



TAHOE FOREST HOSPITAL DISTRICT

2023-09-06 Regular Meeting of the Truckee Surgery Center Board of Managers

Wednesday, September 6, 2023 at 12:00 p.m.

Tahoe Forest Hospital - Human Resources Conference Room

10024 Pine Avenue, Truckee, CA 96161



TAHOE FOREST HOSPITAL DISTRICT

2023-09-06 Regular Meeting of the Truckee Surgery Center Board of Managers

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11. ADJOURN



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

AGENDA

Wednesday, September 6, 2023 at 12:00 p.m.
Human Resources Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. **CALL TO ORDER**

2. **ROLL CALL**

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES** ♦

5.1. 05/17/2023 Regular Meeting ATTACHMENT

6. **ITEMS FOR BOARD ACTION** ♦

6.1. **Fiscal Year 2024 Budget** ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will approve the Fiscal Year 2024 Budget.

6.2. **Annual Policy Approvals** ♦

Truckee Surgery Center Board of Managers will review and consider for approval the following policies:

6.2.1. Policy & Procedure List ATTACHMENT

6.2.2. Truckee Surgery Center Medical Staff Bylaws ATTACHMENT

6.2.3. Truckee Surgery Center Medical Staff Rules & Regulations ATTACHMENT

6.2.4. Preprinted Orders ATTACHMENT

6.3. **New Policies** ♦

Truckee Surgery Center Board of Managers will review and consider for approval the following proposed new policies:

6.3.1. Travel Expense Reimbursement (HR-2301) ATTACHMENT

6.3.2. Travel Hours Reimbursement (HR-2302) ATTACHMENT

6.3.3. Contract Review & Approval (GOV-2301) ATTACHMENT

6.3.4. Business Plan Development (GOV-2302) ATTACHMENT

6.3.5. Administrative Delegation of Authority (GOV-2303) ATTACHMENT

6.3.6. Purchase Authorization (GOV-2304) ATTACHMENT

Regular Meeting of the Truckee Surgery Center Board of Managers
September 6, 2023 AGENDA – Continued

6.3.7. Special Items Purchase (GOV-2305) ATTACHMENT

6.4. Retired Policies ◆

Truckee Surgery Center Board of Managers will consider retiring the following policies:

6.4.1. COVID-19: Screening of Patients, Employees and Vendors (IC-2002) ATTACHMENT

6.4.2. COVID-19: Vaccine Policy (IC-2100)..... ATTACHMENT

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

Truckee Surgery Center Board of Managers will review the following financial reports:

7.1.1. FY23 Year End Financial Statement ATTACHMENT

7.1.2. Surgical Notes Dashboard..... ATTACHMENT

7.2. Coding Review Report..... ATTACHMENT

Truckee Surgery Center Board of Managers will review the Second Quarter 2023 Coding Review Report.

7.3. Administrator Update..... ATTACHMENT

Truckee Surgery Center Board of Managers will receive an update from the Administrator on operations, staffing, facility and equipment needs.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes ◆

05/17/2023

8.2. Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Second Quarter 2023 Infection Control Data Summary

Number of items: One (1)

8.3. Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Second Quarter 2023 Quality Assurance Performance Improvement Data

Number of items: Eight (8)

8.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Operation Zephyr Event Report Out and Second Quarter Fire Drill Report

Number of items: Two (2)

8.5. Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Annual Formulary Review

Number of items: One (1)

8.6. Hearing (Health & Safety Code § 32155)

Subject Matter: Managed Care Contract Rate Reimbursement

Number of items: One (1)

8.7. Hearing (Health & Safety Code § 32155) ◆

Subject Matter: Medical Staff Credentials Report

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

10. ITEMS FOR NEXT MEETING

11. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Regular Meeting of the Truckee Surgery Center Board of Managers
September 6, 2023 AGENDA – Continued

A copy of the board meeting agenda is posted on Tahoe Forest Hospital District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Managers, or a majority of the Board, after distribution of the agenda are available for public inspection in the District's Administration Office, 10977 Spring Lane, Truckee, CA 96161, during normal business hours.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

DRAFT MINUTES

Wednesday, May 17, 2023 at 12:15 p.m.
Human Resources Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 12:14 p.m.

2. ROLL CALL

Board of Managers: Harry Weis, Louis Ward, Dr. Jeffrey Dodd

Staff in attendance: Courtney Leslie, Truckee Surgery Center Administrator; Heidi Fedorchak, Truckee Surgery Center Nursing Supervisor;

Absent: Crystal Felix

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES

5.1. 03/08/2023 Regular Meeting

5.2. 04/03/2023 Special Meeting

ACTION: Motion made by Dr. Jeffrey Dodd, to approve Truckee Surgery Center Board of Manager meeting minutes of March 8, 2023 and April 3, 2023 as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: Felix

6. ITEMS FOR BOARD ACTION

6.1. Amended and Restated Operating Agreement of Truckee Surgery Center, LLC

Truckee Surgery Center (TSC) Board of Managers reviewed proposed changes to the Amended and Restated Operating Agreement of Truckee Surgery Center, LLC. Discussion was held.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the Amended and Restated Operating Agreement of Truckee Surgery Center, LLC as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: Felix

6.2. Policies with Changes

Truckee Surgery Center Board of Managers reviewed the following policies with proposed changes:

6.2.1. Emergency Operations Plan (EOC-1902)

6.2.2. Quality Assessment & Performance Improvement - QAPI Plan (QA-2002)

6.2.3. Credentialing & Privileging Licensed Independent Practitioners (MS-1903)

Discussion was held.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve items 6.2.1. through 6.2.3. as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: Felix

6.3. High Blood Pressure Discharge Instructions

Truckee Surgery Center Board of Managers reviewed and considered approval of discharge instructions explaining blood pressure. Discussion was held.

Courtney Leslie, TSC Administrator, noted quite frequently patients come in with untreated high blood pressure. Dr. Ricki Alpert also reviewed the discharge instructions.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve High Blood Pressure Discharge Instructions as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: Felix

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

TSC Board of Managers reviewed the following financial reports:

7.1.1. Q3 FY23 Financial Statement

TSC saw a large variance with purchased services and office supplies. TSC saw inflation across all vendors.

Anesthesia machines were not previously budgeted.

Several repairs for the HVAC system and generator which drove up expenses.

Courtney Leslie reached out to District's controller to work on budget for next year.

Chancellor did work to renegotiate some contracts.

CEO and COO discussed Partnership Health Plan. Generally, Medi-Cal has not been advantageous for TSC. When negotiations with Partnership begin, the District may want to look at what they can offer.

7.1.2. Surgical Notes Dashboard

TSC Administrator reviewed the Surgical Notes Dashboard.
April was the busiest month with 52 cases.

Currently, days to bill is at 7 days due to implant invoices. Accounts Receivable Days are up to 75. The billing company believed it is due to old AR.

Board of Managers discussed expanding Urology and ENT services.

7.2. Coding Review Report

TSC Board of Managers reviewed the First Quarter 2023 Coding Review Report from billing company. They come back with few issues.

7.3. Facility/Equipment Update

Truckee Surgery Center Board of Managers received an update on facility and equipment needs.

TSC continued to have ongoing high temperature issues in SPD and OR. Facilities continues to work on improvements.

TSC submitted the following Capital Budget Requests:

- Stryker Tower Upgrade including cameras and scopes (This will expand our services lines to ENT, Urology, and GYN)
- SPD Rigid Containers
- Curtains
- Tourniquet
- Broken Screw Removal set (low priority)

The quote for towers is \$238,000. MD Buyline has a potential \$23,000 discount. The towers lack Epic capability. Dr. Dodd confirmed the current towers in hospital also do not have Epic capability. It would allow TSC to share scopes with hospital. ENT uses scopes for all procedures.

The generator was repaired but Director of Facilities was not happy with Cashman's work.

Open Session recessed at 12:44 p.m.

8. CLOSED SESSION

Closed Session convened at 12:44 p.m.

8.1. Approval of Closed Session Minutes

03/08/2023

Discussion was held on a privileged item.

8.2. Hearing (Health & Safety Code § 32155)

Subject Matter: ACHC Deficiency Assessment Report

Number of items: One (1)

Discussion was held on a privileged item.

8.3. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2023 Infection Control Data Summary

Number of items: Five (5)

Discussion was held on a privileged item.

8.4. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2023 Quality Assurance Performance Improvement Data

Number of items: Nine (9)

Discussion was held on a privileged item.

8.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Medical Staff Credentials Report

Discussion was held on a privileged item.

Open Session reconvened at 12:56 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Items 8.1. and 8.5. were both approved on 3-0 vote. There was no reportable actions on items 8.2. through 8.4.

10. ITEMS FOR NEXT MEETING

No discussion was held.

11. ADJOURN

Meeting adjourned at 12:57 p.m.

Truckee Surgery Center

Budget FY24

Ordinary Income/Expense

Income

Patient Revenue

Private Pay 60,000.00

Commercial & Government Payors 1,711,632.00

Total Patient Revenue 1,771,632.00

Refunds

Patient Refund (6,000.00)

Total Refunds (6,000.00)

Total Income 1,765,632.00

Gross Profit 1,765,632.00

Expense

Service Fee 1,800.00

Purchased Services 50,840.00

Bad Debt 143,502.00

Billing Fee

Aged AR 9,000.00

Billing Fee - Other 60,235.00

Total Billing Fee 69,235.00

Collection Agency Reimbursement

HELP Refund 2,600.00

Collection Agency Reimbursement - Other 240.00

Total Collection Agency Reimbursement 2,840.00

General Office

Document Destruction 1,400.00

Dues and Subscriptions 28,800.00

Office Supplies 9,360.00

Postage and Delivery 1,020.00

General Office - Other 1,600.00

Total General Office 42,180.00

Liability Gen'l, Prof Insurance 5,448.00

Licenses and Permits 1,900.00

Linen 48,720.00

Medical Supplies Total

Gas Medical 25,334.10

Implants-Tissue Products 241,650.20

Instrument Expense 360.00

Medical Supplies 264,061.60

Pharmacy 60,413.10

Patient Nutrition 2,728.00

Medical Supplies Total - Other 240.00

Total Medical Supplies Total 594,787.00

Other Expenses	
Bank Charges	840.00
Cleaning Supplies	720.00
Educational	8,000.00
Interest Expense	100.00
Meals & Entertainment	720.00
Merchant Fees	6,000.00
Travel	2,400.00
Total Other Expenses	18,780.00
Payroll Expenses	
Voluntary Benefits	2,700.00
Basic Employee Life AD&D	420.00
Health Insurance Total	
Health	144,700.00
Dental	8,437.00
Vision	1,227.00
Health Insurance Total - Other	600.00
Total Health Insurance Total	154,964.00
Employee Benefit	4,500.00
Payroll Taxes	114,675.00
Retirement Contribution	17,560.00
Wages	1,042,500.00
Work Comp	5,285.00
Payroll Expenses - Other	6,900.00
Total Payroll Expenses	1,349,504.00
Professional Fees	
Consulting	2,800.00
Pension Fees	2,445.00
Transcription Services	8,858.00
Total Professional Fees	14,103.00
Rent & CAM	181,171.00
Repairs	
Building/Equipment Repairs	12,000.00
Instrument Refurbishing	1,800.00
Instrument Repairs	3,600.00
Maintenance-Preventative	60,000.00
Total Repairs	77,400.00
Taxes	
Property	25,500.00
State	6,800.00
Total Taxes	32,300.00

Utilities	
Alarm Monitor	1,020.00
Cable	780.00
Gas and Electric	48,300.00
Telephone	6,000.00
Total Utilities	<u>56,100.00</u>
Depreciation Expense	<u>87,776.00</u>
Total Expense	<u>2,778,386.00</u>
Net Ordinary Income	(1,012,754.00)
Other Income/Expense	
Other Income	
Interest Income	60.00
Total Other Income	<u>60.00</u>
Other Expense	
Amortization Expense	260,956.00
Total Other Expense	<u>260,956.00</u>
Net Other Income	<u>(260,896.00)</u>
Net Income	<u><u>(1,273,650.00)</u></u>

Policy and Procedure list 2023

Abnormal Diagnostic Test Results Follow-up, DI-1901
Absenteeism and Tardiness, HR-1901
Abuse Reporting-Suspected Child, Adult, Disabled Person and Elder Abuse and Neglect, GOV-1901
Accounts Payable & Accounts Receivable, BO-1901
Acute Pain Management, NS-1901
Administration of Truckee Surgery Center, GO-2202
Admission Procedures, BO-1903
Adult Modified Early Warning Score (MEWS) and Algorithm NS-2201
Advance Directives, BO-1904
Adverse Drug Reactions, PH-1901
Allied Health Professionals, MS-1901
Allograft Handling- Accepting, Storing, and Tracking TB-1901
Alternate Life Safety Measures, EOC-1922
Alternative Workweek, HR-2102
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California Paid Sick Leave, HR-2008
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Cell Phone Reimbursement, HR-2006
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Clinical Laboratory Point of Care Testing Program, LAB-1909
Clinical Laboratory Specimen Collection and Transport, LAB-1914
Clinical Laboratory Specimen Transport and Courier Service, LAB-1912
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Code Gray, EOC-2201

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Discharge Planning and Education, NS-1928
Discharge, NS-1910
Discipline and Discharge, HR-2203
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Education Reimbursement, HR-2103
Educational Plan-Patient, NS-1912
Electrical Equipment Safety, EOC-1903
Electrosurgical Cautery Unit Safety, PS-1904
Emergency Call Lights, EOC-1905
Emergency Lighting Unit Maintenance, EOC-1906
Emergency Operations Plan, EOC-1902
Employee Health Program, IC-1939
Employee Health Screening and Immunization, IC-1908
Employee Injury, HR-1902
Employee Insurance Benefits, HR-2004
Employee Treatment, HR-1903
Employment Categories, HR-2002
Equipment Documentation, PS-1912
Event-Related Shelf Life Sterile Storage, SP-1907
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**TRUCKEE SURGERY CENTER, LLC
MEDICAL STAFF BYLAWS**

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TRUCKEE SURGERY CENTER, LLC**

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TRUCKEE SURGERY CENTER, LLC MEDICAL STAFF BYLAWS
PREAMBLE

These bylaws create a structure to provide an efficient, democratic framework to Medical Staff of Truckee Surgery Center, LLC (TSC, LLC). The Medical Staff endeavors to improve performance while promoting professional relationships among the members, TSC, LLC staff, patients and the community.

DEFINITIONS

1. **ALLIED HEALTH PROFESSIONAL** or **AHP** means a health care provider who is licensed or possesses the appropriate legal credentials, and is other than a licensed physician, dentist or podiatrist. AHPs may be granted practice prerogatives within the scope of their license/legal credential on the approval of the MEC and the Governing Board. The AHP shall exercise his/her practice prerogatives under the supervision of a physician, osteopath, podiatrist, or dentist member of the Medical Staff, when required by law, and in conformity with the law and these bylaws. AHPs are not members of the Medical Staff.
2. **AUTHORIZED REPRESENTATIVE** or **SURGERY CENTER'S AUTHORIZED REPRESENTATIVE** means the individual designated by the Governing Board and approved by the MEC to provide information to and request information from the National Practitioner Data Bank.
3. **CENTER REPRESENTATIVE** means a person appointed by the MEC to deliver and receive notices and any other information, or act on behalf of the Governing Board in connection with any hearing conducted pursuant to Article VII hereof.
4. **CLINICAL PRIVILEGES** or **PRACTICE PREROGATIVES** means the authorization granted by the Governing Board to a practitioner or an AHP to provide specific patient care services at the Surgery Center within defined limits, based on an individual's or AHP's license or other legal credential, education, training, experience, competence, health status and judgment.
5. **CVO** means an external Credentialing Verification Organization (CVO)
6. **GOVERNING BOARD** means the Board of Managers of TSC, LLC, as defined in the Operating Agreement of TSC, LLC.
7. **INVESTIGATION** means a formal appointment of a committee or a process formally initiated by a MEC when acting as a peer review body. The MEC may also appoint committees for purposes other than a formal "investigation," such as to "evaluate" a situation or a practitioner. Such evaluation shall not constitute an "investigation," for purposes of reporting obligations under [either] California Business and Professions Code Section 805 or the Health Care Quality Improvement Act and the National Practitioner Data Bank (NPDB).

8. MEDICAL DISCIPLINARY CAUSE OR REASON OR MDCR means that aspect of an applicant's or member's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
9. MEDICAL EXECUTIVE COMMITTEE or MEC means the Executive Committee of TSC, LLC responsible for governing the Medical Staff as described in these bylaws.
10. MEDICAL STAFF or STAFF means those M.D.s, D.O.s, Dentists, or Podiatrists who have been granted recognition as members of the Medical Staff pursuant to the terms of these bylaws.
11. MEDICAL STAFF YEAR means the period from January 1 to December 31.
12. PRACTITIONER means an individual who holds a current license as an M.D., D.O. or D.P.M. by the State of California.
13. SURGERY CENTER means surgery center owned and operated by TSC, LLC.

ARTICLE I. NAME, PURPOSES AND RESPONSIBILITIES

1.1 NAME

The name of this organization is the Medical Staff of TSC, LLC.

1.2 PURPOSES OF THE MEDICAL STAFF

The purposes of the Medical Staff are to:

- 1.2.1 be the formal organizational structure through which (1) the benefits of membership on the Medical Staff may be obtained by individual practitioners and (2) the obligations of Medical Staff membership may be fulfilled.
- 1.2.2 serve as the primary means for accountability to the Governing Board for the appropriateness of the professional performance and ethical conduct of its members and AHPs.
- 1.2.3 strive toward the continual upgrading of the quality and safety of patient care delivered at the Surgery Center.
- 1.2.4 provide a means through which the Medical Staff may participate in TSC, LLC's policy-making.

1.3 RESPONSIBILITIES OF THE MEDICAL STAFF

The responsibilities of the Medical Staff are to:

- 1.3.1. account to the Governing Board for the quality of patient care provided by all Medical Staff members and by all AHPs authorized pursuant to the

bylaws to practice at TSC, LLC through regular reports and recommendations concerning the implementation, operation and results of the quality review and evaluation activities, which shall be developed through the following means:

- (a) Review and evaluation of the quality of patient care through a valid and reliable patient care assessment procedure.
- (b) An organizational structure and mechanisms that allow concurrent monitoring of safe patient care and clinical practices.
- (c) A credentials program, including mechanisms for appointment and reappointment and the granting of clinical privileges to be exercised or practice prerogatives to be performed with the verified credentials and current demonstrated performance of the applicant, Medical Staff member or AHP. Quality management information shall be included in the appraisals.
- (d) Cooperation with nursing staff in development of policies relating to patient care.

- 1.3.2. recommend to the Governing Board action with respect to appointments, reappointments, Medical Staff category, clinical privileges, practice prerogatives and corrective action.
- 1.3.3 recommend to the Governing Board programs for the establishment, maintenance, continuing improvement and enforcement of a high level of professional standards in the delivery of health care at the Surgery Center.
- 1.3.4 account to the Governing Board for the quality of patient care through regular reports and recommendations concerning the implementation, operation and results of the quality review and evaluation activities.
- 1.3.5. initiate and pursue corrective action with respect to practitioners and AHPs, when warranted.
- 1.3.6. develop, administer, and recommend amendments to and seek compliance with these bylaws, the Medical Staff rules and regulations, and TSC, LLC policies.

ARTICLE II. MEMBERSHIP

2.1 NATURE OF MEMBERSHIP

Membership on the Medical Staff of TSC, LLC is a privilege which shall be extended only to individuals holding degrees in medicine, osteopathy, dentistry or podiatry who continuously meet the qualifications, standards and requirements set forth in these bylaws.

2.2 QUALIFICATIONS FOR MEMBERSHIP

2.2.1 GENERAL QUALIFICATIONS

Only physicians, doctors of osteopathy, dentists, and podiatrists who:

- (a) Document their (1) current licensure, (2) adequate experience, education, and training, (3) current professional competence, (4) good judgment, and (5) adequate physical and mental health status, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) Are determined to (1) strictly adhere to the Code of Ethics of both the surgery center and the American Medical Association, American Dental Association, American Podiatry Association, or American Osteopathic Association, whichever is applicable, as well as this Medical Staff's Bylaws and Rules and Regulations and applicable policies of the Medical Staff and the Center, (2) be able to work cooperatively with others so as not to adversely affect patient care, (3) keep as confidential, as required by law, all information or records received in the physician-patient relationship, and (4) be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) Maintain in force professional liability insurance in not less than One Million Dollars (\$1,000,000) per occurrence and Three Million (\$3,000,000) in the aggregate. The MEC, for good cause shown, may waive this requirement with regard to such member as long as such waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis;
- (d) Practice within the community within a reasonable distance of the Surgery Center; and
- (e) Anesthesiologists, Orthopedists, General Surgeons, Urologists, and Gynecologists maintain membership or affiliation in good standing at one of the local accredited acute care hospitals of which a transfer agreement is in place.

shall be deemed to possess basic qualifications for membership on the Medical Staff. If a practitioner does not meet these basic qualifications, he/she will not be provided an application to the TSC, LLC Medical Staff.

2.2.2 PARTICULAR QUALIFICATIONS

- (a) Physicians. An applicant for physician membership on the Medical Staff must hold an M.D. or D.O. degree, and must also hold a valid and unsuspended license to practice medicine issued by the Medical Board of California or the Osteopathic Medical Board of California.
- (b) Limited License Practitioners:
 - (1) Dentists. An applicant for dental membership on the Medical Staff must hold a D.D.S. or equivalent degree, and must also hold a valid and unsuspended certificate to practice dentistry issued by the Dental Board of California.
 - (2) Podiatrists. An applicant for podiatric membership on the Medical Staff must hold a D.P.M. degree, and must hold a valid and unsuspended certificate to practice podiatry issued by the Medical Board of California Board of Podiatric Medicine.

2.3 NONDISCRIMINATION

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, religion, ancestry, national origin, disability, medical condition, marital status or sexual orientation, or other considerations not impacting the applicant's ability to discharge the privileges for which s/he has applied or holds, if after reasonable accommodation, the applicant complies with the bylaws and Rules and Regulations.

