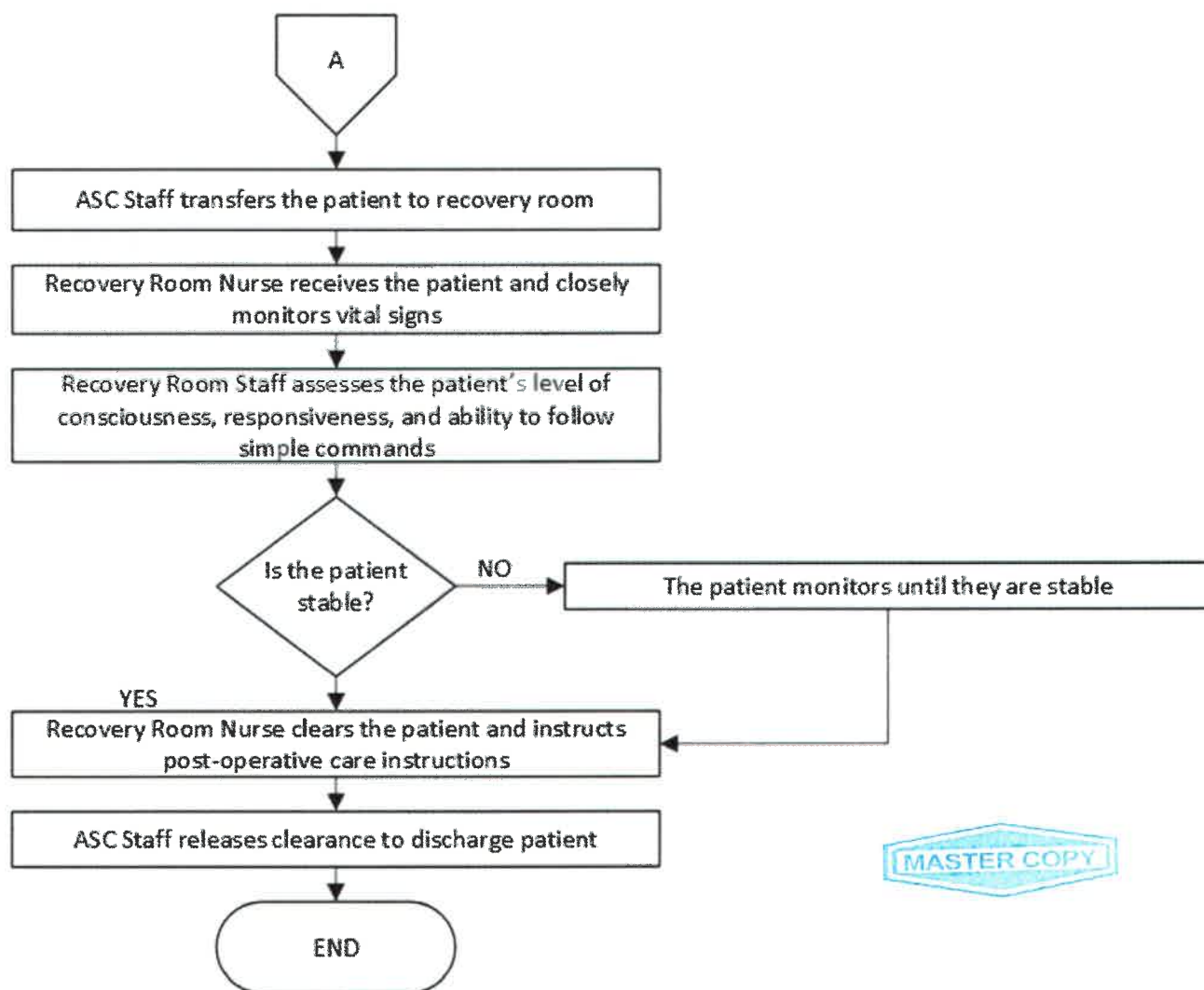
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FORMS: N/A
EQUIPMENT: N/A
REFERENCES: <ol style="list-style-type: none">Hyman Hayes Associates. (n.d.). <i>HOW TO DESIGN EFFICIENT AMBULATORY SURGERY CENTERS</i>. https://www.hymanhayes.com/media/Items/pdf/Article%20_Efficient%20ASCs%20and%20Items%20to%20Consider%20for%20Cost-Efficient%20Design%20FINAL%20April%201%202024.pdf





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