2.4 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

The ongoing responsibilities of each Medical Staff member include:

- 2.4.1 Providing patients with the quality of care meeting the professional standards of the Medical staff of TSC, LLC;
- 2.4.2 Abiding by the Medical Staff's bylaws and rules and regulations;
- 2.4.3 Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Surgery Center;
- 2.4.4 Abiding by the lawful ethical principles of the California Medical Association or member's professional association;
- 2.4.5 Working cooperatively with other members and staff so as not to adversely affect patient care; and

- 2.4.6 Refusing to engage in improper inducements for patient referral.
- 2.4.7 Not deceive a patient as to the identity of any practitioner providing care or service.
- 2.4.8 Not delegate the responsibility for diagnosis or care of patients to another practitioner who is not qualified to take on this responsibility.
- 2.4.9 Cooperate in all peer review and quality assurance review of their practice and notify the Medical Director of any corrective action initiated by other healthcare organizations, agencies or professional associations; loss of malpractice coverage and any other change in the information that an applicant for appointment or reappointment must submit.
- 2.4.10 Refrain from unlawful harassment or discrimination against any person based on the person's age, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex or sexual orientation.

ARTICLE III. CATEGORIES OF MEDICAL STAFF MEMBERSHIP AND ALLIED HEALTH PROFESSIONAL STATUS

3.1 CATEGORIES

The categories of the Medical Staff shall include the following: active, courtesy, provisional and temporary. At each time of reappointment, the member's staff category shall be determined.

3.2 ACTIVE MEDICAL STAFF

3.2.1 QUALIFICATIONS

The Active Medical Staff shall consist of members who:

- (a) Meet the general qualifications for membership set forth in Section 2.2; and
- (b) Regularly provided care to at least ten (10) patients a year in the Surgery Center.

3.2.2 PREROGATIVES

Except as otherwise provided, the prerogative of an Active Medical Staff member shall be to:

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V;

- (b) Attend and vote on matters presented at general and special meetings of the Medical Staff and of the committees of which he or she is a member; and
- (c) Hold staff office and serve as a voting member of committees to which he or she is duly appointed or elected by the Medical Staff or duly authorized representative thereof.

3.3 THE COURTESY MEDICAL STAFF

3.3.1 QUALIFICATIONS

The courtesy Medical Staff shall consist of members who:

- (a) Meet the general qualifications for membership set forth in Section 2.2;
- (b) Regularly care for (or reasonably anticipate regularly caring for) less than ten (10) patients per year in the Surgery Center;
- (c) Have satisfactorily completed appointment in the provisional category.

3.3.2 PREROGATIVES

Except as otherwise provided, the courtesy Medical Staff member shall be entitled to;

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) Attend in a non-voting capacity meetings of the Medical Staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Courtesy staff members shall not be eligible to hold office in the Medical Staff.

3.4 PROVISIONAL STAFF

3.4.1 QUALIFICATIONS

The provisional Medical Staff shall consist of members who meeting the general Medical Staff membership qualifications set forth in Section 2.2.

3.4.2 PREROGATIVES

The provisional Medical Staff member shall be entitled to:

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) Attend meetings of the Medical Staff, including committee meetings with the permission of the chairman, and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Provisional Medical Staff members shall not be eligible to hold office in the Medical Staff.

3.4.3 OBSERVATION OF PROVISIONAL STAFF MEMBER

Each provisional staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The observation shall be to evaluate the member's (1) proficiency in the exercise of clinical privileges initially granted and (2) overall eligibility for continued staff membership and advancement within staff categories. The MEC shall establish in rules and regulations the frequency and format of observation the MEC deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained.

3.4.4 TERM OF PROVISIONAL STAFF STATUS

A member shall remain in the provisional staff until ten (10) cases have been reviewed by a physician appointed by the MEC. Five (5) of the ten (10) cases may be completed at a local Medicare-certified hospital as long as written documentation of such is provided by the member.

3.4.5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

- (a) If the provisional staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Medical Staff membership, the member shall be eligible for placement in the Active or Courtesy Medical Staff as appropriate, on recommendation of the Medical Director to MEC and Governing Board; and
- (b) In all other cases, the Medical Director and MEC make its recommendation to the Governing Board regarding a modification or termination of clinical privileges, or termination of Medical Staff membership.

3.5 TEMPORARY STAFF

3.5.1 QUALIFICATIONS

The Temporary Staff shall consist of physicians, dentists, and podiatrists who do not actively practice at the Surgery Center but are important resource individuals for non-clinical Medical Staff quality management activities (i.e. proctoring, peer review activities, consultation on quality management). Such persons shall be qualified to perform the non-clinical functions for which they are made temporary members of the staff.

3.5.2 PREROGATIVES

Temporary Medical Staff members shall be entitled to attend all meetings of committees to which they have been appointed for the limited purpose of carrying out quality management functions. They shall have no privileges to perform clinical services in the Surgery Center. They may not admit patients to the ambulatory care center, or hold office in the Medical Staff organization. Finally, they may attend Medical Staff meetings outside of their committees, on invitation.

3.6 ONE-TIME SURGICAL ASSIST PRIVILEGES

Only physician Medical Staff members shall be eligible for one-time surgical assist privileges. The physician must be a member in good standing at a local Medicare-certified hospital. The physician must notify the TSC, LLC authorized representative one week prior to the scheduled procedure. The following documentation must be received: 1) copy of a valid California medical license and DEA certificate, 2) copy of malpractice insurance certificate and, 3) a report of all actions by any licensing or regulatory agency, medical group, or hospital against the physician. Prior to granting the privileges, the Medical Board, the National Practitioner Data Bank, the OIG/GSA exclusion list, and the hospital where the physician holds clinical privileges shall be queried, the answers shall have been received and have been deemed acceptable by the Medical Director. The authorized representative will verify all information and the Medical Director will review and approve/disapprove the privileges. There is no application fee. The privilege will be granted for one day only and may be requested three (3) times in a twelve (12) month period.

3.7 ALLIED HEALTH PROFESSIONALS

3.7.1 DEFINITION

Allied Health Professional or AHP means a health care provider who is licensed or possesses the appropriate legal credentials, and is other than a licensed physician, dentist or podiatrist. AHPs may be granted practice prerogatives within the scope of their license/legal credential on the approval of the MEC and the Governing Board. The AHP shall exercise his/her practice prerogatives under the supervision of a physician, osteopath, podiatrist, or dentist member of the

Medical Staff, when required by law, and in conformity with the law and these bylaws. AHPs are not members of the Medical Staff.

3.7.2 QUALIFICATIONS

An AHP may be granted practice prerogatives as described in Section 3.7.1 hereof, provided he or she holds a current license or other legal credential as required by State law, and who:

- (a) documents his or her experience, background, training, demonstrated ability, physical health status and mental health status, with sufficient adequacy to demonstrate that any patient treated by them shall receive care of the generally recognized professional level of quality and that they are qualified to provide a needed service at the Surgery Center; and
- (b) are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions as applicable and to work cooperatively with others; and
- (c) participates in continuing medical education applicable to their specialty; and
- (d) demonstrates acceptable malpractice coverage.

3.7.3 APPLICATIONS

Applications for AHP status and practice prerogatives will be processed in a parallel manner to those for Medical Staff members, as appropriate.

3.7.4 PREROGATIVES

AHPs shall be eligible to provide services at TSC, LLC under this category. The MEC may establish particular qualifications for AHPs.

3.7.5 DURATION

The qualifications of each AHP shall be reviewed on initial application and every two (2) years thereafter.

3.7.6 PROCEDURAL RIGHTS

Nothing herein shall create any vested rights to any such AHP to receive or maintain any practice prerogatives.

Anyone entitled to impose a summary suspension pursuant to Section 6.3 has the authority to summarily suspend an AHP. Termination of AHPs shall not entitle them to any of the hearing and appeal provisions of Article VII, unless otherwise

required by law. For AHPs, a hearing with unbiased members of the MEC and an appeal to the Governing Board shall be provided if practice prerogatives have been denied, revoked, or restricted for a Medical Disciplinary Cause or Reason. In the event that an AHP has acquired AHP status by virtue of his/her employment or other relationship with a member of the Medical Staff, termination shall be automatic and simultaneous on the termination of the relationship between the Medical Staff member and TSC, LLC or the Medical Staff member and the AHP without the right to a hearing or appeal.

3.7.7 CATEGORIES

The Governing Board shall determine, based on comments of the MEC and such other information as it has before it, those categories of AHPs that shall be eligible to exercise clinical privileges or practice prerogatives in the Surgery Center. AHPs exercising practice prerogatives in a Governing Board-approved category shall be subject to supervision requirements as required by law and as recommended by the Allied Health Professionals Committee and the MEC, and approved by the Governing Board.

ARTICLE IV. APPOINTMENT AND REAPPOINTMENT

4.1 GENERAL

Except as otherwise specified herein, no person shall exercise clinical privileges in the Surgery Center unless that person applies for and receives appointment to the Medical Staff or is granted temporary privileges as set forth in these bylaws.

4.2 APPOINTMENT AUTHORITY

Appointments, denials and revocations of appointments to the Medical Staff shall be made as set forth in these bylaws, but only after there has been a recommendation from the Medical Director to the MEC and Governing Board.

4.3 DURATION OF APPOINTMENT AND REAPPOINTMENT

Except as otherwise provided in these bylaws, initial appointments to the Medical Staff shall be for a period of two (2) years. Reappointments shall be for a period of two (2) years.

4.4 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT

4.1.1 APPLICATION FORM

An application form shall be approved by the MEC. The form shall require detailed information which shall include, but not be limited to, information concerning:

- (a) The applicant's qualifications, including, but not limited to, education, professional training and experience, current licensure, current DEA registration, and continuing medical education information related to the services to be performed by the applicant;
- (b) Peer references familiar with the applicant's professional competence and ethical character;
- (c) Request for specified clinical privileges;
- (d) Past or pending professional disciplinary action, licensure limitation, or related matter;
- (e) Physical and mental health status;
- (f) Final judgments or settlements made against the applicant in professional liability cases, and any filed cases pending; and
- (g) Professional liability coverage.
- (h) Criminal Background Screening

Each application for initial appointment to the Medical Staff shall be in writing, submitted on the prescribed form with all provisions completed or accompanied by an explanation of why answers are unavailable, and signed by the applicant. When an applicant requests an application form, that person shall be given a copy of these bylaws, the Medical Staff rules and regulations, and summaries of other applicable policies relating to clinical practice at the Surgery Center, if any.

4.4.2 EFFECT OF APPLICATION

By applying appointment to the Medical Staff each applicant:

- (a) Signifies willingness to appear for interviews regarding the application;
- (b) Authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (c) Consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

- (d) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant;
- (e) Releases from liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- (f) Consents to the disclosure to other organizations, hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing that TSC, LLC or the Medical Staff may have, and releases the Medical Staff and Governing Board from liability for so doing to the fullest extent permitted by law; and
- (g) Pledges to provide for continuous quality care for patients.

4.4.3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the CVO credentialing designee. An application is considered "complete" when all required application information and supporting documents have been received. The Medical Executive Committee or designee shall be notified of the application. The CVO shall seek to collect and primary source verify the references, licensure status, DEA, State DPS, State CDS if applicable, Medical malpractice insurance coverage consistent with guidelines of the Governing Body, Criminal background check, board certification, and other evidence submitted in support of the application, as indicated in the credentialing policies and procedures. TSC, LLC's authorized representative shall query the American Medical Association (AMA) or the American Osteopathic Association Physician Profiles and the Education Commission for Foreign Medical Graduates (ECFMG) if applicable, regarding the applicant or member and place in the applicant's or member's credentials file. The National Practitioner Data Bank, the OIG/GSA exclusion list, and the relevant professional licensing board shall be queried on all applicants. The applicant shall be notified of any problems in obtaining the information required, and it shall be the applicant's obligation to obtain the required information. When collection and verification is accomplished, all such information will be given to the Medical Director for review then to the MEC for recommendation to the Governing Board. The TSC, LLC may use paper or electronic processes for applications, credentialing, and privileging.

4.4.4 MEC ACTION

At its next regular meeting after receipt of the application, or as soon thereafter as is practical, the MEC shall consider the application. The MEC may request additional information, and/or elect to interview the applicant. The MEC shall

render and forward to the Governing Board a written report and decision as to Medical Staff appointment. The MEC may also defer action on the application. The reasons for the decision shall be stated.

Recommendations concerning membership and clinical privileges shall be based on whether the applicant meets the qualifications and can carry out all of the responsibilities specified in the bylaws and TSC, LLC's ability to provide adequate support services and facilities for practitioners.

4.4.5 EFFECT OF MEC ACTION

When a final proposed action gives rise to the obligation to file an 805 report in accordance with the California Business and Professions Code § 805(b), the Governing Board shall be promptly informed in writing and the applicant shall be promptly informed by written notice in accordance with California Business and Professions Code § 809.1 and shall then be entitled to the procedural rights as provided in Article VII. AHPs do not have hearing rights as provided in these bylaws.

4.4.6 ACTION ON THE APPLICATION

The Governing Board may accept the recommendation of the MEC or may refer the matter back to the MEC for further consideration, setting the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation. The following procedures shall apply with respect to action on the application:

- (a) If the MEC issues a favorable recommendation, the Governing Board shall affirm the recommendation of the MEC, refer the matter back to the MEC, or decide not to concur.
 - (1) If the Governing Board concurs in that recommendation, the decision of the Governing Board shall be deemed final action.
 - (2) If the final proposed action gives rise to the obligation to file an 805 report in accordance with the California Business and Professions Code § 805(b), the applicant shall be promptly informed by written notice in accordance with California Business and Professions Code § 809.1 and shall then be entitled to the procedural rights as provided in Article VII. If the applicant waives his or her procedural rights, the decision of the Governing Board shall be deemed final action.
- (b) In the event the final proposed action of the MEC, or any significant part of it, gives rise to the obligation to file an 805 report in accordance with the California Business and Professions

Code § 805(b), the procedural rights set forth in Article VII shall apply.

- (1) If the applicant waives his or her procedural rights, the recommendations of the MEC shall be forwarded to the Governing Board for final action, which shall affirm the recommendation of the MEC if the decision is supported by substantial evidence.
- (2) If the applicant requests a hearing, the Governing Board shall take final action only after the applicant has exhausted his or her procedural rights as established by Article VII. After exhaustion of the procedures set forth in Article VII, subject only to the rights of appeal as set forth in these bylaws, the Governing Board shall make a final decision and shall affirm the decision of the Judicial Review Committee if it is supported by substantial evidence following a fair procedure. The Governing Board's decision shall be in writing and shall specify the reasons for the action taken.

4.4.7 NOTICE OF FINAL DECISION

- (a) Notice of the final decision shall be given to the applicant in writing.
- (b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the clinical privileges granted; and (2) any special conditions attached to the appointment.

4.4.8 TIMELY PROCESSING OF APPLICATIONS

Applications for Medical Staff appointments shall be considered in a timely manner as stated in the credentialing policies and procedures. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications:

- (a) Evaluation, review, and verification of application and all supporting documents sixty (60) days after receipt of all necessary documentation;
- (b) Review and recommendation by MEC thirty (30) days after receipt of all necessary documentation.

4.5 REAPPOINTMENT

Medical staff privileges must be periodically reappraised, not less than every two (2) years. The scope of procedures performed at TSC, LLC must be periodically reviewed and amended as appropriate.

4.5.1 REAPPLICATION

At least five (5) months prior to the expiration date of the current staff appointment, a reapplication form shall be mailed or delivered to the member. At least ninety (90) days prior to the expiration date, each Medical Staff member shall submit to the CVO designee the completed application form for renewal of appointment to the staff, and for renewal or modification of clinical privileges. The reapplication form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 4.4.1, as well as other relevant matters. On receipt of the application, the information shall be processed as set forth commencing at Section 4.4.3.

4.5.2 FAILURE TO FILE REAPPOINTMENT APPLICATION

If the member fails without good cause to file a completed application within forty-five (45) days past the date it was due, the member shall be deemed to have resigned membership from the TSC, LLC Medical Staff, as of the date of expiration of his/her appointment, and the procedures set forth in Article VII shall not apply.

ARTICLE V. CLINICAL PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

A member providing clinical services at this surgery center shall be entitled to exercise only those clinical privileges specifically granted. These privileges and services must be organization specific, within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon. Medical Staff privileges may be granted, continued, modified or terminated by the Governing Board of TSC, LLC after considering the recommendation of the MEC, and only for reasons directly related to quality of patient care and other provisions of the Medical Staff bylaws, and only following the procedures outlined in these bylaws.

5.2 DELINEATION OF PRIVILEGES IN GENERAL

5.2.1 REQUESTS

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant and are limited to those privileges currently held at an area acute care facility. A

request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

5.2.2 BASES FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from outside sources and appropriateness of procedure for an ambulatory surgery center setting.

5.3 PROCTORING

5.3.1 GENERAL PROVISIONS

Except as otherwise determined by the MEC, all new members and all members granted new clinical privileges shall be subject to a period of review. Performance on three (3) procedures has been established by the MEC, to determine suitability to continue to perform services within the Surgery Center. Monitoring reports available at accredited local hospitals may be accepted in lieu of fifty percent (50%) of the monitoring reports required to be completed at the Surgery Center. Monitoring reports must be as described in section 3.4.3 and completed by a physician appointed by the MEC. The Medical Director will review, evaluate and make recommendations to the MEC through the use of physician monitoring records and other quality data.

5.3.2 FAILURE TO OBTAIN CERTIFICATION

If a new member or member exercising new clinical privileges fails to obtain such certification within the time allowed by the MEC those specific clinical privileges shall automatically terminate, and the member shall be entitled to a hearing, on request, pursuant to Article VII, if such failure is due to a Medical Disciplinary Cause or Reason.

5.4 CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS

5.4.1 GENERAL EXCEPTIONS TO PREROGATIVES

Limited license members:

- (a) shall exercise clinical privileges only within the scope of their licensure and as set forth below.

5.4.2 ADMISSIONS

When dentists, oral surgeons, and podiatrists provide care to patients within the ambulatory care center, the patient's primary care provider or cardiologist has completed the medical portion of the H&P exam and has provided medical clearance for the patient to be admitted to the surgery center. Alternatively, a physician member of the Medical Staff may conduct or directly supervise the care provided by the limited license practitioner, except the portion related to dentistry or podiatry, and assume responsibility for the care of the patient's medical problems, which are outside of the limited license practitioner's lawful scope of practice.

5.4.3 SURGERY

Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of a physician member of the Medical Staff with surgical privileges.

5.4.4 MEDICAL APPRAISAL

All patients admitted for care at the Surgery Center by a dentist or podiatrist shall receive the same basic medical appraisal as patients admitted to other services, and the dentists or podiatrists shall consult with a physician member to determine the patient's medical status and a need for medical evaluation.

5.5 TEMPORARY PRIVILEGES

5.5.1 CIRCUMSTANCES

- (a) Temporary privileges may be granted where good cause exists to a physician for the care of specific patients but for not more than four (4) patients per calendar year provided that the procedure described in Section 5.5.2 has been followed.
- (b) Following the procedures in Section 5.5.2, temporary privileges may be granted to a person serving as a locum tenens for a current member of the TSC, LLC Medical Staff. Such person may attend the patients of the member for whom the person is serving as locum tenens and only for a period not to exceed ninety (90) days per calendar year, unless the MEC recommends a longer period for good cause.

5.5.2 APPLICATION AND REVIEW

- (a) On receipt of a completed application and supporting documentation from a physician, dentist, or podiatrist authorized to practice in California, the MEC may grant temporary privileges to

a practitioner who appears to have qualifications, ability and judgment, consistent with Section 2.2.1, but only after:

- (1) The MEC has contacted at least one person who:
 - a. Has recently worked with the applicant;
 - b. Has directly observed the applicant's professional performance over a reasonable time; and
 - c. Provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others so as not to adversely affect patient care.
- (2) The appropriate licensing board, the National Practitioner Data Bank, and the OIG/GSA exclusion list have been queried, the answer shall have been received and it has been deemed acceptable by the Medical Director.
- (3) The applicant's file is forwarded to the MEC.
- (4) Reviewing the applicant's file and attached materials, the MEC recommends granting temporary privileges.

5.5.3 GENERAL CONDITIONS

- (a) If granted temporary privileges, the applicant shall act under the supervision of the Medical Director within TSC, LLC.
- (b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the MEC or unless affirmatively renewed following the procedure as set forth in Section 5.5.2.
- (c) Requirements for proctoring and monitoring including, but not limited to, those in Section 5.3, shall be imposed on such terms as may be appropriate under the circumstances.
- (d) Temporary privileges may at any time be terminated by the Medical Director or MEC. In such cases, the Medical Director or MEC shall assign a member of the TSC, LLC Medical Staff to assume responsibility for the care of such member's patient(s). The wishes of the patient shall be considered in the choice of a replacement Medical Staff member. Terminations for Medical Disciplinary Cause or Reason give rise to the hearing rights specified in Article VII.

- (e) All persons requesting or receiving temporary privileges shall be bound by the bylaws and rules and regulations of the TSC, LLC Medical Staff.

5.6 LEAVE OF ABSENCE

5.6.1 A Medical Staff member may request a voluntary leave of absence from the Medical Staff by submitting a written notice to the MEC. The request must state the approximate period of leave desired, which may not exceed one (1) year, and include the reasons for the request. Upon written request of the Medical Staff member to the MEC, and at the discretion of the MEC, an approved leave may be extended to two (2) years. During the period of leave, the Practitioner shall not exercise clinical privileges at the Surgery Center, and membership prerogatives and responsibilities shall be in abeyance. The request may be granted or denied, in whole or in part, at the discretion of the MEC with Governing Board Approval. In making its decision, the MEC shall consider the abilities of the Medical Staff to fulfill the patient care needs that may be created in the Surgery Center by the absence of the member requesting the leave. All Medical Staff members requesting a leave of absence are expected to complete all medical records and Medical Staff and Surgery Center matters prior to commencing the leave of absence, unless, in the judgment of the MEC, the member has a physical or psychological condition that prevents him/her from completing records and/or concluding other Medical Staff or Surgery Center matters.

5.6.2 A leave of absence may be granted for any reason approved by the MEC and the Governing Board including, but not limited to, the following reasons:

- (a) Medical Leave of Absence

A Medical Staff member may request and be granted a leave of absence for the purpose of obtaining treatment for a medical or psychological condition, disability, or impairment.

- (b) Military Leave of Absence

A Medical Staff member may request and be granted a leave of absence to fulfill military service obligations.

- (c) Educational Leave of Absence

A Medical Staff member may request and be granted a leave of absence to pursue additional education and training. Any additional clinical privileges that may be desired upon the successful conclusion of additional education and training must be requested in accordance with these Bylaws.

- (d) Personal/Family Leave of Absence

A Medical Staff member may request and be granted a leave of absence for a variety of personal reasons (e.g., to pursue a volunteer endeavor) or family reasons (e.g., maternity leave).

5.6.3 Termination of Leave

At least thirty (30) days prior to the requested termination of the leave of absence, the Medical Staff member may request reinstatement of Medical Staff membership and clinical privileges by submitting a written notice to the MEC. The written request for reinstatement shall include an attestation that no changes have occurred in the status of any of the criteria listed in Section 2.2 of these Bylaws or, if changes have occurred, a detailed description of the nature of the changes. In addition, the MEC may request any information or evidence it deems relevant to the decision to reinstate a Practitioner to the Medical Staff including, but not limited to, medical records of Practitioner. If so requested, the Medical Staff member shall submit a summary of relevant activities during the leave which may include, but is not limited to, the scope and nature of professional practice during the leave period and any professional training completed. The MEC may approve or deny the requested reinstatement in whole or in part and may limit or modify the requested reinstatement, including, but not limited to, imposing requirements for monitoring and/or proctoring. If the leave of absence has extended past the Practitioner's reappointment time, he/she will be required to submit an application for reappointment in accordance with these Bylaws and the reinstatement shall be processed as a reappointment.

An adverse decision regarding reinstatement of Medical Staff membership, which is not for a MDCR, shall not constitute grounds for a hearing under Article VII of these Bylaws.

5.6.4 Failure to Request Reinstatement

The Medical Director will notify the physician in writing no less than 60 days and again no less than 30 days prior to the expiration of a leave of absence. Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed an automatic termination from the Medical Staff.

ARTICLE VI. CORRECTIVE ACTION

6.1 ROUTINE MONITORING AND EDUCATION

The TSC, LLC Medical Staff committees are responsible for carrying out peer review and quality or performance improvement review functions. Following completion of the peer review process, the committees may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out those functions without initiating formal corrective action. Comments, suggestions, and warnings

may be issued orally or in writing. Any such actions, monitoring, or counseling shall be documented in the member's peer review file. MEC approval is not required for such actions, although the actions may be reported to the MEC. The routine monitoring and education actions described in this section shall not constitute a restriction of clinical privileges or grounds for any formal hearing or appeal rights under Article VII.

6.2 CORRECTIVE ACTION

6.2.1 CRITERIA FOR INITIATION

Any person may provide information to the MEC about the conduct, performance, or competence of Medical Staff members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the Surgery Center; (2) unethical; (3) contrary to the Medical Staff bylaws and rules or regulations; (4) below applicable professional standards; (5) disruptive of Surgery Center operations; or (6) illegal, a member may request for an investigation or action against such member may be made.

[6.2.2 CRIMINAL ARREST

In the event that an individual is arrested for alleged criminal acts, an immediate investigation into the circumstances of the arrest shall be made. The MEC shall review the circumstances leading to the arrest and may determine if further action is warranted prior to the outcome of the legal action. If the MEC recommends use of a corrective action that fits the definition of an adverse action, this shall entitle the individual subject to such action to notification and the right to a hearing and as set forth in Article VII.]

6.2.3 INITIATION

A request for an investigation must be in writing, submitted to the MEC and supported by reference to specific activities or conduct alleged. If the MEC initiates the request, it shall make an appropriate recordation of the reasons.

6.2.4 INVESTIGATION

If the MEC concludes an investigation is warranted, it shall direct an investigation to be undertaken. The MEC may conduct the investigation itself, or may assign the task to an appropriate Medical Staff member or committee. If the investigation is delegated to a member or committee, such person(s) shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the MEC as soon as possible. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and on such terms as the investigating body

deems appropriate. The investigating body may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a “hearing” as that term is used in Article VII, nor shall the procedural rules with respect to hearings or appeals apply.

Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

6.2.5 MEC ACTION

As soon as possible after the conclusion of the investigation, the MEC shall take action which may include, without limitation:

- (a) Determining no corrective action be taken and, if the MEC determine there was not credible evidence for the complaint in the first instance, removing any adverse information from the member’s file;
- (b) Deferring action for a reasonable time;
- (c) Issuing letters of admonition, censure, reprimand, or warning. In the event such letters are issued, the affected member may make a written response which shall be placed in the member’s file;
- (d) Recommending the imposition of terms of probation or special limitation on continued TSC, LLC Medical Staff membership including, without limitation, requirement for mandatory consultation, or monitoring; and
- (e) Recommending termination of membership.

6.2.6 SUBSEQUENT ACTION

- (a) If corrective action as set forth in Section 6.2 is recommended by the MEC, that recommendation shall be transmitted for information to the Governing Board.
- (b) The recommendation of the MEC shall be adopted by the Governing Board as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII, if applicable, or the Governing Board disagrees with the MEC.

6.2.7 ALTERNATIVE TO CORRECTIVE ACTION

Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Medical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the individual subject to such efforts to the right to a hearing as set forth in Article VII hereof, and shall not require reporting to the State Licensure Board or the National Practitioner Data Bank, except as otherwise provide in these Bylaws or required by applicable law. Alternatives to corrective action may include:

- (a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance;
- (b) Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance;
- (c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;
- (d) Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance and which do not in any way restrict the individual's ability to exercise clinical privileges at the Surgery Center; and/or
- (f) Requirements to seek assistance for any impairment.

6.3 SUMMARY RESTRICTION OR SUSPENSION

6.3.1 CRITERIA FOR INITIATION

Whenever failure to immediately suspend or restrict a practitioner may result in imminent danger to the health of any individual, the MEC or any officer thereof, may summarily suspend the membership of such member. Unless otherwise stated, such summary suspension shall become effective immediately on imposition and the person or committee responsible shall promptly give written notice to the member and the Governing Board. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein.

6.3.2 MEC ACTION

As soon as practical, but no later than seven (7) calendar days after such summary restriction or suspension has been imposed, a meeting of the MEC as a whole shall be convened to review and consider the action. On request, the member may attend and make a statement concerning the issues under investigation, on such

terms and conditions as the MEC may impose. In no event, however, shall any meeting of the MEC, with or without the member, constitute a “hearing” within the meaning of Article VII, nor shall any procedural rules apply. The MEC may modify, continue, or terminate the summary suspension, but in any event it shall furnish the member with notice of its decision.

6.3.3 PROCEDURAL RIGHTS

If the MEC does not terminate the summary suspension, the member shall be entitled to the procedural rights afforded by Article VII.

6.4 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, membership may be suspended or limited as described, and a hearing, if requested, shall be an informal hearing before the MEC limited to the question of whether the grounds for automatic suspension as set forth below have occurred.

6.4.1 LICENSURE

- (a) Revocation, Expiration, and Suspension: Whenever a member’s license or other legal credential authorizing practice in this state expires, is revoked or suspended, TSC, LLC Medical Staff membership shall be automatically revoked as of the date such action becomes effective.
- (b) Restriction: Whenever a member’s license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges exercised at the Surgery Center which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- (c) Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

6.4.2 CONTROLLED SUBSTANCES

- (a) Whenever a member’s DEA certificate is revoked, limited, suspended, or expires, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

- (b) Probation: Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

6.4.3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A practitioner who fails to satisfy the requirements of Section 10.6.2 shall automatically be suspended from exercising all or such portion of his/her clinical privileges in accordance with the provisions of said Section 10.6.2.

6.4.4 CONVICTION OF FELONY

A Medical Staff member who is convicted of a felony, or who has pled "guilty" or pled "no contest" or its equivalent, in any jurisdiction, to a felony shall immediately and automatically be suspended from practicing at TSC, LLC. Such suspension is effective on conviction and does not await the results of an appeal or the conviction otherwise becoming final. Such suspension shall remain in effect until the matter is resolved by subsequent action by the MEC to dissolve the suspension or to continue it and initiate further corrective action.

6.4.5 MATTERS INVOLVING LICENSE, DRUG ENFORCEMENT ADMINISTRATION CERTIFICATE, FAILURE TO SATISFY SPECIAL APPEARANCE AND FELONY CONVICTION

As soon as practicable after action is taken as described in Section 6.3.1, paragraphs (b) or (c), or in Sections 6.4.2, 6.4.3, 6.4.4 and 6.4.5, the MEC shall convene to review and consider the facts on which such action was predicated. The MEC may then recommend such further corrective action as may be appropriate based on information disclosed or otherwise made available and/or may direct that an investigation be undertaken pursuant to Section 6.1.3. With regard to a felony conviction, the MEC shall make a finding of whether the felony is related to the Medical Staff member's basic qualifications, functions, duties or ethical conduct prior to deciding whether to dissolve a suspension or to continue it and initiate further corrective action. Hearing rights are subject to the provisions of Article VII.

6.4.6 CLINICAL RECORDS

Members of the Medical Staff are required to complete clinical records within such reasonable time as may be prescribed by the Medical Director or MEC and in any event, no later than thirty (30) days from the date treatment was provided. A limited suspension in the form of withdrawal of the right to treat future patients at the Surgery Center until clinical records are completed, shall be imposed by the Medical Director or MEC, after notice of delinquency for failure to complete clinical records within such period. Bona fide vacation or illness may constitute

an excuse subject to approval by the Medical Director or MEC. The suspension shall continue until lifted by the Medical Director or MEC.

6.4.7 PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance shall be grounds for automatic suspension of a member's clinical privileges, and if within thirty (30) days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership shall be automatically terminated and the member shall not have the right to a hearing pursuant to Article VII.

6.4.8 Misrepresentation

Whenever it is discovered that an individual materially misrepresented, omitted or erred in answering the questions on an application for Medical Staff membership or clinical privileges or in answering interview queries, the individual's membership and clinical privileges shall be automatically terminated. The individual may not re-apply for membership or privileges until twenty-four (24) months have passed.

6.4.9 Impaired Practitioner

Should a Practitioner or Allied Health Professional appear or become impaired while providing patient care, the Medical Director or Administrator shall be notified immediately. Impaired shall mean illness, suspected drug abuse or suspected alcohol intoxication if such could reasonably interfere with the Practitioner's or Allied Health Professional's competent performance of procedures at the Surgery Center. Should the Medical Director or Administrator determine that a Practitioner or Allied Health Professional is impaired as defined above, the Practitioner or Allied Health Professional shall be denied or removed from patient contract until it has been determined that the individual is no longer impaired.

6.4.10 AUTOMATIC RESIGNATION

(1) Relocation

Unless otherwise approved by the Governing Board upon recommendation of the MEC, any Practitioner or other individual with clinical privileges who takes up permanent residence more than a reasonable distance, as determined by the Governing Board, from the Surgery Center shall be deemed to have resigned from the Medical Staff and relinquished all clinical privileges.

(2) Failure to Apply for Reappointment or Renewal of Privileges

A term of medical staff membership or the granting of clinical privileges shall be for a period of no more than two (2) years. In the event that reappointment or a renewal of clinical privileges has not occurred for whatever reason prior to the expiration of the current term of appointment, the membership and clinical privileges of the individual shall be terminated. The individual shall be notified of the termination and the need to submit a new application if continued membership or clinical privileges are desired. The failure to seek reappointment or renewal of clinical privileges prior to the expiration of the current term of appointment shall not give rise to the hearing and appellate rights set forth in Article VII.

ARTICLE VII. HEARINGS AND APPELLATE REVIEWS

These procedures apply to all applicant/member physicians, dentists, and podiatrists applying to practice or practicing within the Surgery Center.

7.1 STATEMENT OF PURPOSE

The following procedures are set forth in order to help ensure that a professional review action is taken in the reasonable belief that the action is in the furtherance of quality health care; that a reasonable effort is made to obtain the facts of the matter; that adequate notice and hearing procedures are afforded to the Practitioner involved and that any action eventually taken is warranted by the facts ascertained. All committees, panels, and boards charged with responsibility under Article VII and Article IX of these Bylaws shall evaluate and improve the quality of care rendered at the Surgery Center. The procedures set forth in this Article VII shall apply exclusively to Practitioners.

7.2 INTERVIEWS

Any interviews conducted pursuant to these bylaws shall neither constitute, nor be deemed, a "hearing," as described in this Article VII, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. When the MEC or the Governing Board is considering an independent adverse recommendation, as defined in Section 7.3, or when otherwise deemed appropriate by the MEC or Governing Board, the MEC or Governing Board may offer the Medical Staff member an interview. In the event an interview occurs, the Medical Staff member may be informed of the general nature of the circumstances leading to such recommendation and may present information relevant thereto. In an interview, neither the Medical Staff member nor the MEC is entitled to representation by an attorney. A record of the matters discussed and findings resulting from such interview may be made.

7.3 GROUNDS FOR HEARING

7.3.1 Recommendations or Actions Triggering Right to Hearing

The following recommendations or actions shall, if deemed adverse pursuant to Section 7.3.5 of these Bylaws, entitle the affected Practitioner to a hearing:

1. Denial of initial staff appointment for a MDCR;
2. Denial of reappointment for a MDCR;
3. Suspension of staff membership for a MDCR lasting longer than 14 days;
4. Termination or revocation of staff membership for a MDCR;
5. Denial of requested advancement in staff category for a MDCR;
6. Reduction in staff category for a MDCR;
7. Denial of requested clinical privileges for a MDCR;
8. Restriction of or reduction in clinical privileges for a cumulative total of 30 days or more in any 12-month period, for a MDCR;
9. Suspension of clinical privileges for a MDCR lasting longer than 14 days;
10. Termination or revocation of clinical privileges for a MDCR; or
11. Individual requirement of consultation for a MDCR.

7.3.2 Recommendations or Actions Not Triggering Right to Hearing

There shall be no right to a hearing in situations not listed in Section 7.3.1. These situations include, but are not limited to, a warning letter of reprimand or censure, a mandatory personal appearance, a notification requirement (which may require an individual to give reasonable notice of performance of certain procedures but does not require consultation or approval or presence of a proctor prior to the individual beginning the procedure), any voluntary resignation or relinquishment of privileges, or any action based on the individual's failure to meet minimum objective

standards for membership or any specific clinical privilege that apply to all similarly situated individuals. For example, the possession of a medical license is required for membership, and there are certain required activity levels such as numbers of particular procedures per year.

7.3.3 When Necessary Facilities and Support Are Unavailable

Additionally, there shall be no right to a hearing for a Practitioner whose application for Medical Staff membership or request for an extension of clinical privileges was declined on the basis that the clinical privileges being requested are not able to be supported with available facilities or resources within the Surgery Center. Similarly, there shall be no right to a hearing if the Surgery Center makes a policy decision (*e.g.*, closing a service, or a physical plant change) that adversely affects the staff membership or clinical privileges of any Member or any other individual.

7.3.4 Exclusive Contracting

The Surgery Center may refuse to accept an application for appointment or reappointment on the basis of an exclusive professional contract that the Surgery Center has entered into for services. Upon receipt of such an application, the Medical Director shall notify the applicant in writing that the application cannot be processed because of the existence of such an exclusive contract. No applicant whose application is denied on such a basis shall be afforded any of the procedural rights set forth in Article VII of these Bylaws. Further, no Practitioner shall be afforded any of the procedural rights set forth in Article VII of these Bylaws due to the loss of the ability to perform services at the Surgery Center as a result of the Surgery Center entering into an exclusive professional contract with other Practitioners.

7.3.5 When Deemed Adverse

A recommendation or action listed in Section 7.3.1 of these Bylaws shall be deemed adverse only when it has been:

1. Recommended by the MEC; or
2. Taken by the Governing Board contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
3. Taken by the Governing Board on its own initiative without benefit of a prior recommendation by the MEC.

7.4 EXHAUSTION OF REMEDIES

If any of the above adverse action is taken or recommended, the member must exhaust the remedies afforded by these procedures before resorting to legal action.

7.5 NOTICE OF REASONS/ACTION

Whenever any of the actions listed above are taken or proposed for a non-MDCR, the member shall receive a written statement of the reasons therefore. However, the Article VII sections below apply only where action was taken or proposed for a MDCR.

A Practitioner against whom an adverse recommendation or action has been taken pursuant to Section 7.3.5 of these Bylaws shall promptly be given special notice of such action. Such special notice shall be sent by the Center Representative by hand or by certified or registered mail. Such notice shall:

1. Advise the Practitioner that a professional review action has been proposed to be taken against him;
2. State the reasons for the proposed action;
3. Alert the Practitioner that he has thirty (30) days following the date of receipt of notice in which to request a hearing on the proposed action and that failure to request a hearing within thirty (30) days shall constitute a waiver of his right to a hearing on the matter;
4. Advise the Practitioner that the Surgery Center may be required pursuant to Section 805 of the California Business and Professions Code to report the proposed action, if taken; and
5. Provide a summary of his rights at such a hearing under these Bylaws.

7.6 HEARING

7.6.1 Request for a Hearing

A Practitioner shall have thirty (30) days following his or her receipt of a notice pursuant to Section 7.5 to file a written request for a hearing. A Practitioner's receipt of the notice of the proposed action shall be irrebuttably presumed four (4) days after the date of the certified or registered mailing, or, if hand-delivered, on the date of delivery. Any request for a hearing must be received by the Center Representative within the thirty (30) day timeframe. The request for a hearing

shall contain a statement, signed by the Practitioner, that the Practitioner shall maintain confidentially all documents provided to him during the fair hearing process and shall not disclose or use the documents for any purpose outside of the fair hearing process or any lawsuit directly related to the hearing process.

7.6.2 Waiver by Failure to Request a Hearing

A Practitioner who fails to request a hearing within the time and in the manner specified in Section 7.6.1 waives any right to such a hearing to which he might otherwise have been entitled. Such waiver in connection with:

1. An adverse action by the Governing Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Surgery Center. This decision shall be immediately effective and shall not be subject to further hearing, appellate, or judicial review.
2. An adverse recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Governing Board. The Governing Board shall consider the MEC's recommendation at its next regular meeting following waiver. In its deliberations, the Governing Board shall review all the information and material considered by the MEC and may consider all other relevant information received from any source. The Governing Board's action shall constitute the final decision of the Surgery Center. This decision shall be immediately effective and shall not be subject to further hearing, appellate, or judicial review.

The Center Representative shall promptly send the Practitioner special notice informing the Practitioner of each action taken pursuant to this Section 7.6.2 and shall notify the Governing Board of each such action. Such special notice shall be sent by hand or by certified or registered mail.

7.6.3 Number Of Hearings

Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one hearing with respect to an adverse recommendation or action.

7.7 HEARING PREREQUISITES

7.7.1 Notice Of Time And Place Of Hearing

Upon receipt of a timely request for hearing, the Center Representative shall deliver such request to the Governing Board and the MEC. At least thirty (30)

days prior to the hearing, the Center Representative shall send the Practitioner special notice of the time, place, and date of the hearing. Such special notice shall be sent by hand or by certified or registered mail. The hearing date shall be not less than thirty (30) days from the date of receipt of the request for hearing. The notice of hearing shall identify the Practitioners who will comprise the Judicial Review Committee. The notice of hearing shall also contain a list by number of the specific or representative patient records (if any) in question and a list of witnesses (if any) expected to testify at the hearing at the request of the Judicial Review Committee. These lists may be amended at a later date, and the amended list of records and witnesses shall be provided to the Practitioner prior to the hearing. Nothing in this section, however, shall preclude the Judicial Review Committee, in its sole discretion, from calling additional witnesses whose testimony is determined to be relevant by the Judicial Review Committee.

7.7.2 Appointment Of Judicial Review Committee

1. A hearing occasioned by an adverse recommendation pursuant to Section 7.3.5 shall be conducted by a Judicial Review Committee appointed by the Medical Director and composed of three (3) members of the Active Medical Staff who (1) are in good standing, (2) are unbiased with respect to the subject matter of the hearing, (3) do not stand to gain any direct financial benefit from the outcome of the hearing, and (4) have not acted as an accuser, investigator, fact finder or initial decision-maker in the same matter. Knowledge of the matter involved shall not preclude a member from serving as a member of the Judicial Review Committee. If feasible, subject to the requirements of Section 7.7.3(2) below, at least one (1) of the Judicial Review Committee members should be a Practitioner practicing in the same specialty as the Practitioner who is the subject of the hearing.
2. No Practitioner in direct economic competition with the Practitioner may serve as a Judicial Review Committee member. A Practitioner shall be disqualified from serving on a Judicial Review Committee if he has participated in initiating, investigating, or making decisions regarding the underlying matter at issue. Members who serve on the Governing Board may be appointed to serve on a Judicial Review Committee only if the Medical Director determines in good faith that the number of Active Medical Staff Members otherwise eligible to participate on the Judicial Review Committee is not sufficient to constitute a Judicial Review Committee the membership of which does not overlap with the Governing Board. In such case, any member of the Governing Board who serves on a Judicial Review Committee shall be excluded from considering and voting on the matter as a member of the Governing Board.

7.7.3 Objection To Judicial Review Committee Composition

Upon receipt of notice provided in Section 7.5, the Practitioner shall have a reasonable opportunity to *voir dire* the Judicial Review Committee members and, within five (5) days after such *voir dire*, to object in writing to the participation of any members of the Judicial Review Committee. Such written objection shall be delivered by hand or by certified or registered mail to the Hearing Officer. Any objection to the composition of the Judicial Review Committee must be based on the Practitioner's reasonable and good faith belief that one (1) or more individuals selected to serve on the Judicial Review Committee are not impartial with respect to the subject matter of the hearing or the Practitioner at issue. The Hearing Officer shall, in his or her sole discretion, determine whether new Judicial Review Committee members should be appointed to replace the members to whom the Practitioner objected. If no objection is made in writing prior to the later of five (5) days after the *voir dire* or ten (10) days after the Practitioner's receipt of the notice provided pursuant to Section 7.5 if the Practitioner has not requested a *voir dire* by such time, the Practitioner shall be deemed to have waived any objection to the Judicial Review Committee's composition.

7.10 HEARING PROCEDURE

7.10.1 Personal Presence

The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails without good cause, as determined by the Judicial Review Committee in its sole discretion, to appear at such hearing shall be deemed to have waived his rights in the same manner and with the same consequence as provided in Section 7.5.2.

7.10.2 Presiding Officer

The Hearing Officer shall act as the presiding officer. The Hearing Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The Hearing Officer shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

7.10.3 The Hearing Officer

The Governing Board on recommendation of the MEC may appoint a Hearing Officer to preside at the hearing. The Hearing Officer may be an attorney at law qualified to preside over a quasi-judicial hearing, but an attorney regularly utilized by TSC, LLC for legal advice regarding its affairs and activities shall not be eligible to serve as Hearing Officer. The Hearing Officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting Officer or as an advocate. The Hearing Officer shall endeavor to assure that all participants in

the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary actions as seems warranted by the circumstances. If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations of the Judicial Review Committee and be a legal advisor to it, but shall not be entitled to vote.

7.10.4 Notice By Practitioner

The Practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by an attorney or other person of the Practitioner's choice. At least ten (10) days prior to the hearing, the Practitioner shall provide the name of his attorney or other representative and a list of witnesses he will call. The Practitioner shall deliver such notice by hand or by certified or registered mail to the Center Representative, who shall promptly forward a copy of such notice to the Judicial Review Committee. The Practitioner's list of witnesses may be amended at any time for good cause shown. The Judicial Review Committee shall, in its sole discretion, determine whether good cause has been shown. The MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall appoint an individual to represent the facts in support of its adverse recommendation or action, and to examine witnesses.

7.10.5 Rights Of Parties

During a hearing, each of the parties shall, as soon as practicable,:

1. Have access to all of the information made available to the Judicial Review Committee;
2. Be afforded a reasonable time to present his case by:
 - a. Calling and examining witnesses;
 - b. Introducing exhibits;
 - c. Cross-examining any witness on any matter relevant to the issues; and
 - d. Presenting and rebutting any evidence determined by the Hearing Officer to be relevant.
3. Have the right to present a written statement at the close of the hearing; and

4. Obtain a copy of the record upon payment of any reasonable charges associated with the preparation thereof and upon signing a stipulation agreeing to maintain the record confidentially.

If the Practitioner who requested the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

7.10.6 Access To Information and Documents

The Practitioner shall have the right to inspect and copy at his or her own expense any documentary information relevant to the action or recommendation at issue which the MEC has in its possession or under its control, as soon as practicable after the receipt of the Practitioner's request for a hearing. The MEC shall have the right to inspect and copy at its own expense any documentary information relevant to the action or recommendation at issue which the Practitioner has in his or her possession or control as soon as practicable after receipt of the MEC's request. The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable Practitioners, other than the Practitioner under review. The Hearing Officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires.

When ruling upon requests for access to information and determining the relevancy thereof, the Hearing Officer shall consider the following:

1. Whether the information sought may be introduced to support or defend the recommendation or action against the Practitioner;
2. The exculpatory or inculpatory nature of the information sought, if any;
3. The burden imposed on the party in possession of the information sought, if access is granted;
4. Any previous requests for access to information submitted or resisted by the parties to the same proceeding; and
5. Such other factors as the Hearing Officer deems appropriate.

The member shall be entitled to representation by legal counsel in any phase of the hearing, should he/she so choose, and shall receive notice of the right to obtain representation by an attorney at law. In the absence of legal counsel, the member shall be entitled to be accompanied by and represented at the hearing only by a practitioner licensed to practice in the state of California, who is not also an

attorney at law, and the MEC shall appoint a representative who is not an attorney to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions. The MEC shall not be represented by an attorney at law if the member is not so represented.

7.10.7 Procedure And Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs, including hearsay, shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party will file documentary evidence within ten (10) days in advance of the hearing. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The Hearing Officer shall not allow a witness to attend the hearing and may require that a witness take an oath before testifying. A record of the hearing shall be made by use of a court reporter or an electronic recording unit. The Judicial Review Committee shall be entitled to legal counsel or other representation in all hearings and proceedings.

7.10.8 Official Notice

In reaching a decision, the Judicial Review Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Judicial Review Committee. The Judicial Review Committee shall also be entitled to consider all other information that can be considered, pursuant to these Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for clinical privileges.

7.10.9 Burden Of Proof

The burden of presenting evidence and proof during the hearing shall be as follows:

1. The MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall have the initial duty to present evidence which supports the recommendation or action.

2. Initial applicants shall bear the burden of persuading the Judicial Review Committee by a preponderance of the evidence of their qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning their current qualifications for Medical Staff membership and clinical privileges. Initial applicants shall not be permitted to introduce information not produced during the application process, unless the initial applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.
3. Except as provided above for initial applicants, the MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall bear the burden of persuading the Judicial Review Committee by a preponderance of the evidence that the action or recommendation is reasonable and warranted.

7.10.10 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the time permitted in these bylaws may be permitted by the Hearing Officer on a showing of good cause, or on agreement of the parties

7.10.11 Presence Of Judicial Review Committee Members

Each member of the Judicial Review Committee must be present throughout the hearing and deliberations.

7.10.12 Recesses And Adjournment

The Judicial Review Committee or the Hearing Officer, upon consultation with the Judicial Review Committee, may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Judicial Review Committee may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

7.10.13 Judicial Review Committee Report

The decision of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. Within thirty (30) days after final adjournment of the hearing, the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the parties and to the Governing Board. If the member's membership is currently suspended however, the time for the decision and report shall be fifteen (15) days. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. The decision of the Judicial Review Committee shall be subject to such rights of appeal or review as described in these bylaws. On an appeal, the Appeal Board shall give great weight to the decision of the Judicial Hearing Committee and in no event shall act in an arbitrary or capricious manner in making its decision. The Appeal Board shall decide whether there was substantial compliance with these bylaws and applicable law, whether the Judicial Hearing Committee decision was supported by the evidence based on the hearing record, and if the action was taken arbitrarily, unreasonably, or capriciously. Both the member and the MEC shall be provided a written explanation of the procedure for appealing the decision.

7.11 APPEAL

7.11.1 TIME FOR APPEAL

Within ten (10) days after receipt of the decision of the Judicial Review Committee either the member or the MEC may request an appellate review. A written request for such review shall be delivered to the Governing Board. If a request for appellate review is not made within such period, that action or recommendation shall be affirmed by the Governing Board as the final action, if it is supported by substantial evidence following a fair procedure.

7.11.2 GROUNDS FOR APPEAL

A written request for an appeal shall include an identification of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be:

- (a) Substantial non-compliance with the procedures required hereunder or applicable law which has created demonstrable prejudice;
- (b) The decision was not supported by the evidence based on the hearing record or such additional information as may be permitted pursuant to Section 7.11.5, below.

7.11.3 TIME, PLACE AND NOTICE

If an appellate review is to be conducted, the Appeal Board shall, within fifteen (15) days after receipt of notice of appeal, schedule a review date and cause each side to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than thirty (30) nor more than sixty (60) days from the date of such notice, provided however, that when a request for appellate review concerns a member whose membership has been summarily suspended, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed fifteen (15) days from the date of the notice. The time for appellate review may be extended by the Appeal Board for good cause.

7.11.4 APPEAL BOARD

The Governing Board of TSC, LLC, or a committee thereof, shall act as the Appeal Board. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person was not previously involved with the same matter. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

7.11.5 APPEAL PROCEDURE

The proceedings by the Appeal Board shall be in the nature of an appellate hearing based on the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination and confrontation provided at the hearing; or the Appeal Board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal and to personally appear and make oral argument. The Appeal Board may thereon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives.

7.11.6 DECISION

- (a) Except as provided in Section (b), below within thirty (30) days after the conclusion of the appellate review proceedings, the Appeal Board shall affirm, modify, reverse, or remand for further review the Judicial Review Committee's decision.

- (b) Should the Appeal Board determine that the Judicial Review Committee's decisions are not supported by the evidence, the Appeal Board may modify or reverse the decision and may instead, or shall, where a fair procedure has not been afforded, remand the matter back for reconsideration, stating the purpose for the referral. If the matter is remanded to the Judicial Review Committee for further review and recommendation, the Judicial Review Committee shall promptly conduct its review and make its recommendations to the Appeal Board. This further review and the time required to report back shall not exceed thirty (30) days in duration except as the parties may otherwise agree or for good cause as jointly determined by the Appeal Board and the Judicial Review Committee.
- (c) The decision shall be in writing, shall specify the reasons for the action taken, and shall be forwarded to the MEC and the subject of the hearing. The decision shall be final.

7.12 REAPPLICATION

Following an adverse final decision by the Governing Board, the Practitioner may not reapply for appointment to the Medical Staff or for clinical privileges, whichever is applicable, for at least twenty-four (24) months after the Governing Board's final decision or in a manner that is inconsistent with the Governing Board's final decision.

7.14 EXTERNAL REPORTING REQUIREMENTS

The Surgery Center shall submit a report regarding a final adverse action to the appropriate state professional licensure board (i.e., the state agency that issued the individual's license to practice) and all other agencies as required by all applicable Federal and/or State law(s).

ARTICLE VIII. OFFICERS

8.1 OFFICERS OF THE MEDICAL STAFF

8.1.1 IDENTIFICATION

The officers of the Medical Staff shall be a president, a secretary and a chief financial officer (but may remain vacant).

8.1.2 QUALIFICATIONS

Officers must be members of the Active Medical Staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

8.1.3 ELECTION

Officers shall be elected by the Governing Board.

8.1.4 TERM OF ELECTED OFFICE

Each officer shall serve a two (2)-year term, commencing on the first day of the Medical Staff year following his or her election. Each officer shall serve in each office until the end of that officer's term, or until a successor is appointed, unless that officer shall sooner resign or be removed from office.

8.1.5 VACANCIES IN ELECTED OFFICE

Vacancies in office occur on the death or disability, resignation, or removal of the officer, or such officer's loss of membership on the Active Medical Staff. Vacancies may be filled by appointment by the MEC until the next regular election.

8.2 MEDICAL DIRECTOR

8.2.1 SELECTION The Medical Director shall serve at the pleasure of the Governing Board as the chief officer of the Medical Staff. The Medical Director shall enter into a contract with TSC, LLC and shall be required to attain Medical Staff membership and clinical privileges as a condition of that contract. As a contractor, the Medical Director is subject to the regular personnel policies of TSC, LLC and the terms of the Medical Director contract.

8.2.2 DUTIES

The duties of the Medical Director shall include, but not be limited to:

- (a) Enforcing the Medical Staff bylaws and rules and regulations, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;
- (b) Calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff;
- (c) Serving as chairman of the MEC;
- (d) Serving as an ex officio member of all other staff committees without vote, unless his or her membership in a particular committee is required by these bylaws;
- (e) Appointing, in consultation with the MEC, committee members for all standing and special Medical Staff, liaison, or multidisciplinary committees, except where otherwise provided by these bylaws and,

except where otherwise indicated, designating the chairman of these committees; and

- (f) Performing such other functions as may be assigned to the Medical Director by these bylaws, the Medical Staff, or by the MEC and Governing Board;
- (g) Interacting with the Governing Board in all matters of mutual concern within TSC, LLC.

8.2.3 TERMINATION

- (a) The Medical Director may be terminated only by the Governing Board of TSC, LLC.
- (b) The Medical Director's contract prevails over these Bylaws except that the Medical Director's contract may not be terminated for a Medical Disciplinary Cause or Reason without the hearing rights provided in Article VII.
- (c) If action is taken against the Medical Director that gives rise to a right to a hearing under Article VII, the provisions Article VII shall govern the action.

8.3 ANESTHESIA DIRECTOR

8.3.1 **SELECTION** The Anesthesia Director shall serve at the pleasure of the Governing Board. The Anesthesia Director is a physician who has successfully completed a training program in anesthesiology accredited by the ACGME, the American Osteopathic Association or equivalent organizations. The Anesthesia Director may enter into a contract with TSC LLC and shall be required to attain Medical Staff membership and clinical privileges as a condition of that contract. As a contractor, the Anesthesia Director is subject to the regular personnel policies of TSC, LLC and the terms of the Anesthesia Director contract if a contract exists.

8.3.2 DUTIES

The duties of the Anesthesia Director shall include, but not be limited to:

- (a) Oversee the anesthesia services provided at TSC;
- (b) Approves the policies and procedures for administering the continuum of anesthesia;
- (c) Performs Anesthesia Consults as requested by the Medical Staff or Nursing Staff;

- (d) Takes appropriate action when problems in patient care and clinical performance or opportunities to improve care are identified;
- (e) Makes recommendations to the Medical Executive Committee and the Governing Board;
- (f) Participates in quality assessment and performance improvement activities and;
- (g) Serves as a member of the Medical Executive Committee.

8.3.3 TERMINATION

- (a) The Anesthesia Director may be terminated only by the Governing Board of TSC, LLC.
- (b) The Anesthesia Director's contract prevails over these Bylaws except that the Anesthesia Director's contract may not be terminated for a Medical Disciplinary Cause or Reason without the hearing rights provided in Article VII.
- (c) If action is taken against the Anesthesia Director that gives rise to a right to a hearing under Article VII, the provisions Article VII shall govern the action.

ARTICLE IX. COMMITTEES

9.1 DESIGNATION

Medical staff committees shall include but shall not be limited to the Medical Staff meeting as a committee of the whole, meetings of committees established under this Article, and meetings of ad hoc or special committees created by the MEC.

9.2 GENERAL PROVISIONS

9.2.1 TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, committee members shall be elected for a term of one year, and shall serve until the end of this period or until the member's successor is elected, unless the member shall sooner resign or be removed from the committee.

9.2.2 REMOVAL

If a member of a committee ceases to be a member in good standing of the Medical Staff, or suffers a loss or significant limitation of practice privileges, fails to attend a minimum of fifty percent (50%) of scheduled meetings, or if any other good cause exists, that member may be removed by the MEC.

9.2.3 VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these bylaws is removed for cause, a successor may be selected by the MEC.

9.3 MEC

9.3.1 COMPOSITION

The MEC shall consist of the Medical Director and three (3) Active Medical Staff Members elected by the Active Medical Staff Members.

9.3.2 DUTIES

The duties of the MEC shall include, but not be limited to:

- (a) Coordinating and implementing the professional and organization activities and policies of the Medical Staff;
- (b) Receiving and acting on reports and recommendations from Medical Staff committees;
- (c) Recommending action to the Governing Board on matters of a medical-administrative nature;
- (d) Establishing the structure of the Medical Staff, the mechanism to review credentials and delineate individual clinical privileges, the organization of quality assurance activities, the procedures for termination of Medical Staff membership and fair hearing procedures, as well as other matters relevant to the operation of the Surgery Center.
- (e) Maintaining members' credentials files;
- (f) Reviewing the qualifications, credentials, performance and professional competence, and character of applicants and Medical Staff members and making recommendations to the Governing Board regarding staff appointments, reappointments, and corrective action:

- (g) Initiating corrective action when warranted;
- (h) Designating such committees and making appointments to those committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff;
- (i) Assisting in the obtaining and maintenance of accreditation;
- (j) Designating TSC, LLC's authorized representative for National Practitioner Data Bank purposes, if applicable;
- (k) Reviewing Medical Staff bylaws and rules and regulations as needed and making recommendations for modifications to these documents as necessary;
- (l) Recommending to the Governing Board appropriate administrative policies and procedures regarding employment of personnel, fiscal concerns and the purchasing of equipment.
- (m) Recommending appointments of the Medical Staff officers to the Governing Board.
- (n) The MEC will perform the following Medical Staff functions: 1) clinical records; 2) utilization review; 3) pharmacy and therapeutics; 4) quality management; 5) allied health professionals; 6) patients' rights; 7) safety; and 8) infection control.
- (o) Reporting to the Medical Staff, at least annually, the findings and results of all Medical Staff quality management activities.

9.3.3 MEETINGS

The MEC shall meet as often as necessary, but at least quarterly and shall maintain a record of its proceedings and actions.

9.4 CLINICAL RECORDS

9.4.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Reviewing and evaluating clinical records, or a representative sample, to determine whether they: (1) properly describe the condition and diagnosis, the progress of the patient, the treatment and tests provided, the results thereof, and adequate identification of individuals responsible for orders given and treatment rendered; and (2) are sufficiently complete at all times to facilitate continuity

of care and communications between individuals providing patient care services at the Surgery Center;

- (b) Reviewing and making recommendations for TSC, LLC policies, rules and regulations relating to clinical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of procedure enforcement;
- (c) Providing liaison between practitioners and personnel in the employ of TSC, LLC on matters relating to clinical records practices; and
- (d) Formulating procedures which assure that records are treated confidentially as required by applicable law.

9.5 UTILIZATION REVIEW

9.5.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Conducting utilization review studies designed to evaluate the necessity and appropriateness of admissions to the Surgery Center, discharge practices, use of medical services and related factors which may contribute to the effective utilization of services;
- (b) Establishing a utilization review plan.
- (c) Obtaining, reviewing, and evaluating information and raw statistical data obtained or generated by TSC, LLC's case management system; and
- (d) Reviewing the resources of care provided at the Surgery Center with respect to:
 - 1. The absence of duplicative diagnostic procedures;
 - 2. The appropriateness of treatment frequency;
 - 3. The use of the least expensive alternative resources when suitable; and
 - 4. The use of ancillary services that are consistent with patient's needs.

9.6 PHARMACY AND THERAPEUTICS

9.6.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, disposal, and all other matters relating to drugs at the Surgery Center;
- (b) Periodically developing and reviewing a formulary or drug list for use at the Surgery Center;
- (c) Evaluating clinical data concerning new drugs or preparations requested for use at the Surgery Center;
- (d) Reviewing and reporting adverse reactions to drugs;
- (e) Monitoring medication errors and referring such for corrective action, when necessary;
- (f) Evaluating the appropriateness of blood transfusions; and
- (g) Developing proposed policies and procedures for the handling and administration of blood and blood components; and
- (h) Assuring the maintenance of a current pharmacy license.

9.7 QUALITY MANAGEMENT

9.7.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Recommending, for approval by the Governing Board, a written plan(s) for maintaining quality patient care at TSC, LLC;
- (b) Submitting regular confidential reports to the Governing Board on the quality of medical care provided and on quality review activities conducted;
- (c) Collecting data related to established criteria in an ongoing manner;
- (d) Periodically evaluating data to identify unacceptable or unexpected trends or occurrences that influence patient outcomes;

- (e) Evaluating the frequency, severity, and source of suspected quality problems or concerns:
- (f) Implementing measures to resolve quality problems or concerns that have been identified;
- (g) Reevaluating quality problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired result. If the problem remains, taking alternate corrective actions as needed to resolve the problem;
- (h) Incorporating findings of quality management activities into TSC, LLC's educational activities; and
- (i) Devising and implementing a procedure for the immediate transfer of patients requiring emergency medical care beyond the capabilities of the Surgery Center to a local Medicare-certified hospital and being responsible for transfer agreements to such hospitals.

9.8 ALLIED HEALTH PROFESSIONALS (AHP)

9.8.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include but not be limited to the following:

- (a) Recommending to the Governing Board the categories of AHPs eligible to apply for AHP status and practice prerogatives at the Surgery Center;
- (b) Establishing procedures regarding:
 - (1) The mechanism for evaluating the qualifications and credentials of AHPs;
 - (2) The minimum standards of training, education, character, and competence of AHPs eligible to apply to perform services;
 - (3) Identification of services which may be performed by an AHP, or category of AHPs, as well as any applicable terms and conditions thereon;
 - (4) The professional responsibilities of AHPs who have been determined eligible to perform services.
- (c) Conducting appropriate monitoring, supervision, and evaluation of AHPs who perform services, provided that:

- (1) AHPs not employed by TSC, LLC will be directly supervised by the operating surgeon they are employed by; and
- (2) AHPs employed by TSC, LLC will be evaluated by the nurse manager.

9.9 PATIENTS' RIGHTS

9.9.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Formulating procedures which are available to patients and staff which require that:
 - (1) Patients are treated with respect, consideration, and dignity;
 - (2) Patients are provided appropriate privacy during interviews, examinations, treatment, and consultation;
 - (3) Patients are provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When a patient does not wish to receive the information, the information is provided to a surrogate decision-maker;
 - (4) Patients are given the opportunity to participate in decisions involving their health care; and
 - (5) Patients are provided with information regarding advance directives.
- (b) Providing information to patients and staff concerning:
 - (1) Patient conduct and responsibilities;
 - (2) Services available at the Surgery Center;
 - (3) Provision for after-hour and emergency care;
 - (4) Fees for services and payment policies; and
 - (5) Methods for expressing grievances and suggestions to TSC, LLC.
- (c) Insuring that marketing or advertising regarding the competence and capabilities of TSC, LLC is not misleading to patients.

9.10 SAFETY

9.10.1

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to the following:

- (a) Assuring that the Surgery Center has the necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services sought or provided;
- (b) Providing periodic instruction to all personnel in the proper use of safety, emergency, and fire-extinguishing equipment;
- (c) Providing a comprehensive emergency plan to address internal and external emergencies, including evacuation and drill procedures;
- (d) Assuring that personnel trained in cardiopulmonary resuscitation and the use of cardiac emergency equipment are present at the Surgery Center during hours of operation;
- (e) Assuring that provisions are made to reasonably accommodate disabled individuals;
- (f) Assuring that the Surgery Center is clean and properly maintained;
- (g) Assuring that a system exists for the proper identification, management, handling, transport, treatment, and disposal of hazardous materials and wastes; and
- (h) Assuring that appropriate emergency and other equipment and supplies are maintained, periodically tested and readily accessible.

9.11 INFECTION CONTROL

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to, the following:

- (a) Establishing a program for identifying and preventing infections, and maintaining a sanitary environment;
- (b) Devising and implementing procedures to minimize sources and transmission of infection, including adequate surveillance techniques; and
- (c) Maintaining an ongoing log of reported incidents of infection.

9.12 AD HOC COMMITTEES

Special or ad hoc committees may be created by the MEC to assist with investigations or to perform other specified tasks. The chairman and members of such committees shall be appointed by, and may be removed by the Medical Director in consultation with the MEC.

ARTICLE X. MEETINGS

10.1 MEDICAL STAFF MEETINGS

10.1.1 ANNUAL MEETING

There shall be an annual meeting of the Medical Staff. Except as otherwise specified in these bylaws, the Medical Director may establish the times for the holding of the annual meeting. The MEC shall present reports on actions taken during the preceding year and on other matters of interest and importance to the members. Notice of this meeting shall be given to the members at least five (5) days prior to the meeting.

10.2 COMMITTEE MEETINGS

10.2.1 REGULAR MEETINGS

The Medical Director shall make every reasonable effort to ensure that meeting dates are disseminated to the members with adequate notice.

10.3 QUORUM

10.3.1 STAFF MEETINGS

The presence of fifty percent (50%) of the total members of the Active Medical Staff at any regular or special meeting in person or through written ballot shall constitute a quorum for the purpose of amending these bylaws or the rules and regulations of the Medical Staff. The presence of thirty-three (33%) of such members shall constitute a quorum for all other actions.

10.3.2 COMMITTEE MEETINGS

A quorum shall consist of thirty-three percent (33%) of the voting members of a committee but in no event less than three (3) voting members.

10.4 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is

approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws. Committee action may be conducted by telephone conference. Valid action may be taken without a meeting by a committee if it is acknowledged by a writing setting forth the action so taken which is signed by at least two-thirds (2/3) of the members entitled to vote.

10.5 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at minimum, a record of the attendance of members and the vote taken on action items. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the MEC.

10.6 ATTENDANCE REQUIREMENTS

10.6.1 Each member is encouraged to attend officially called meetings. There are no meeting attendance requirements.

10.6.2 Whenever apparent or suspected deviation from standard clinical practice or disruptive behavior is alleged, seven (7) days advance special notice shall be given and shall include a statement of the issue involved and that the practitioner's appearance at a meeting is mandatory. Such a meeting shall be limited to the members of the committee. Failure of a practitioner to appear at any such meeting with respect to which he/she was given such special notice shall, unless excused by the committee on a showing of good cause, result in a recommendation to the MEC for corrective action, to include, but not be limited to, an automatic suspension of all or a portion of the practitioner's clinical privileges. Such suspension shall remain in effect until the matter is resolved by subsequent action of the committee, the MEC or the Governing Board. At the discretion of the chairman, when a Medical Staff member's practice or conduct is scheduled for discussion at a regular committee meeting, the member may be required to attend.

ARTICLE XI. CONFIDENTIALITY OF INFORMATION

11.1 GENERAL

Records and proceedings of all Medical Staff committees having the responsibility for evaluation and improvement of quality of care rendered in this surgery center, including, but not limited to, meetings of the Medical Staff as a committee of the whole, meetings of committees, and meetings of special or ad hoc committees created by the MEC and including information regarding any member of applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential.

11.1.1 CONFIDENTIALITY

The following applies to records of the Medical Staff and its committees responsible for the evaluation and improvement of patient care:

- (a) The records of the Medical Staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered at the Surgery Center shall be maintained as confidential.
- (b) Access to such records shall be limited to duly appointed persons and committees of the Medical Staff for the sole purpose of discharging Medical Staff responsibilities and subject to the requirement that confidentiality be maintained.
- (c) Information which is disclosed to the Governing Board of TSC, LLC -- in order that the Governing Board may discharge its lawful obligations and responsibilities -- shall be maintained by the Governing Board as confidential.
- (d) Information contained in the credentials file of any member may be disclosed to any Medical Staff or professional licensing board, or as required by law. However, any disclosure outside of the Medical Staff shall require the authorization of the MEC.
- (e) A Medical Staff member shall be granted access to his/her own credentials file, subject to the following provisions:
 - (1) Timely notice of such shall be made by the member to the MEC.
 - (2) The member may review, and receive a copy of, only those documents provided by or addressed personally to the member.
 - (3) The review by the member shall take place during normal work hours, with a designee of the MEC present.
 - (4) In the event a Notice of Charges is filed against a member, access to his/her own credentials file shall be governed by Section 7.9.5.

11.1.2 MEMBER'S OPPORTUNITY TO REQUEST CORRECTION / DELETION OF AND TO MAKE ADDITION TO INFORMATION IN FILE

- (a) When a member has reviewed his/her file as provided under Section 11.1.1(e) he/she may address to the MEC a written request for correction or deletion of information in his/her credentials file.

Such request shall include a statement of the basis for the action requested.

- (b) The MEC shall review such request within a reasonable time and shall decide whether or not to make the correction or deletion requested.
- (c) The member shall be notified promptly, in writing, of the decision of the MEC.
- (d) In any case, a member shall have the right to add his/her credentials file, on written request to the MEC, a statement responding to any information contained in the file.

ARTICLE XII. ADOPTION AND AMENDMENTS OF BYLAWS, RULES AND REGULATIONS

12.1 RULES AND REGULATIONS

The Medical Staff shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its work and shall periodically review and revise its rules and regulations to comply with current Medical Staff practice. Recommended changes to the rules and regulations shall be submitted to the MEC for review and evaluation prior to presentation for consideration by the Medical Staff as a whole under such review or approval mechanism as the Medical Staff shall establish. Following adoption such rules and regulations shall become effective following approval of the Governing Board which approval shall not be withheld unreasonably, or automatically within thirty (30) days if no action is taken by the Governing Board. Applicants and members of the Medical Staff shall be governed by such rules and regulations as are properly initiated and adopted. If there is a conflict between the bylaws and the rules and regulations, the bylaws shall prevail. The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Medical Staff rules and regulations.

12.2 BYLAWS

On the request of the MEC or on timely written petition signed by at least ten percent (10%) of the members of the Medical Staff in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of these bylaws. Such action shall be taken at a regular or special meeting provided (1) written notice of the proposed change was sent to all members on or before the last regular or special meeting of the Medical Staff, and such changes were offered at such prior meeting and (2) notice of the next regular or special meeting at which action is to be taken included notice that a bylaw change would be considered. Both notices shall include the exact working of the existing bylaw language, if any, and the proposed change(s).

12.2.1 ACTION ON BYLAW CHANGE

If a quorum is present for the purpose of enacting a bylaw change, the change shall require an affirmative vote of fifty-one percent (51%) of the members voting in person or by written ballot.

12.2.2 APPROVAL

Bylaw changes adopted by the Medical Staff shall become effective immediately following approval by the Governing Board, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Board in writing, and shall be forwarded to the MEC.

These revised Bylaws were approved by the MEC on _____, and were sent to all Medical Staff members on _____ and were approved on _____. The Governing Board approved them on _____.

Annual Review of the Bylaws:

The Medical Executive Committee met on _____ and approved the Bylaws. The Governing Board met on _____ and approved the Bylaws. The Bylaws will be reviewed and approved annually and upon any changes.

**TRUCKEE SURGERY CENTER, LLC
MEDICAL STAFF
RULES & REGULATIONS**

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GENERAL RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Such Amendments shall become effective when approved by the Medical Executive Committee and Governing Body.

Admission and Discharge of Patients

- A. Admission: only members of the medical staff, with admitting privileges, may admit a patient to the surgery center.
- B. Medical Management: All patients entering Truckee Surgery Center, including those for pediatric and dental care, must have a medical staff physician responsible for the overall medical management of the patient, including the performance, and recording in the medical record, of an admission history and physical examination, and when indicated, the patient's ability to undergo surgery and anesthesia.
- C. Exceptions: Truckee Surgery Center shall accept all outpatients for care and treatment except patients whose conduct would present a problem regarding their own or other patient's safety, care and comfort.
- D. Responsibility: A member of the medical staff shall be responsible for the medical care and treatment of each patient in Truckee Surgery Center and the prompt completeness and accuracy of the medical record.
- E. Patient Safety: The admitting physician shall be held responsible for giving such Information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others whenever his/her patient might be a source of danger from any cause whatsoever.
- F. AMA Discharges: Patients shall be discharged or transferred only on the written order of the attending physician. Should a patient leave Truckee Surgery Center against the medical advice of the attending physician, or without proper discharge, a notation of the incident shall be made in the patient's medical record. The patient should sign the appropriate release. If this release is not obtainable, the circumstances shall be documented in the medical record.
- G. Transfer/Discharges: No patient shall be transferred or discharged for purposes of affecting a transfer from Truckee Surgery Center to another health facility, unless arrangements have been made in advance to such health facilities. A transfer or discharge shall not be carried out if, in the opinion of the patient's physician, such a transfer or discharge would be detrimental to the patient.
- H. Minors/Discharge: A minor shall be discharged only to the custody of his/her parents or legal guardian, unless such parent or guardian shall direct otherwise in writing. This shall not include emancipated minors.
- I. Deaths: In the event of a death In Truckee Surgery Center, the deceased shall be pronounced dead within a reasonable time by the attending physician or his physician designee. The body shall not be released until such entry has been made and signed In the medical record of the deceased by a member of the medical staff. Policies with respect to the release of the bodies shall conform to local law.

Orders

- A. Treatment Orders: All orders for treatment and diagnostic studies shall be in writing. (Written by the physician or a verbal/telephone order written by an RN or LVN)
 1. The above named individuals may only receive and record orders within their scope of practice.

2. All verbal orders shall be signed by the person to whom the order was dictated and following the name of the physician dictating the order and shall be authenticated within 48 hours. Verbal orders may be received only from members of the medical staff with clinical privileges to do so and not from an office or clinic receptionist or nurse.
 3. Faxed orders with physician signatures may be accepted. Original faxes will be kept in the patient's medical record.
- B. Time/Date: All Truckee Surgery Center orders shall be dated and timed. In addition, all Truckee Surgery Center personnel shall record the time when the order was transcribed.
 - C. Order Writing: All physicians' orders shall be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten and/or understood by the nurse.
 - D. Take Home Drugs: No drugs supplied by Truckee Surgery Center shall be taken from the surgery center.

Consents

- A. No operation will be performed without the informed consent of the patient or his legal guardian except in documented emergencies. Appropriate informed consent for all anticipated procedures must be on the chart prior to surgery.
- B. Informed Consent: It is the responsibility of the physician performing the procedure to obtain informed consent and to explain the potential risks and complications of the impending procedure and anesthesia. No preoperative medication will be given and the patient will remain in the preoperative area until the consent has been completed.
- C. Content: The consent form must state the name of the physician and the name of the procedure or treatment. The physician is responsible to obtain the informed consent and it will be signed when the patient has been advised in simple terms of the risks, benefits and alternatives to surgical treatments or procedures.
- D. Consent Manual: The Medical Staff of Truckee Surgery Center has adopted the California Hospital Association's Consent Manual to serve as operating policy governing all matters of consents.
- E. Physicians shall see that one parent or guardian signs the consent for minors. The consent of both parents is recommended whenever possible.
- F. A sterilization consent will be signed on all patients undergoing sterilization procedures as required by the Consent Manual.

The Medical Record

- A. Responsibility/Content: The admitting physician shall be responsible for a complete and legible medical record for each patient. This record shall contain current and pertinent information including Identification of the patient; admission history and physical exam; consultations; diagnostic records; operative reports; pathology findings; final diagnosis; and discharge condition.
- B. Preoperative Requirements: All surgical patients must have a history and physical examination, appropriate lab and diagnostic tests and appropriate consultations prior to surgery. If the history and physical has been dictated but is not on the chart, the physician must indicate this and complete a note with pertinent physical findings, history and admitting diagnosis.
- C. Admission History and Physical: An admission history and physical examination shall be recorded by the attending physician on or before the day of surgery, and include all pertinent findings.
 1. When a complete history has been recorded and a physical examination performed within a week prior to the patient's surgery at Truckee Surgery Center, or when a patient is readmitted within thirty days of the last admission for the same or a related condition, a legible copy of these reports may be used in the medical record. In such instances, an interval admission note must be written addressing changes in the history or physical

- condition of the patient.
2. An acceptable history and physical includes: chief complaint; details of present illness; relevant past social and family history; review of systems; pertinent physical findings; current physical assessment; treatment plan.
 3. If the history and physical was performed by a physician other than the physician performing the procedure, that physician must document his/her preoperative findings by way of dictated report or progress note prior to commencement of surgery.
- D. Preoperative/Operative Note: The surgeon should record and authenticate a preoperative diagnosis prior to surgery in the medical record. An operative note must be written in the progress notes immediately after surgery and shall specify the type of operation performed and contain any other pertinent information.
- E. Operative Report: Operative reports will include a detailed account of the findings during the procedure and the details of the surgical technique. Operative reports will be dictated within twenty-four hours following surgery and the report promptly signed by the physician and made part of the medical record. Reports not dictated within twenty-four hours of the procedure will be ground for temporary restriction of privileges.
- F. Abbreviations: Abbreviations from the Dictionary of Medical Acronyms and Abbreviations are considered current. A copy of this book is kept in the Post Anesthesia Care Unit. Addendums will be kept with the book as required.
- G. Release of Information: Written consent of the patient is required for release of medical Information to persons not otherwise authorized to receive the information.
- H. Removal of Records: All medical records are the property of Truckee Surgery Center and may be removed from the surgery center's safekeeping only in accordance with a court order, subpoena or statue. Any physician removing charts from the surgery center will be immediately suspended.
- I. Access to Medical Records: When a patient is readmitted to the surgery center, previous records will be available for the use of the admitting physician and anesthesiologist. Physicians shall not be allowed access to the medical records of other physician's patients unless:
- a. It is an authorized study and research project approved by the Medical Executive Committee.
 - b. They have been directed by the Executive Committee to review the medical record of another physician's patients.
 - c. They are actively involved in the patient care.
 - d. And/or the patient signs a release form.
- J. Permanent File: The medical record will not be permanently filed until it is completed by the responsible physician.
- K. Suspension for Incomplete Medical Records: All medical records will be completed within fourteen days of surgery/procedure.
- L. Admissions While on Temporary Suspension: If a member of the medical staff has been notified according to established policies for delinquent records by a phone call from the Administrator and the physician has a surgery scheduled during the described period of suspension, the physician will be contacted at 9:00am the working day before the scheduled admission and asked to complete the medical records in question by 2:00pm or the procedure will be cancelled. The physician will be responsible for informing the patient regarding the cancellation. If the patient arrives at Truckee Surgery Center, the patient will be asked to contact his/her physician.
- M. Alteration of a Medical Record: Unwanted entries should be lined through, signed and dated. Corrections should be entered in the record chronologically, signed and dated. Do not remove or obliterate entries or documents.
- N. Inappropriate Chart Notes: Physicians are restricted from writing interpersonal comments that reflect upon the personality, integrity or competence of any other physician in the patient record. Physicians who do so will be considered in violation of the Rules and Regulations and could be suspended from the Medical Staff.
- O. Laboratory Tests Performed Outside Truckee Surgery Center: outside lab, test results may become part of the medical record only if such tests are performed in labs that have been certified by the

College of American Pathologists or their equivalent or licensed through the Clinical Laboratories Improvement Act of 1967. Lab results not performed in such facilities may be referred to in the admission history and physical or progress notes.

Allied Health Professional

While not qualified for membership on the Medical Staff, allied health professionals may practice in Truckee Surgery Center under the following conditions:

- A. Each person shall have sufficient training, experience and demonstrated competence to:
 - a. Exercise judgment within their area of competence.
 - b. Participate directly in the management of patients under the supervision or direction of a member of the medical staff, within the limits established by the medical staff and consistent with state law. Entries to the medical record by allied health professionals will be countersigned by the physician.
- B. Each person will be under direct supervision of an attending physician. They may carry out their activities in conformity with Medical Staff Bylaws, Rules and Regulations and upon direct order of the attending physician.
- C. Approval to practice in Truckee Surgery Center within the guidelines established above will be contingent upon recommendation of the Executive Committee and Governing Board.

Access to Credentials Files

Each member in good standing of the medical staff of Truckee Surgery Center may have access to his credentials file. This review must be requested in advance and must be accomplished in the presence of the Medical Director or his/her designee. No member of the Medical Staff will be allowed access to the information contained in another staff member's file unless it is within the scope of committee activity related to peer review or privileging functions.

Responding To Committee Inquiries

Medical staff members must respond within one month to a request from the Executive Committee, which has mailed return receipt requested, or be suspended from the staff until said response has been received or current medical staff appointment has expired.

ANESTHESIA RULES AND REGULATIONS

General Organization

Anesthesia is that membership of the medical staff that primarily concerns itself with the anesthesiology aspects of surgical and medical care, diagnosis and treatment.

Pre-Anesthesia

- A. Preoperative Visit: The preoperative visit will be conducted by an anesthesiologist scheduled for the case prior to the scheduled surgery at which time there shall be a disclosure of the plan of anesthesia, the surgical procedure anticipated, the possible risk and possible complications and completion of the pre-anesthetic evaluation. It is expected that the anesthesiologist will make every effort to contact the patient by phone prior to the scheduled surgery day to decrease unexpected delays due to patient questions, complications, or additional required testing. Except in emergency cases, this evaluation will be recorded prior to the patient's transfer to the operating room. The choice of specific anesthetic agent or technique will be left to the discretion of the anesthesiologist.
- B. Preoperative Evaluation: The preoperative evaluation will be documented in the patient's medical record and will include at least the following:
 - Pertinent history and physical exam
 - Airway examination
 - Choice of anesthesia
 - Other anesthesia experience
 - Potential anesthetic problem
 - Date and time of visit
 - ASA Classification for anesthetic risk
- C. Preoperative Medication: Preoperative medications may be ordered by the anesthesiologist.
- D. Responsibilities During Surgery: It is the responsibility of the anesthesiologist and the circulating nurse to identify the patient prior to entering the operating room and ascertain that the medical record contains the appropriate informed consent forms for the contemplated surgical procedures. The anesthesiologist is always directly responsible to the patient.
 - a. As a physician, the anesthesiologist is expected to use drugs he/she may deem advisable in a given situation.
 - b. Blood products are checked against the patient's ID, chart and administration slip by the anesthesiologist and circulating nurse. It is then started by the anesthesiologist who completes the appropriate documentation.
 - c. The anesthesiologist is in complete charge of all emergency procedures except those relating directly to surgery.
 - d. When appropriate, the IV fluids are started preoperatively in the pre-operative area by the nurse or anesthesiologist.
- E. Presence of Anesthesiologist: The anesthesiologist shall be in constant attendance during the entire procedure and a record of all events taking place during the induction, maintenance and emergence from anesthesia, including the dosage and duration, shall be maintained. This is not to preclude the induction of regional anesthesia in a designated holding area where continuous monitoring is available and used.

Local Anesthesia

- A. Definition: Local anesthesia is defined as anesthetizing a specific area causing insensibility to pain.
- B. Responsibility: If no anesthesiologist is present in the operating room, the surgeon will be responsible for the administration of the local anesthesia.
- C. Drug and Equipment Availability: All usual drugs and necessary resuscitation equipment will be available and the physician in charge will be knowledgeable and proficient in their use.
- D. Monitoring of Patient: During local anesthesia, in the absence of an anesthesiologist, vital signs will be monitored and recorded by a Registered Nurse. Medications may be given by the nurse on the order of a physician.

Immediate Postoperative Period

The surgeon, anesthesiologist and the PACU nurse share the responsibility for patients in the PACU.

- A. The anesthesiologist will be responsible for the assessment of the post-anesthetic patient. He/she will determine the stability of the patient upon completion of the procedure and closely monitor the patient throughout the recovery period.
- B. The anesthesiologist will remain available in the surgery center until the patient's condition is stable.
- C. Discharge from the Recovery Room is to be by direct order from the anesthesiologist.
- D. The patient's post-anesthesia status will be documented by the anesthesiologist in the medical record, dated and timed.

SURGERY RULES AND REGULATIONS

General Organization

Composition: Surgery is that membership of the medical staff which concerns itself with the surgical aspect of the diagnosis and treatment of disease and. may include physicians with privileges in the following specialties: Dentistry and Oral Surgery, General Surgery, Ophthalmology, Orthopedics, Gynecology, Otolaryngology, Plastic and Reconstructive Surgery, Podiatry, Urology and Pain Management

Privileges

Proctoring: Proctors are to be arranged by the applicant from members of the medical staff who have been granted the requested privileges. The proctoring physician is expected to complete a written record of the assessment.

General Rules and Regulations

- A. Scheduling: Procedures may only be scheduled by members of the medical staff and in compliance with Truckee Surgery Center guidelines.
- B. Provisional Surgical Privileges: Surgeons not yet approved for medical staff membership may be granted provisional surgical privileges.
- C. Assistant Surgeons: It is the responsibility of the operating surgeon to arrange an appropriate assistant for cases at his/her discretion.
- D. Outpatient Surgery: All patients must have their preoperative diagnostic tests completed the day prior to the scheduled procedure.
- E. Surgery Start Time: Surgeons must be in the operating room and ready to begin at the scheduled time, unless there is a reasonable excuse for delay. A delayed case time may be assigned at the discretion of the anesthesiologist and the Charge Nurse.

Conduct of Care

- A. Visitors: See Operational Policy regarding visitors.
- B. Wound Infections: It is requested that each surgeon or office nurse/representative report the presence of wound infections to the QAPI/IC Coordinator.

Pathology

- A. Composition: Pathology is that membership of the Medical Staff, which primarily concerns itself with the anatomical pathology, surgical pathology and clinical pathology of medical care. Members shall be fully trained or Board Certified Clinical and Anatomical Pathologists.
- B. Tissue and Foreign Objects: Tissues removed shall be delivered to the pathologist at the discretion of the surgeon and within the guidelines of the pathologists and operational policy entitled "Specimen Collection" A report of the pathologist's findings shall be filed in the medical record. The tissue will be the property of the surgery center/pathologist. Slides of tissue blocks may be made available to outside facilities at a doctor's request for review on a loan basis.

Dentists and Oral Surgeons

- A. Medical Appraisal: A patient admitted for dental care shall receive the same basic medical appraisal as patients admitted for other surgical procedures.
- B. Responsibility: A patient admitted for dental care is a dual responsibility involving the dentist and the patient's primary care provider or cardiologist.
- C. Dentists Responsibilities:
 - a. A detailed dental history addressing necessity and appropriateness of care.
 - b. A detailed description of the examination of the oral cavity and preoperative diagnosis.
 - c. A complete operative report, describing the findings and technique. In cases of teeth extractions, the dentist must report the number of teeth and fragments will be sent to the pathologist for examination.
 - d. Progress notes must be relevant to the oral condition.
- D. Primary care/Cardiologist Responsibilities:
 - a. Medical history pertinent to the patient's general health, including consultation requirements. Within 30 days of the planned procedure, completed by the patients primary care or cardiologist.
 - b. Medical Clearance, completed by the patient's primary care provider or cardiologist, for the patient to be admitted to the facility for the planned procedure.
 - c. A physical examination to determine the patient's condition prior to anesthesia and surgery, completed by the patient's primary care or cardiologist.
- E. Anesthesia Responsibilities:
 - a. A pre-anesthesia evaluation
 - b. Treatment of any medical condition present on admission or that occurs during the patient's stay at Truckee Surgery Center.
- F. Discharge: The discharge of the dental patient will be on written order of the dentist member or the responsible physician member of the Medical Staff
- G. History and Physical Requirements for Oral Surgeons: Physician responsibilities as described in the first two physician responsibilities above may be waived for qualified oral surgeons who, after appropriate monitoring, have been granted privileges to perform complete history and physical examinations on their patients.

Podiatry

- A. Medical Appraisal: A patient admitted for podiatric care shall receive the same basic medical appraisal as patients admitted for other surgical procedures.
- H. Responsibility: A patient admitted for podiatric care is a dual responsibility involving the Podiatrist and the patient's primary care provider or cardiologist.
- I. Podiatrist's Responsibilities:
 - a. A detailed podiatric history addressing necessity and appropriateness of care.
 - b. A detailed description of the examination of the foot and preoperative diagnosis.
 - c. A complete operative report, describing the findings and technique.
 - d. Progress notes must be relevant to the podiatric condition.
- J. Primary care/Cardiologist Responsibilities:
 - a. Medical history pertinent to the patient's general health, including consultation requirements. Within 30 days of the planned procedure, completed by the patients primary care or cardiologist.
 - b. Medical Clearance, completed by the patient's primary care provider or cardiologist, for the patient to be admitted to the facility for the planned procedure.
 - c. A physical examination to determine the patient's condition prior to anesthesia and surgery, completed by the patient's primary care or cardiologist.
- K. Anesthesia Responsibilities:
 - a. A pre-anesthesia evaluation
 - b. Treatment of any medical condition present on admission or that occurs during the

patient's stay at Truckee Surgery Center.

- L. Discharge: The discharge of the podiatry patient will be on written order of the Podiatrist member or the responsible physician member of the Medical Staff

TRUCKEE SURGERY CENTER

PHYSICIAN'S PRE-OP ORDERS

PATIENT NAME _____ DATE OF BIRTH ____ / ____ / ____

PRE-OP LAB/X-RAY ORDERS: CBC CHEM PANEL PT PTT UA EKG CXR OTHER _____

PLEASE FAX RESULTS TO TRUCKEE SURGERY CENTER @ 530-550-7315

PHYSICAL THERAPY: ____ ARRANGED WITH: _____ WILL ARRANGE POST-OP: _____

FOLLOW-UP OFFICE APPT. MADE: DATE: _____ TIME: _____

DISCHARGE RX(s): _____ CALLED TO TFH PHARMACY 587-7607 ____

_____ CALLED TO _____ PHARMACY

_____ MD WILL ORDER POST-OP _____

_____ PATIENT HAS OWN _____

_____ NONE _____

START I.V. LR @ TKO OR _____ ml/hr.

PROCEDURAL SEDATION REQUESTED

MEDICAL CONSULT NEEDED: ____ ARRANGED WITH DR. _____

INTERPRETER NEEDED: SURGICAL SERVICES NOTIFIED: DATE: _____

ADMIT TO TRUCKEE SURGERY CENTER: _____

PRE-OP MEDICATIONS: ANCEF _____ GM IV VANCOMYCIN _____ GM IV OTHER: _____

SPECIAL EQUIPMENT NEEDED FOR HOME: CPM POLAR CARE: OTHER: _____

PREP/SHAVE: _____

OTHER: _____

M.D. SIGNATURE: _____ DATE/TIME: _____

PROGRESS NOTES

General:

Vital Signs per facility policy

Respiratory:

Oxygen at 1-6 L/min by nasal cannula continuous to maintain SpO₂ ≥ 90% or _____
 Oxygen at 6-15 L/min by face mask, face tent, blow-by or non-rebreather to maintain SpO₂ ≥ 90% or _____

Nursing Order:

- 1. Warming therapy prn temp < 36° C or comfort.
- 2. Discharge from PACU when discharge criteria is met.

IV Fluids:

IV @ KVO Limit P.O. Fluids until voids then encourage oral fluid intake x 48 hrs.
 LR NS _____ IV at _____ mL/hr IV bolus _____ mL PRN SBP < _____

IV Pain Management (Number in the order to be given):

_____ Fentanyl IV Q 5 min PRN as follows:
 _____ mcg MILD _____ mcg MOD _____ mcg SEV Max: _____ mcg
_____ Hydromorphone (*Dilaudid*) IV Q 10 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
_____ Meperidine (*Demerol*) IV Q 10 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
_____ Morphine IV Q 5 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
 Naloxone (*Narcan*) 0.1 mg IV if RR < 8/min, repeat Q2 min x 4 doses
 Ketorolac (*Toradol*) _____ mg IV x 1 dose, PRN pain
 1,000mg IV Tylenol (*Ofirmev*) x 1 dose PRN MOD or SEV pain

Pain Level:
Mild 1-3
Mod 4-6
Severe 7-10

Hold for
RR < _____

PO Pain Management:

_____ Oxycodone PO x 1 dose PRN as follows: 5mg MOD 10mg SEV
_____ Oxycodone/Acetaminophen (*Percocet*) PO x 1 dose PRN as follows: 5/325mg MOD 10/650mg SEV
_____ Hydrocodone/Acetaminophen (*Norco*) PO x 1 dose PRN as follows: 5/325mg MOD 10/650mg SEV
_____ Okay to take first dose of home PO pain medication (if available)

On-Q Pain Pump:

Ropivacaine 0.2% begin infusion rate at _____ mL/hr

Shivering:

_____ Meperidine (*Demerol*) _____ mg IV PRN x _____ doses q _____ min

Nausea/Vomiting (Number in the order to be given):

_____ Ondansetron (*Zofran*) 4mg IV PRN x 1 dose
_____ Promethazine (*Phenergan*) 6.25 mg IV x 1 dose
_____ Metoclopramide (*Reglan*) _____ mg IV PRN x _____ doses q _____ min
_____ Ephedrine _____ mg/Hydroxyzine _____ mg IM for persistent N/V
_____ Ondansetron (*Zofran*) 8mg PO PRN x 1 dose if PIV not present
_____ Scopolamine Patch 1.5mg PRN x 1

Hypertension (wait 5 min after Labetalol & 15 min after Hydralazine before switching):

For SBP > _____ and /or DBP > _____ give the following:
 If HR > 70, Labetalol _____ mg IV Q 5 min, slowly over 2 min, Max _____ mg, Hold if HR < _____
 If HR < 70, Hydralazine (*Apresoline*) _____ mg IV Q 15 min, Max _____ mg

Hypotension:

SBP < 90 and HR < _____ give Ephedrine _____ mg IV, MR Q _____ min x _____ and call Anesthesia.
 SBP < 90 and HR > _____ give Phenylephrine _____ mcg IV, MR Q _____ min x _____ and call Anesthesia.

Pruritus, Medicate with:

_____ Diphenhydramine (*Benadryl*) 12.5 mg IV Q 30 min PRN, NTE 50 mg IV Q 6 H
_____ Ondansetron (*Zofran*) 8 mg IV PRN x 1 dose

Physician Signature: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____



General:

Vital Signs per facility policy

Respiratory:

Oxygen at 1-6 L/min by face mask continuous to maintain SpO₂ ≥ 90% or _____
 Oxygen at 6-15 L/min by face mask, face tent, blow-by or non-rebreather to maintain SpO₂ ≥ 90% or _____

Nursing Order:

- 1. Warming therapy prn temp < 36° C or comfort.
- 2. Discharge from PACU when discharge criteria is met.

IV Fluids:

IV @ KVO and encourage oral fluid intake x 48 hrs.
 LR NS _____ IV at _____ mL/hr IV bolus _____ mL PRN SBP < _____

IV Pain Management (Number in the order to be given):

_____ Fentanyl IV Q 5 min PRN as follows:
 _____ mcg MILD _____ mcg MOD _____ mcg SEV Max: _____ mcg
_____ Morphine IV Q 5 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
_____ Hydromorphone (Dilaudid) IV Q 10 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
_____ Meperidine (Demerol) IV Q 10 min PRN as follows:
 _____ mg MILD _____ mg MOD _____ mg SEV Max: _____ mg
 Naloxone (Narcan) 0.1 mg IV if RR < 8/min, MR Q2 min x 4 doses
 Ketorolac (Toradol) _____ mg IV x 1 dose, PRN pain

Pain Level: Mild 1-3 Mod 4-6 Severe 7-10
Hold for RR < _____

PO Pain Management:

Children's Tylenol PO _____ mg
 Children's Ibuprofen PO _____ mg
 Okay to take first dose of home PO pain medication (if available)

Shivering:

_____ Meperidine (Demerol) _____ mg IV PRN x _____ doses q _____ min

Nausea/Vomiting (Number in the order to be given):

_____ Ondansetron (Zofran) _____ mg IV PRN x 1 dose
_____ Promethazine (Phenergan) _____ mg IV PRN x 1 dose
_____ Metoclopramide (Reglan) _____ mg IV PRN x _____ doses q _____ min
_____ Ephedrine _____ mg/Hydroxyzine _____ mg IM for persistent N/V

Hypertension (wait 5 min after Labetalol & 15 min after Hydralazine before switching):

For SBP > _____ and/or DBP > _____ give the following:
Med: _____ Dose _____ Route: PO IV IM

Hypotension:

SBP < 90 and HR < _____ give Ephedrine _____ mg IV, MR Q _____ min x _____ and call Anesthesia.
 SBP < 90 and HR > _____ give Phenylephrine _____ mcg IV, MR Q _____ min x _____ and call Anesthesia.

Pruritus, Medicate with:

_____ Diphenhydramine (Benadryl) _____ mg IV Q 30 min PRN, NTE _____ mg IV Q 6 H
_____ Ondansetron (Zofran) _____ mg IV PRN x 1 dose

Physician Signature: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____



TRUCKEE SURGERY CENTER

PEDIATRIC POST ANESTHESIA ORDER

PostOp Diagnosis: _____

Surgeon: _____ **Assistant:** None Name: _____

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

Specimens Sent For: N/A Path Culture Other: _____

Complications: No Yes _____

POSTOP & DISCHARGE ORDERS

- 1. Admit to PACU 2. Advance diet as tolerated 3. Neurovascular checks to affected limb
- 4. If patient unable to void and bladder is distended, straight cath prn
- 5. Elevate operative extremity 6. Apply ice pack to affected limb
- 7. Discharge to home when criteria met

Upper Extremity	Lower Extremity
<p>Activity:</p> <p><input type="checkbox"/> Ad lib</p> <p><input type="checkbox"/> Lift, Push, Pull ≤ _____ lbs</p> <p><input type="checkbox"/> Non-weight-bearing on operative extremity</p> <p><input type="checkbox"/> Exercise as follows: _____</p> <p>Equipment: Dispense if checked</p> <p><input type="checkbox"/> Sling Simple / Immobilizer (circle one)</p> <p><input type="checkbox"/> Elbow immobilizer</p> <p><input type="checkbox"/> Ice Machine</p> <p>**Wear immobilizer or sling for activity as instructed**</p>	<p>Activity:</p> <p><input type="checkbox"/> Weight bearing as tolerated</p> <p><input type="checkbox"/> Partial/Touch-down weight-bearing</p> <p><input type="checkbox"/> Non-weight-bearing</p> <p>Equipment: Dispense if checked</p> <p><input type="checkbox"/> Ice Machine</p> <p><input type="checkbox"/> Crutches</p> <p><input type="checkbox"/> Knee Brace</p> <ul style="list-style-type: none"><input type="checkbox"/> Locked in extension<ul style="list-style-type: none"><input type="checkbox"/> At all times <input type="checkbox"/> With activity only<input type="checkbox"/> Unlocked @ _____ to _____<ul style="list-style-type: none"><input type="checkbox"/> At all times <input type="checkbox"/> When at rest<input type="checkbox"/> May remove brace when at rest <p><input type="checkbox"/> PostOp Shoe</p> <p><input type="checkbox"/> Cam Boot</p> <p>**Wear postop shoe, cam boot, or brace for ambulating/activity as instructed**</p>

Dressing Change: Keep dressing on until follow up Remove dressing in _____ hours
****Notify surgeon for any changes in color, temp, or increased swelling at operative site**

Physical Therapy: Follow up in 7-10 days Follow up as already scheduled

Medications:

Resume home medications Prescriptions given at surgical preop visit

Make appointment for: _____ days

Surgeon's Signature **Date/Time**

Order Verified **Date/Time**

[PATIENT STICKER]



PostOp Diagnosis: _____

Surgeon: _____ Assistant: None Name: _____

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

Specimens Sent For: N/A Path Culture Other: _____

Complications: No Yes _____

POSTOP & DISCHARGE ORDERS

- 1. Admit to PACU
- 2. Advance diet as tolerated
- 3. Intermittent ice pack – 20 min on/20 min off

ACTIVITY

As Tolerated

Light activity for: _____ Hours / Days / Weeks (circle one), then as tolerated

Avoid straining, heavy lifting until follow up

BATHING/DRESSING CHANGE

- Keep dressing on until follow up
- Remove / change dressing in _____ days
- Shower: Yes No in _____ hours

Additional orders: _____

Discharge Medications: _____

- Prescriptions given at Surgical PreOp visit
- Resume home medications as prescribed
- Discharge to home when criteria met

Make appointment for: _____ days

Surgeon's Signature Date/Time

Order Verified Date/Time

[Patient Sticker]

PostOp Diagnosis:

Surgeon: _____ **Assistant:** None Name: _____

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

Specimens Sent For: N/A Path Culture Other: _____

Complications: No Yes

POSTOP & DISCHARGE ORDERS

1. Admit to PACU
2. Advance diet as tolerated
3. Keep HOB elevated

ACTIVITY

- As Tolerated
- Light activity for: _____ Hours / Days / Weeks (circle one), then as tolerated
- Intermittent ice pack – 20 min on/20 min off

BATHING/DRESSING CHANGE

- Keep dressing on until follow up
- Remove / change dressing in _____ days
- Shower: Yes No in _____ hours

Additional orders:

Discharge Medications:

- Prescriptions given at Surgical PreOp visit
- Resume home medications as prescribed
- Discharge to home when criteria met

Make follow up appointment for: _____ days

Surgeon's Signature **Date/Time**

Order Verified **Date/Time**

[Patient Sticker]

PostOp Diagnosis: _____

Surgeon: _____ **Assistant:** None Name: _____

Procedure: _____

Findings: See postop diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

Specimens Sent For: N/A Path Culture Other: _____

Complications: No Yes _____

POSTOP & DISCHARGE ORDERS

- 1. Admit to PACU
- 2. Advance diet as tolerated

- IV 1000ml Lactated Ringers with 20 units Pitocin @ _____ ml/hour
- Ibuprofen 800mg PO every 8 hours PRN mild pain (1-4/10)
- Acetaminophen 325mg 1-2 tabs PO every 4 hour PRN mild pain (1-4/10)
- Hydrocodone 5/325mg 1 tab PO every 4 hour PRN moderate pain (4-7/10)

ACTIVITY

- As Tolerated
- Light activity for: _____ Hours / Days / Weeks (circle one), then as tolerated

Dressing Change: Keep dressing on until follow up Shower: Yes No in _____ hours

Additional orders:

Discharge Medications: _____

- Prescriptions given at surgical preop visit
- Resume home medications as prescribed

Make appointment for: _____ days

Discharge to home when criteria met.

Surgeon's Signature **Date/Time**

Order Verified **Date/Time**



[PATIENT STICKER]

Vital Signs Stable

Airway Clear

PROCEDURES:

- General Anesthesia
- Radiographs
- Dental Exam
- Cleaning and Fluoride
- Extractions
- Pulp Treatment
- Restorations

- Amalgams _____
- Composites _____
- Crowns _____
- Other _____

DENTAL:

Teeth Good Fair Poor Missing teeth
Gum Good Fair Poor

Comments _____

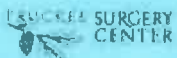
POST-OPERATIVE INSTRUCTIONS

1. Observe patient per anesthesia orders or until fully recovered.
2. Restrict strenuous activity.
3. DIET: First day, following surgery, limit intake to clear liquids and soft diet. Second day, maintain soft diet as needed. Thereafter regular diet as tolerated.
4. Use Tylenol or Advil (if not allergic) as needed for discomfort. (Age and Weight appropriate).

Follow-up Appointment in PRN 2 Weeks 3 Months 6 Months 1 Year

When a patient has had full mouth dental rehabilitation two to three days of discomfort are to be expected. Patients who have had extractions or tissue removal (i.e. gingivectomy) may have moderate and varying degrees of swelling. Careful oral hygiene must be observed especially during the healing period.

Physician Signature: _____ Date/Time: _____



[PATIENT STICKER]

PEDIATRIC DENTAL POST OPERATIVE ORDER

Postop Diagnosis: _____

Surgeon: _____ **Assistant:** None Name: _____

Procedure: _____

Findings: See Postop Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

Specimens Sent For: N/A Pathology Culture Other: _____

Complications: No Yes: _____

POSTOP & DISCHARGE ORDERS

- Admit to PACU
- Advance diet as tolerated
- Discharge to home when discharge criteria is met

ACTIVITY

As Tolerated Light activity for: _____ Hours / Days / Weeks (circle one)

DRESSINGS

Remove dressing and shower in 48 hours

MEDICATIONS

Resume home medications

Additional orders: _____

Make appointment for: _____ days postop

Surgeons Signature: _____ **Date/Time:** _____

Order Verified: _____ **Date/Time:** _____





Origination N/A
Last N/A
Approved
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Human
Resources
Applicabilities Truckee
Surgery
Center

Travel Expense Reimbursement, HR-2301

RISK:

The risk associate with not submitting authorized expenses for travel reimbursement is the result of non-payment.

POLICY:

TSC will reimburse its employees for authorized expenses incurred while fulfilling their job responsibilities as employees of the Surgery Center, after proper procedures are followed.

PROCEDURE:

A. Expense Reports

1. Expense reimbursements should be requested using the "Expense Report" form. (see attached)
2. Expenditure receipts must be attached to the "Expense Report." Expenditures will not be reimbursed without proper documentation.
3. Expense reports are to be submitted no later than five days after each trip or every two weeks if expenses are of a recurring nature.
4. The Administrator must sign the "Expense Report" before reimbursement will be made.
5. Reimbursements will be made on the next payroll.
6. The following details, according to IRS regulations, must be documented in order to be a viable expense:

- a. Amount
- b. Date
- c. Place and description of entertainment
- d. Purpose and nature of discussion
- e. Names, titles and business relationships of all persons attending
- f. Receipts are required for reimbursement and details must be written on the back of each receipt.

B. Travel Expenses consist of the following:

1. Mileage and Gas Reimbursements

- a. Mileage is reimbursed at the current IRS Mileage Reimbursement Rate for business-related travel when using a personal vehicle. This includes transportation from home or work to the airport.
- b. Normal transportation to and from work is not a reimbursable expense.
- c. An explanation of mileage or gas reimbursements is required and must include trip locations and miles traveled (MapQuest, Google Maps).
- d. If a trip of considerable distance is involved and an employee elects to drive versus fly, only the amount equivalent to an airline coach ticket will be reimbursed.

2. Car Rentals

- a. Employees should consider renting a car for out of town travel if it is less expensive than using one's own vehicle at the current reimbursement rate.
- b. Determine whether the need for a rental car exists. Is the rental a convenience or necessity? Employees should choose the most economical method of car rental (flat rate vs. mileage) when making reservations.
- c. Gas purchases will be reimbursed for rental cars and receipts must be provided.

3. Convention/Conference Registration Fees

- a. TSC will reimburse expenses charged to employees while attending approved conventions or conferences. The Surgery Center will not pay for family members to attend unless that person is an employee of the Surgery Center and attends the convention/conference for professional reasons with the proper approval.

4. Hotel Expenses

- a. Advance planning must be done to secure modest accommodations.

5. Telephone Expenses

- a. Reasonable costs of long distance telephone calls and messages while traveling are reimbursable but must be described. Allowable calls include those that are necessary for Surgery Center related business. When possible, please use a cellular telephone to make long distance calls due to the high cost of hotel room telephone charges.

6. Meals

- a. Per Diem meal expenses for employees traveling on Surgery Center business are allowed. Per Diem meals and incidentals are reimbursed at the current daily rate published annually on GSA.gov and submitting on an "Expense Report" after the trip.
- b. In the event an employee entertains for business purposes while traveling, a receipt must be submitted documenting the people in attendance and the business purpose of the expense.

7. Hospitality Expenses

- a. Hospitality charges include entertaining visitors for business purposes. Meals should be for the primary purpose of fostering positive relations for the Surgery Center. Meals may not be for social or reciprocal purposes.

8. Miscellaneous Reimbursable Expenses

- a. Miscellaneous reimbursable expenses include tolls, postage, faxes, internet access, baggage handling fees, valet expenses and tips.

9. Non-reimbursable Expenses

- a. Incidentals such as personal recreation, movies, snacks and other expenses not directly related to, or necessary for, the performance of the travel assignment will not be reimbursed. This includes personal travel while on official Surgery Center business, and travel expenses for family members.

C. Lost Receipts

- 1. A traveler who loses a receipt should seek a duplicate. When an acceptable duplicate is unobtainable, the traveler should submit a statement itemizing the expenditures listed on the "Expense Report."

Related Policies/Forms:

[Travel Hours Reimbursement, HR-2302](#)

Attachments

[EXPENSE REPORT FORM](#)

Approval Signatures

Step Description

Approver

Date

DRAFT



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Human
Resources
Applicabilities Truckee
Surgery
Center

Travel Hours Reimbursement, HR-2302

RISK:

TSC will reimburse employees for hours worked when traveling in connection with their employment. Not following the outlined procedure below could result in delay in reimbursement payment.

PROCEDURE:

- A. Travel from one workplace to another during the same workday
 1. The time spent traveling from one workplace to another during the same workday is paid as hours worked. This does not include travel time from home to work before the start of a workday or from work to home after a workday ends.
- B. Travel to another city on one-day assignments
 1. The Surgery Center considers time spent traveling to and from another city in the same day as hours worked. If an employee does not first report to their usual workplace, the Surgery Center may deduct the time the employee usually takes to get to and from work from the time spent traveling to the other city.
- C. Travel that keeps employees away from home overnight
 1. When employees are required to travel away from their homes and that travel spans more than one workday, the Surgery Center will include in hours worked the time actually spent traveling, e.g., in a car or on an airplane or train, only if it occurs during the employee's normal work hours. For example, if an employee normally works from 8:00 a.m. to 5:00 p.m., the Surgery Center will consider time spent traveling during that time period as hours worked. Time spent traveling before 8:00 a.m. and after 5:00 p.m. would not be included – with one caveat, if the employee actually performs

work while traveling outside of regular work hours, the Surgery Center will include the time spent working as hours worked.

2. The Surgery Center will consider hours worked for time spent by employees traveling on non-workdays if the travel takes place during the employees' normal work hours. To clarify, if an employee normally works Monday through Friday from 8:00 a.m. to 5:00 p.m. and the employee is traveling on Saturday, the Surgery Center will count as hours worked the time spent traveling by the employee between 8:00 a.m. and 5:00 p.m. on that Saturday. If the employee's travel spans that entire normal workday time period, the Surgery Center will include all that time, minus time usually given for lunch or breaks, as hours worked. If the employee actually performs work on a non-workday while he or she is traveling, the Surgery Center will count that time as hours worked regardless of what time the work is performed.

D. Meeting and training time

1. The Surgery Center will consider the time when an employee attends a meeting, seminar, lecture, or training as the hours worked unless the time meets each of four requirements:
 - a. the attendance is outside the employee's regular working hours;
 - b. the attendance is in fact voluntary;
 - c. the meeting, seminar, lecture, or training is not directly related to the employee's job; and
 - d. the employee does not perform productive work while attending the meeting, seminar, lecture, or training.
2. If each of these four requirements is met, the Surgery Center will not count the employee's time attending a meeting, seminar, lecture, or training as hours worked.
3. Surgery Center Meetings and in-service trainings are considered hours worked for the actual amount of time of the meeting or training.

E. Voluntary Attendance

1. Attendance is considered voluntary if the meeting, lecture or in-service training is not identified as mandatory.

Approval Signatures

Step Description

Approver

Date



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Governance
Applicabilities Truckee
Surgery
Center

Contract Review & Approval, GOV-2301

PURPOSE:

- A. To establish a procedure for the review, approval, and submission of contracts or agreements for services, products and all other circumstances in which the Truckee Surgery Center (TSC) undertakes an obligation or commitment.
- B. To delineate the obligations between two (or more) parties and to provide the basis for legal remedy should one party fail those obligations. A contract will be in written format so that mutual expectations are clear.
- C. To ensure consistency in the formatting and content of all physician and professional service agreements.
- D. To facilitate management of all agreements and to maintain a central repository and database of contracts, including ongoing administration, maintenance, and oversight.
- E. To establish guidelines for monitoring contractor and vendor performance, receipt of work, services, and products, and similar types of review and responsibility.

POLICY:

- A. Written contracts are required for any service for which the Surgery Center will be paying out money that is not through Payroll. All contracts entered into shall receive appropriate administrative, material management, financial, legal compliance, information technology and/or risk management review prior to execution to ensure the contracts contain the required elements. Department Directors and Chiefs from Tahoe Forest Hospital District (TFHD) may be consulted for their expertise. All contracts shall be signed by the appropriate Board Member (or Administrator *if* authorized under limited circumstances by the Board of Managers with signing authority to enter into such agreements). All contracts shall be monitored for performance and fulfillment of contract obligations. All contracts shall be thoroughly reviewed and the contractors' performance evaluated prior to contract renewal.
- B. All agreements or arrangements for providing health care services to TSC patients must be

with a provider or supplier that participates in the Medicare program, except in the case of an agreement with a distant-site telemedicine entity. These contracts must contain a provision in which the provider or supplier confirms participation in the Medicare program and agrees to notify TSC in the event participation terminates.

Definitions:

- A. **Contract.** For purposes of this policy, "contracts" shall be defined to include and not be limited to all real estate leases, letters of intent, memorandum of understanding, releases of liability, indemnification agreements, employment contracts or executed offer letters, service agreements, and all other agreements for goods or services creating legally binding obligations on behalf of TSC.
- B. **Execution.** Obtaining authorized signatures by all parties to the contract.
- C. **Service Contracts.** Service contracts are agreements that include within the scope of services provisions covering a contractor's time and effort, rather than for a product or materials, although the use of products and materials may be an incidental aspect of the work/service to be performed. The work performed does not involve the delivery of any specific end product, other than results and reports that are incidental to the required performance. Examples of service agreements are for repairs to equipment, training, or consulting.

PROCEDURE:

A. CONTRACT FORMATION AND REVIEW

1. REVIEW OF NEW CONTRACTS PRIOR TO SIGNATURE

- a. New programs or services which require entering into a contract or other agreement financially committing TSC require completion and appropriate approval of a Business Plan (see Business Plan Development GOV-2302).
- b. All new contracts, amendments and renewals shall be requested in writing either through the Meditract Initiation Phase or by completing a Contract Request Form ("CRF") (see attached).
- c. The Board Member and/or Administrator indicated in Section 2.d. below shall evaluate and review appropriate modifications to all proposed contracts (concept or draft) to ensure it addresses all aspects of the intended relationship.
- d. For low dollar and/or low risk contracts (as determined by legal counsel), the TSC *Contracts Review Checklist* shall be utilized by the requester to evaluate whether the proposed contract includes the required elements (see attached).
- e. The Phase Owner for Document Review in Meditract may add additional reviewers. Redlines and comments will be reviewed and incorporated until the document is approved to be sent to an external party.
- f. The redline version or clean version may be sent to an external party via an electronic link or through email and will be negotiated by the requester until the final version can be executed,

- g. If Board approval is required to enter into the contract, the Administrator shall complete a *Contract Summary Sheet* (see attached).
- h. Board members and the Administrator shall be responsible for ensuring that all contracts under their authority have received the appropriate review, including by the President of the Board and/or TFHD Chief Financial Officer (CFO), if required, prior to execution. Board Members or the Administrator may obtain additional preliminary review by various department Directors of TFHD for assistance in evaluating specific provisions.
- i. If used, the *TSC Contracts Review Checklist or CRF* shall be attached to the original copy of the executed contract and entered into Meditract. A copy may be retained by the initiating party.
- j. Contracts provided by the Surgery Center will be based on standard draft templates available through In-house Counsel when available.

2. SIGNATURE AND AUTHORIZATION GUIDELINES

- a. Refer to *the chart below* for the designated levels of authority to enter into financial commitments on behalf of TSC.
- b. Refer to Purchase Authorization, GOV-2304 for guidance on:
 - i. The designated levels of authorization for the acquisition of supplies, and for purchase requisitioning authority of repairs and maintenance required for necessary Surgery Center operations.
 - ii. The process to submit purchase orders, purchase requisitions and invoices, and capital equipment requests, including items arising out of contractual agreements addressed by this policy.
- c. Signatory Authority: Contracts/Agreements
 - i. Contracts requiring Board approval, including contracts greater than \$400,000 in value, shall only be signed by the President of the Board or the TFHD CFO.
 - ii. Staff Employment Offer Letters and payroll action forms do not require Board approval, but must be signed by the Administrator, Nurse Manager and/or TFH CNO.
 - iii. Payor Contracts do not require Board approval, but must be signed by the Administrator.
 - iv. *Only* the TSC Administrator, In-House Counsel, and the following TSC Board Members; the the President of the Board, the TFHD CFO, and the TFHD COO have the authority to sign contracts.
- d. The assigned review and signature authority of contracts is as follows:

DRAFT

Types Of Contract	Who Reviews	Who Signs
Professional Services (i.e. Physical Therapy; Respiratory Therapy; Laboratory Services; Diagnostic Imaging; Pharmacy; Cancer Center)	Administrator; President of the Board, TFHD COO, TFHD CFO	President of the Board, TFHD CFO, or TFHD COO
Medical Director and Anesthesia Director appointment Letters	Administrator; President of the Board,	President of the Board
Staff Employment Offer Letters	Administrator, Nurse Manager	Administrator; Nurse Manager
Payroll Action Forms	Administrator. TFHD CNO	Administrator. TFHD CNO
Consultants	Administrator; President of the Board, TFHD COO, TFHD CFO	Administrator, President of the Board, TFHD CFO, TFHD COO or In-House Counsel
Real Property (Purchases / Leases; Construction)	Administrator; TFHD Director of Facilities Management; President of the Board, TFHD CFO	President of the Board, TFHD CFO, TFHD COO or In-House Counsel
Facilities	Administrator; TFHD Director of Facilities Management; President of the Board, TFHD CFO	President of the Board, TFHD CFO, or TFHD COO
Technology	Administrator; TFHD Chief Systems Innovation Officer; President of the Board; TFHD CFO	President of the Board, TFHD CFO, or TFHD COO
Clinical Services	Administrator; Nurse Manager; TFHD CNO; TFHD COO; TFHD CFO, President of the Board	President of the Board, TFHD CFO, or TFHD COO
Nutrition & Environmental Services	Administrator; TFHD COO;	President of the Board, TFHD CFO,

Types Of Contract	Who Reviews	Who Signs
	President of the Board, TFHD CFO	or TFHD COO
Payor Contracts	Administrator, TFHD CFO	Administrator or TFHD CFO
Training Programs	Administrator; President of the Board, TFHD CFO	Administrator, President of the Board or TFHD CFO
Other (i.e. Patient Financial Services; BAAs; Vendors)	Administrator; TFHD COO; President of the Board, TFHD CFO	Administrator, President of the Board, TFHD CFO, TFHD COO or In- House Counsel
ALL CONTRACTS	Legal counsel or designee	

B. CONTRACT RENEWAL, REVIEW, AND REVISIONS

All contracts shall be reviewed *annually* by the Administrator and/or Responsible Party of a contract, regardless of length of the contract term, to evaluate performance by all parties, and to ensure that the agreement remains valid and appropriate for TSC and its mission. The Administrator shall consult with appropriate Board member(s) to address issues or questions regarding the contract, and confirm renewal or revisions. The Administrator and/or Responsible Party of a contract shall retain documentation of the annual review. The Administrator shall retain copies of the contract and all amendments.

1. Annual Review of Service Contracts:

- a. The Administrator and/or Responsible Party of a contract, as indicated in Meditract, shall complete the *Initial & Annual Contract Review Checklist* (see attached) within Meditract for each contract he/she oversees, which will electronically forward to the contract software administrator on an annual basis.
- b. The Administrator and/or Primary Responsible Party identified in Meditract will utilize the *Initial & Annual Contract Review Checklist* to determine whether a contract needs to be altered, renewed, or terminated and to ensure that all necessary documentation, such as a Business Associate Agreement or COI, are attached and up to date.
- c. The contract software administrator shall review each Contract Review Checklist for completeness and accuracy.
- d. The Contract Review Checklist for each year are stored within Meditract.

C. CONTRACT ADMINISTRATION

1. Contract administration begins once the contract begins:
2. The appropriate Board Member or the Administrator shall be responsible for the day-

to-day performance under the contract, including substantiation of payments, as required or applicable.

3. The appropriate Board Member or the Administrator shall be responsible for obtaining current certificates of insurance and, when possible, a copy of the endorsement naming TFHD/TSC as an additional insured.
4. The contract term and any renewal options will be monitored by the TSC Administrator, as well as by the administrator of the contract management program to allow for advance notice of contract expirations, certificates of insurance expirations, or renewals to permit appropriate action.
5. All modifications to any existing contract must be made in writing and signed by an authorized Board Member/signer and the other party (parties) to the contract.
6. It shall be the responsibility of the Board Member or Administrator to obtain the appropriate documentation for renewals and revisions, and forward to the Legal Department for entry into the contract management program. Original amendments/modifications shall be archived in contract management database, consistent with record retention procedures outlines in the [Record Retention and Destruction Policy, HIM-1901](#), and copies retained with the contract copy by the Administrator in order to maintain accuracy of the original document.
 - a. Contractual disputes should be addressed in the manner decided upon by the Board Member in consultation with the President of the Board or designee, and In-House Counsel if necessary, or as defined in the contract.
 - b. Contract termination by the Surgery Center prior to expiration of the contract term shall be carried out after consultation with the appropriate Board Member.

D. INSURANCE FOR CONTRACTED SERVICES

Certificates of Insurance: Firms or individuals providing services to TSC who are required to provide certificates of insurance will submit evidence of insurance as a condition of contracting for their services as required by the contract. Certificates of insurance may contain an endorsement listing TSC as an additional insured and that insurance cannot be canceled or revoked without prior written notice to TSC. Following are the insurance requirements for general types of service agreements recommended limits. Exceptions to the insurance requirements outlined in this section may be subject to modification by the TFHD CFO, TFHD Risk Manager or In-House Counsel. In such situations, it may be determined that little or no risk is involved in which case the limits may be lowered or the requirement eliminated. Conversely, it may be determined that additional risk is involved in which case the limits may be raised.

1. General Liability: Comprehensive or Commercial Form (Minimum Limits) including coverage for premises/operations, contractual, personal/advertising injury, products/completed operations, with limits at least \$1,000,000 per occurrence/\$3,000,000 general aggregate for bodily injury and property damage combined.
2. Business Automobile Liability: Minimum Limits for Owned, Scheduled, Non-Owned or Hired Automobiles with combined single limit or not less than \$1,000,000 per occurrence – if the service provider will be operating a motor vehicle on TSC

premises or in connection with the provision of services performed.

3. **Workers' Compensation:** As required under California State Law – if the employees of the independent consultant will be on TSC premises. Such other insurance in such amounts which from time to time may reasonably be required by the mutual consent of TSC and the independent consultant against other hazards relating to performance.

E. RECORDS MANAGEMENT

1. **Original Contracts:**

For purposes of identifying administrative responsibility for records management, the executed contracts, along with all required documentation (amendments, attachments, exhibits, certificates, permits, etc.) and, if used, the *Contract Summary Sheet, or Contract Request Form* will be maintained by the contract software administrator and housed within Meditract. Originating department shall electronically forward a scan of fully executed contracts and any attachments to contract software administrator, and shall deliver any original documents to the contract software administrator, if applicable. The contract software administrator will:

- a. Maintain a contract master list in a database (*Meditract*) of all active and inactive contracts (within the guidelines of Surgery Center's Record Retention and Destruction Policy) which will include such specifics as the names and types of contracts, effective dates, renewal dates, applicabilities, responsible Manager(s), the existence of a business associate agreement, the expiration of certificates of insurance, and any other applicable contract information.
- b. Maintain a database of scanned contracts.
- c. Maintain scanned associated documents.
- d. Will manage Meditract and facilitate notifications or prompts to appropriate responsible party such as the Administrator or a Board Member, regarding contract activities, such as contract termination and/or renewal dates.

2. **Copies:** For purposes of administering contracts, *copies* of all contracts and associate documents (including amendments, attachments, exhibits, certificates, permits, checklists, etc.) shall be maintained by the Administrator.
3. **Retention and Destruction of Contracts:** All originals of contracts, including any amendments, exhibits, attachments, etc. shall be archived by the Business Office in accordance with the Records Retention and Destruction HIM-1901.

Related Policies/Forms:Copy Link

[Administrative Delegation of Authority, GOV-2303](#); [Business Plan Development, GOV-2302](#); [Specialty Item Purchases, GOV-2305](#); [Record Retention & Destruction, HIM-1901](#); [Purchase Authorization, GOV-2304](#)

Attachments

[Contract Request Form](#)

[Contract summary Sheet](#)

[Initial & Annual Contract Review Checklist](#)

[TSC Contract Review Checklist](#)

Approval Signatures

Step Description

Approver

Date

DRAFT



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Governance
Applicabilities Truckee
Surgery
Center

Business Plan Development, GOV-2302

PURPOSE:

The purpose of this policy is to establish guidelines for business plans when new programs or services are introduced at Truckee Surgery Center (TSC).

POLICY:

All new programs and services will have a business plan prepared to ensure that the program/service is consistent with the Surgery Center's mission, and that any new program/service is fully developed and integrated into existing services.

PROCEDURE:

- A. When the Operational Planning process identifies the need for a new program or service, the Administrator, and the Chief Nursing Officer (CNO) or Chief Operating Officer (COO) of Tahoe Forest Hospital District (TFHD) will evaluate:
 1. Congruence with mission
 2. Financial feasibility
 3. Impact on quality and safety
 4. Market potential
 5. Redundancy
 6. Impact on other organizational units (e.g., independent physicians of the medical staff and the medical staff as a whole, etc.)
- B. Management responsible for the new program or service is responsible to present the above stated information and analysis to the CNO or COO of TFHD and a proposal will be completed and submitted to the President of the Board and Chief Financial Officer (CFO) of TFHD.

- C. If the President of the Board and CFO of TFHD determine that the program/service analysis and proposal is sound, a recommendation will be made to the Board of Managers who will have the final decision.

Appendix One

Business Plan Format:

For New Program/Service Business Plan Development

A. Summary

Current situation, background, summary of proposed plan

B. Program Description

Describe program, rationale for pursuing and the benefits and weaknesses of our providing the service.

C. Situational Analysis

1. Customer Profile
Review target market profile and service perceptions
2. Physician Profile
Review potential users, volumes, locations, perceptions
3. Competitive Profile
Review market shares, costs, perceptions, future plans

D. Financial Analysis

1. Volume Projections
Determining capacity and utilization
2. Pricing Strategies
Determining price to be charged and managed care issues
3. Proforma
Determine return on investment

E. Goals and Objectives

Goals must include responsibility assignments and timelines.

Operational

Goals to implement the program

Communication

Goals to communicate program to potential users

Monitor

Goals to create a system to monitor progress and customer perception

Approval Signatures

Step Description

Approver

Date

DRAFT



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Governance
Applicabilities Truckee
Surgery
Center

Administrative Delegation of Authority, GOV-2303

RISK:

Failure to provide continuity in leadership, and administrative oversight, may cause hardships or delays, and may impact the quality of patient care delivered.

POLICY:

- A. In the absence of the President of the Board from the premises, the Tahoe Forest Hospital (TFHD) Chief Operating Officer (COO) will assume overall responsibility for Truckee Surgery Center operations.
- B. In the event that the President of the Board and TFHD COO are absent from the premises, the Medical Director will assume the overall responsibility for the Surgery Center's operations and will work collaboratively with the Administrator and Nurse Manager for clinical oversight.
- C. In the event that the President of the Board, TFHD COO and Medical Director are absent from the premises, the Administrator will assume overall responsibility for the Surgery Center's operations collaboratively with the Nurse Manger and TFHD CNO.
- D. In the event that the Administrator is absent from the premises, the Nurse Manager will assume overall responsibility of the surgery center day-to-day operations and will work collaboratively with the TFHD CNO.
- E. Leadership members listed above may delegate financial authorization levels in accordance with Surgery Center policies to other Leadership Members, or directors or managers, reporting to them. (See [Contract Review, GOV-2301](#))

PROCEDURE:

- A. President of the Board Absence
 - 1. In the absence of the President, the TFHD COO or designee shares fully in the administration of any aspect of the operational activities of the Surgery Center,

advising and consulting on the goals, plans, operations, and policies of Truckee Surgery Center consistent with its mission.

2. Responsibilities include but are not limited to:
 - a. Acting on the behalf of the President, as required, in those areas requiring contact with key individuals in public, private and community organizations and agencies at the national, state and local level concerning the operations of the Surgery Center and with the Board of Managers.
 - b. Assuming responsibility for planning, directing and coordinating all operational activities of the Surgery Center.

B. All Other Leadership Absences

1. Assignment in Event of Absence

- a. The Administrator and Nurse Manager are responsible to identify an individual who will be responsible to provide administrative oversight in their absence.
- b. Communication of the assignment of temporary responsibility for oversight shall be sent to the TFHD CNO, Administrator, and Nurse Manager.
- c. Delegation of authority for absences of more than five days must be approved in advance by the Administrator or TFHD CNO.

2. Extended Absences

- a. In circumstances requiring assignment of administrative oversight for absences exceeding five (5) working days to an employee who does not have responsibility for administrative duties defined in the employee's job description, the designated employee may receive a differential, upon the approval of the Administrator or TFHD CNO.
 - i. The applicable differential will be determined in accordance with [Pay and Differentials, HR-2206](#).
 - ii. A Personnel Action Form (PAF) must be completed and placed in the employee file.

Related Policies/Forms: Copy Link

[Contract Review, GOV-2301](#)

Approval Signatures

Step Description	Approver	Date
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DRAFT



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Governance
Applicabilities Truckee
Surgery
Center

Purchase Authorization, GOV-2304

RISK:

The purchase of supplies, equipment, and service for surgery center use is the shared responsibility of Tahoe Forest Hospital District (TFHD) Material Management and the Truckee Surgery Center (TSC) Supply Coordinator. Pharmaceuticals are purchased by the Nurse Manager and/or Pharmacy RN and Food product are purchased by the Business Office. Centralizing the purchasing process provides for a record of the approval process as well as assuring the integrity of the purchasing process. Lack of a formal authorization process exposes the facility to inappropriate purchases as well as other financial risks.

PROCEDURE:

Purchases are confirmed and binding only upon the completion of a Purchase Order signed by the TFHD Director of Material Management, President of the Board, or TFHD CFO/Controller. An invoice will be paid only if it can be matched with a Purchase Order that has been authorized and processed.

Purchases for supplies and equipment are generally authorized in advance, as a part of the fiscal year's budget. Non-budgeted or emergency items are evaluated for approval by Administration, as they occur.

The TFHD Director of Material Management (or, in his/her absence, the appropriate designee) is authorized by the President of the Board or TFHD CFO/Controller to commit funds for items purchased. The purchasing functions (product research, negotiation, closing, etc.) are coordinated or conducted by the TFHD Director of Material Management or Purchasing staff of either TFHD or TSC, except for the following, which are the responsibility of the Administrator, President of the Board, TFHD COO, or TFHD CEO.

- A. Contracts for consultants' services.
- B. Construction.
- C. Employment contracts.

- D. "Specialty" * items; as designated by the President of the Board or TFHD CEO. Other members of Administration may conduct the research and investigation after a Purchase Order has been set aside. The TFHD Director of Material Management will be involved in the final negotiations and closing.

* (i.e., major x-ray equipment/systems, major lab equipment/systems, computers, etc.)

Administration and TSC Leadership may request Material Management to proceed with purchases within the following limits of authority and appropriate signatures:

A. DELEGATION OF AUTHORITY FOR THE ACQUISITION OF SUPPLIES (non-stock), stock, and minor equipment)

1. In accordance with adoption of the Fiscal Year budget, the President of the Board has delegated the authority to obtain all supplies required for necessary Surgery Center operations. In turn, the President has delegated to the following positions the purchase requisitioning authority for individual supply items.

Position	Item	Maximum
President of the Board	All general supplies	No Limit
TFHD COO/CNOs & TSC Administrator	All general supplies	\$ 3, 000
TFHD Chief Financial Officer/ Controller	Supplies/ Financial Services	\$ 5,000
TFHD Director of Plant Operations	Engineering and Maintenance Supplies	\$ 500
TFHD Director of Material Management	Stores Inventory and Direct Issue Supplies	No Limit
TSC Business Office- Dietary items	Perishables	No Limit
TSC Nurse Manager/Pharmacy RN- Pharmacy	Pharmaceuticals	No Limit
TSC Nurse Manager	All General Supplies	\$2,000
TSC Supply Coordinator	Medical Supplies	\$ 800

Note: These amounts are not used as a guideline for maintaining existing levels of supplies.

2. Non-budgeted supplies in excess of \$3,000 require prior approval by the President of the Board.

B. DELEGATION OF AUTHORITY FOR THE ACQUISITION OF PURCHASED SERVICES

1. Acquisition of Budgeted Services

In accordance with the adoption of the Fiscal Year Budget, the President of the Board has delegated the authority to obtain all purchased services required for

necessary Surgery Center operations. In turn, the President has delegated to the following positions the purchase requisitioning authority for individual purchased service items.

Position	Item	Maximum
President of the Board	All purchased services	No Limit
TFHD COO/CNOs & TSC Administrator	All purchased services	\$ 3,000
TFHD Chief Financial Officer/ Controller	All purchased services excluding consultants	\$ 5,000
TFHD Director of Plant Operations	All purchased services excluding consultants	\$ 1,000
TFHD Director of Material Management	All purchased services excluding consultants	\$ 1,000

2. Non-Budgeted purchased services require the prior approval of the President of the Board.

C. DELEGATION OF AUTHORITY FOR THE PURCHASE OF REPAIRS AND MAINTENANCE

1. In accordance with adoption of the Fiscal Year budget, the President of the Board has delegated the authority to purchase repairs and maintenance required for necessary Surgery Center operations. In turn, the President has delegated to the following positions the purchase requisitioning authority of repairs and maintenance.

Position	Item	Maximum
President of the Board	All Repairs and Maintenance	No Limit
TFHD Chief Financial Officer/ Controller	All Repairs and Maintenance/ Financial Services	\$ 5,000
TFHD COO/CNO & TSC Administrator	All Repairs and Maintenance	\$ 3,000
TFHD Director of Plant Operations	All Repairs and Maintenance/ Plant Operations	\$ 1,000
TFHD Director of Material Management	All Repairs and Maintenance	\$ 1,000
TSC Nurse Manager	All Repairs and Maintenance	\$1,500

D. CONTRACTS

All contracts resulting from transactions outlined in this authority memorandum may be signed by Administrative Staff personnel for items within their scope of authority. Items not within the scope of authority must be signed by the President of the Board or his/her administrative designee in his/her absence.

Contracts resulting from transactions not outlined in this memorandum must be signed by the President of the Board. In certain cases, as determined by the President, contracts may also

require the signature of one or more members of the Board of Managers of Truckee Surgery Center.

The President of the Board has unlimited authority to approve budgeted contracts, e.g., consultants, construction, employment and computer software.

E. PERSONNEL

Signature authority and authorizations for Personnel Action Forms is covered by [Contract Review & Approval, GOV-2301](#)

F. TRAVEL Travel expenditures are defined as including the cost of travel, conference fees, meals, lodging, and related expenses.

1. Administrators, Nurse Manager, and employees refer to the [Travel Expense Reimbursement, HR-2301](#) & and [Travel Hours Reimbursement, HR-2302](#)
2. The TFHD CNO must be informed of all travel that has been approved by the Administrator.

G. FINANCIAL SERVICES

Approval of accounting and patient accounting transactions is established as outlined below:

1. Accounting

Check Requests	Authorized Individuals
1. Payroll and Payroll related	President of the Board or TSC Administrator
2. Data Processing Expenses	President of the Board or TSC Administrator
3. All Other	President of the Board or TSC Administrator; TFHD CFO/ Controller (when approved purchase order, purchase requisition or contract exists or as instructed by President of the Board)

2.

Patient Accounting	Authorized Individuals
Bad Debts	TSC Administrator
Settlement of Bad Debt Accounts	TSC Administrator
Administrative Adjustments	TSC Administrator, TFHD CFO/Controller
Patient Refunds	TSC Administrator
Price Changes – Patient Charges	TSC Administrator, TFHD CFO

H. SIGNATURE AUTHORITY DESIGNEE

Those with signature authority may request the designation of an alternate for such authority. This alternate, unless already covered in the present memorandum, must be officially requested and approved via memorandum to the President of the Board with a copy to the TFHD CFO/controller.

I. SIGNATURE AUTHORITY AND DELEGATION OF RESPONSIBILITY

Audit Controls

- 1. **Purchased Services**
TFHD Material Management will maintain a file of all items signed by staff other than the President of the Board. This will be available for review on a monthly basis.
- 2. **Supplies**
Monitored through budget review and by ongoing scrutiny of TSC Administrator and TFHD Director of Material Management.
- 3. **Travel**
The TSC Administrator will maintain a file of all travel vouchers for Administrative review. This will be available on a monthly basis.
- 4. **Equipment**
TFHD Material Management will maintain a file on all items signed by staff other than the President of the Board. This will be available for review on a monthly basis.

Approval Signatures

Step Description	Approver	Date
DRAFT		



Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie:
Administrator
Department Governance
Applicabilities Truckee
Surgery
Center

Special Items Purchase, GOV-2305

RISK:

The Administrator, Nurse Manager, Supply Coordinator, or Tahoe Forest Hospital District (TFHD) Materials Management Department may investigate the potential sources of supply and specifications for a given piece or line of equipment when it is special in nature, (e.g., computers, X-ray, or laboratory equipment/systems). Purchasing may or may not be involved. This policy will assure for proper specifications as determined by the end user.

PROCEDURE:

- A. After information has been gathered, a time will be set for closing the order. At this time, the Administrator and the TFHD Director of Materials Management will meet with all parties involved to make sure all specifications and details have been completed to everyone's satisfaction.
- B. If necessary, the Purchase Order will be created immediately, signed, and a confirmation copy given to the vendor/manufacturing representative.
- C. The Purchase Order will be processed like any other Purchase Order.
- D. Upon receipt of the goods, the users and the Administrator will be contacted to verify satisfaction and sign the Receiving Report (which authorizes TFHD Accounting to pay the invoice).
- E. Any further problems will be handled by the Administrator and the TFHD Director of Materials Management.

Approval Signatures

Step Description

Approver

Date

DRAFT



Origination 06/2020
Last Approved 06/2022
Last Revised 06/2022
Next Review 09/2023

Owner Heidi Fedorchak:
Nurse Manager
Department Infection
Prevention and
Control
Applicabilities Truckee
Surgery Center

COVID-19: Screening of Patients, Employees, and Vendors, IC-2002

POLICY:

All means possible will be utilized to reduce the level of exposure to patients, employees, and any vendors requiring access to the facility. As a result of the COVID-19 pandemic, all individuals entering the facility for any reason will be screened for symptoms of COVID-19 and proximity to those with confirmed COVID-19.

Anyone entering Truckee Surgery Center (e.g., personnel, providers, contractors, vendors, patients, and visitors) is/are to wear a face mask or covering. If anyone does not have a mask or face covering, a mask will be provided upon arrival. Personnel are expected to comply with the face covering requirement as a condition of employment, as well as for the health and safety of themselves and their colleagues.

PROCEDURE:

COVID-19 Screenings

Patient Screening

- A. All patient's will be verbally screened (See COVID Screening Questionnaire attached) during the pre-operative phone interview for symptoms and indicators of high risk for infection of COVID-19. Patient's will be notified at the time of the phone interview of the requirement that they must wear a face mask throughout the duration of their stay in the facility. If there is any question about a patient's responses to the screening questions, the Nurse Manager, Administrator and/or Infection Prevention RN will be consulted for guidance.
- B. Upon entry to the facility, all patient's will perform hand hygiene and don a face mask. The COVID-19 Screening Questionnaire will be repeated to ensure symptoms have not emerged since the phone screening. All accompanying family members or companions will be screened upon entry and required to wear a mask while in the facility.

Employee Screening

For the purposes of this policy “Employees” will refer to all staff employed by the facility and all facility credentialed Licensed Independent Practitioners.

- A. Employees have been instructed to refrain from reporting to work if 1. they have any symptoms of COVID-19 2. The employee is unvaccinated and a family member has symptoms or has tested positive for COVID-19 3. The employee is unvaccinated and has been exposed to someone with confirmed COVID-19. The employee must contact their manager to be cleared for work.
- B. Upon entry to the facility, all employees will perform hand hygiene and don a face mask. Before work begins, each employee must complete the COVID-19 screening questions provided. If an employee can answer YES to any of the mandatory questions, that employee must immediately report to their manager and/or Infection Prevention RN to determine if he/she qualifies to safely work that day. If there is any question about a response to the screening questions, the manager and/or Infection Prevention RN will be consulted for guidance.
- C. Each employee will be required to wear a face mask for the entirety of their shift. Staff who function in non-clinical areas may wear non-medical cloth masks if they choose. Cloth masks must be made from tightly-woven, multi-layered, cotton fabric. Avoid polyester and other synthetic fabrics. Personal cloth masks must be laundered prior to each shift worked.

Vendor Screening

Vendors’ access to the facility has been restricted as a result of the COVID-19 pandemic. Only necessary individuals from outside vendors shall be permitted access to the building.

- A. Vendors will be instructed to refrain from reporting to the facility if they have any symptoms or have been exposed to anyone who has symptoms of COVID-19 or has tested positive for COVID-19. Vendors must contact the Administrator to be cleared to enter the facility.
- B. Upon entry to the facility, all vendors will perform hand hygiene and don a face mask. In an effort to preserve facility masks for use by employees and patients, vendors will be asked prior to their arrival to provide their own mask if possible. Facility masks will be provided if a vendor does not have one available. A COVID-19 Screening Questionnaire will be performed before the vendor may enter the facility. (See attached COVID Vendor Questionnaire)
- C. The vendor will be required to wear a face mask for the entirety of their work shift in the facility

Face Masks/Face Coverings

Face coverings are required to be worn at all areas in TSC.

While keeping a physical distance of at least six feet from other people, practicing good hygiene measures (e.g., frequent hand washing, avoiding touching the face, covering coughs and sneezes), and staying home when ill are the best known protections against COVID-19, wearing a face covering that covers the nose and mouth can help protect others.

- A. For the purpose of this policy, a face covering must:
 1. Fit snugly against the sides of the face
 2. Completely cover the nose and mouth
 3. Be secured with ties, ear loops, elastic bands, or other equally effective method
 4. Include at least two layers of cloth

5. Allow for breathing without restriction
6. Be capable of being laundered and machine dried without damage or change to shape
7. Be free of holes, tears, or valves/vents that have the potential to release respiratory droplets

Face shields instead of face masks or coverings:

- A. A face shield is primarily used for eye protection for the person wearing it. At this time, it is not known what level of protection a face shield provides to people nearby from the spray of respiratory droplets from the wearer. There is currently not enough evidence to support the effectiveness of face shields for source control. Therefore, use of face shields as a substitute for masks are not allowed at TSC.

Who should **not** wear a face mask or covering:

- A. Children younger than 2 years old
- B. Anyone who has trouble breathing
- C. Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance

TSC is required to ensure all of its personnel have a thorough understanding of the requirements outlined in this policy. Personnel who do not comply will be reminded of the policy by their Administrator and provided additional education and training as needed. If, after additional education and training, personnel refuse to comply, the Administrator may initiate appropriate corrective action.

Personnel with concerns that other personnel are not complying should speak with their Administrator, or report it to the Infection Control Coordinator.

TSC is committed to maintaining a respectful, productive, inclusive, and equitable workplace, and discrimination and other conduct that is inconsistent with our values will not be tolerated. Consistent with California state's public health order for face coverings, members of the public, patients and visitors are required to wear face coverings when entering TSC. If a member of the public, patient or visitor is not wearing a face covering, the following steps are to be taken:

- A. Begin with a polite verbal request for compliance to educate and persuade the individual to wear a face covering. TSC personnel should ask the individual to wear a mask or face covering, or have a supply of disposable face masks to offer individuals who do not have one. Signs indicating the face covering requirement for all who enter should be clearly posted at all entrances and on websites when possible.
- B. If, following a polite verbal request, the individual continues to decline to wear a face covering or face mask, personnel should notify the Administrator to assist the customer with determining if accommodations, such as curbside pickup, can be made.
- C. If the individual refuses to wear a face covering and does not indicate a medical condition or disability that prevents them from wearing a face covering, they should be politely informed that they are not permitted to enter the facility, and be asked to leave. Personnel should not attempt to physically block an individual or physically remove them from the space, and should avoid confrontation, but should not provide service(s). Security or local law enforcement agency may be called for help as a last resort.

References:

CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, 4/13/2020

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Cal/OSHA and statewide industry guidance on COVID-19

California state public health orders for face coverings

Transmission Based (Isolation) Precautions, APIC-1501

Attachments

[COVID employee and vendor screening form](#)

[COVID-19: patient screening form](#)

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	06/2022
	Heidi Fedorchak: Nurse Manager	06/2022

REVIEWED



Origination 12/2021
Last Approved 10/2022
Last Revised 10/2022
Next Review 09/2023

Owner Heidi Fedorchak:
Nurse Manager
Department Infection
Prevention and
Control
Applicabilities Truckee
Surgery
Center

COVID-19 Vaccine Policy, IC-2100

PURPOSE:

Vaccination is a vital tool to reduce the presence and severity of COVID-19 cases in the workplace, in communities, and in the nation as a whole. Truckee Surgery Center has adopted this policy of mandatory vaccination to safeguard the health of our employees and patients from the hazard of COVID-19. This policy is intended to comply with all applicable federal, state and local laws and is based on guidance and requirements of the Centers for Medicare/Medicaid services (CMS) and from guidance from the CDC.

POLICY AND PROCEDURE:

As of November 5th, 2021, CMS amended its ambulatory surgery center Conditions for Coverage, to require that all Center staff who provides any care, treatment or other services for the Center or its patients be fully vaccinated against COVID-19, unless an exemption applies. By January 4th, 2022, as described below, each Center staff shall be completely vaccinated against COVID-19, or shall have applied for and received an exemption from vaccination.

- I. **Application.** This policy applies to all regular full time, part-time and per diem staff as well as surgeons and anesthesia providers practicing in the facility. Vendors who provide services within the center will be required to comply.
- II. **Vaccination Requirement**
 - A. By December 5, 2021, all Center staff must have:
 - 1. First dose of two dose vaccine. Received the first dose of a two dose vaccine approved by the FDA, such as Pfizer or Moderna vaccine; or one dose of a single dose vaccine, such as Johnson and Johnson and submitted documentation confirming the first dose or complete COVID-19

vaccination. Complete vaccination is considered two doses in a two dose series or one dose in a single dose vaccine.

2. Pending exemption. Staff must have submitted a religious or medical exemption form and the exemption must be granted or pending.

B. By January 4, 2022, all Center staff must have:

1. The second dose of a two dose vaccine must be completed and documentation submitted; or
2. Have been granted an exemption from the COVID-19 vaccination requirement.

- C. Documentation of vaccine status and requests for exemptions will be securely maintained in the Center staff member's file and kept confidential.

III. **Booster Requirement**

A. By March 1, 2022:

1. All eligible staff will be required to complete the COVID-19 booster.
2. Workers not eligible for the booster by March 1, 2022 must be in compliance no later than 15 days after becoming booster eligible.
3. Booster eligible employees that have not received their booster will be required to test and submit a negative result weekly starting on December 27, 2021.

IV. **Exemption Requests**

- A. In accordance with applicable federal, state and local rules and regulations, the Center recognizes that there may be certain circumstances preventing a staff member from receiving the COVID-19 vaccine due a medical condition or a sincerely held religious belief. A Center staff member requesting an exemption must obtain, complete and submit the proper exemption form to the Center administration by the dates described above.
- B. Consistent with applicable laws, the Center will consider exemption requests on a case by case basis.

V. **Failure to vaccinate or be granted an exemption**

A. Center staff members who are Center employees who do not:

1. Submit the required vaccination documentation or have a pending request or have been granted an exemption by December 5, 2021; or
2. Have not received an exemption and are not fully vaccinated by January 4, 2022; or
3. Who are booster eligible and do not receive the booster by March 1, 2022 or who become eligible and do not complete the booster within 15 days
 - i. will be placed on unpaid leave for up to 45 days. During this period, employees must either apply for and receive an exemption or become fully vaccinated and boosted against

COVID-19. If at the end of the unpaid leave period, an employee is not fully vaccinated/boosted or is not approved for an exemption, may be subjected to separation of employment.

- VI. Center staff members who are licensed practitioners with clinical privileges who do not:
1. Submit the required vaccination documentation or have a pending or granted request for exemption by December 5, 2021; or
 2. Have not been fully vaccinated or have not been granted an exemption by January 4, 2022; or
 3. Submitted required booster documentation by March 1, 2022 or within 15 days of becoming booster eligible
 - will have their clinical privileges immediately suspended until they either comply with the vaccination requirement or have been granted an exemption.

Related Policies/Forms:

Exemption request form

Attachments

[TSC COVID Medical Exemption.pdf](#)

[TSC COVID Religious Exemption.pdf](#)

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	10/2022
	Heidi Fedorchak: Nurse Manager	10/2022

Truckee Surgery Center
AR Summary - July 2023

AR Rollforward	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Avg/TTL
Bag A/R Balance	\$ 331,557	\$ 303,604	\$ 248,299	\$ 254,758	\$ 293,007	\$ 258,900	\$ 243,859	\$ 257,040	\$ 307,776	\$ 348,891	\$ 355,298	\$ 339,517	\$ 796,502
Gross Charges	\$ 633,871	\$ 619,113	\$ 763,567	\$ 764,559	\$ 700,661	\$ 712,350	\$ 760,574	\$ 893,551	\$ 1,011,772	\$ 1,282,925	\$ 615,217	\$ 1,564,218	\$ (134,785)
Payments	\$ (116,157)	\$ (133,143)	\$ (136,176)	\$ (93,760)	\$ (136,440)	\$ (142,387)	\$ (81,322)	\$ (120,011)	\$ (129,035)	\$ (220,250)	\$ (144,515)	\$ (164,218)	\$ (650,889)
Contractual Adj	\$ (538,558)	\$ (551,786)	\$ (619,362)	\$ (643,478)	\$ (574,466)	\$ (566,482)	\$ (652,450)	\$ (745,521)	\$ (846,004)	\$ (1,061,638)	\$ (494,956)	\$ (612,005)	\$ (2,269)
Other Adj	\$ (11,249)	\$ 10,512	\$ 21	\$ (9,203)	\$ (10,413)	\$ 11,924	\$ (4,576)	\$ (27,267)	\$ 3,570	\$ 7,322	\$ 21,932	\$ (19,704)	\$ (2,269)
Refund	\$ 4,140	\$ -	\$ (1,364)	\$ 20,230	\$ -	\$ -	\$ (4,576)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bad Debt	\$ -	\$ -	\$ (2,269)	\$ -	\$ (13,449)	\$ (30,475)	\$ (9,045)	\$ 48,167	\$ 1,817	\$ 253	\$ -	\$ (13,480)	\$ (1,283)
End A/R Bal	\$ 303,604	\$ 248,299	\$ 254,758	\$ 293,007	\$ 258,900	\$ 243,859	\$ 257,040	\$ 307,776	\$ 348,891	\$ 357,251	\$ 339,517	\$ 347,420	\$ (5,491)

Statistics	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Avg/TTL
Cash Goal	\$ 81,686	\$ 88,688	\$ 79,924	\$ 100,000	\$ 134,177	\$ 117,088	\$ 104,367	\$ 139,340	\$ 128,124	\$ 147,901	\$ 187,570	\$ 161,675	\$ 39
Achieved %	142%	150%	170%	94%	102%	122%	78%	86%	101%	149%	77%	102%	39
Case Volume	33	25	45	49	42	29	27	37	52	57	37	39	39
Gross Rev per Case	\$ 19,208	\$ 24,765	\$ 16,968	\$ 15,603	\$ 16,682	\$ 24,564	\$ 28,169	\$ 24,150	\$ 19,457	\$ 22,507	\$ 16,627	\$ 20,509	\$ 20,788
Est. Net Rev	\$ 95,806	\$ 64,042	\$ 144,690	\$ 123,663	\$ 126,195	\$ 145,898	\$ 108,124	\$ 148,030	\$ 165,768	\$ 221,288	\$ 120,281	\$ 187,861	\$ 137,637
Ext. Net Rev per Case	\$ 2,903	\$ 2,562	\$ 3,215	\$ 2,524	\$ 3,005	\$ 5,031	\$ 4,005	\$ 4,001	\$ 3,188	\$ 3,882	\$ 3,251	\$ 4,817	\$ 3,532
Debit AR	\$ 380,518	\$ 317,403	\$ 370,759	\$ 388,083	\$ 354,262	\$ 338,105	\$ 355,875	\$ 358,661	\$ 410,999	\$ 411,975	\$ 388,148	\$ 394,520	\$ 372,442
Credit AR	\$ (76,914)	\$ (69,104)	\$ (116,001)	\$ (95,076)	\$ (95,362)	\$ (94,246)	\$ (98,835)	\$ (50,885)	\$ (62,107)	\$ (54,724)	\$ (48,631)	\$ (47,099)	\$ (75,749)
AR Days	67	60	57	76	67	52	69	92	84	61	56	68	67
Days to Bill	6	8	6	8	8	7	10	8	7	6	6	6	7

AR by Fin Class	0-30	31-60	61-90	91-120	121-150	151-180	181+	Credits	Total	% of Total
CONTRACTED	\$ 59,255	\$ 83,107	\$ 47,231	\$ 22,608	\$ 9,690	\$ 12,155	\$ 67,224	\$ (45,854)	\$ 255,416	74%
MEDICARE	\$ -	\$ 850	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 850	0%
NON CONTRACTED	\$ -	\$ 324	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 324	0%
SELF PAY	\$ 2,250	\$ 3,269	\$ 8,497	\$ 14,727	\$ 16,009	\$ 9,087	\$ 22,275	\$ (1,246)	\$ 74,869	22%
WORK COMP	\$ 7,525	\$ 7,525	\$ -	\$ 911	\$ -	\$ -	\$ -	\$ -	\$ 15,961	5%
Total A/R	\$ 69,031	\$ 95,075	\$ 55,728	\$ 38,246	\$ 25,699	\$ 21,243	\$ 89,499	\$ (47,099)	\$ 347,420	100%
% of Total / Over 90	20%	27%	16%	11%	7%	6%	26%	-14%	100%	50%

Prior Month Balance / Over 90	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% Total Prior Balance / Over 90	18%	38%	13%	8%	9%	3%	26%	-14%	100%	100%	46%	40%
Change from Prior Mth	\$ 9,396	\$ (32,407)	\$ 11,300	\$ 11,838	\$ (5,839)	\$ 11,183	\$ 903	\$ 1,532	\$ 7,904	\$ -	\$ -	\$ -

\$->90	%>90
\$ 111,677	37%
\$ -	0%
\$ -	0%
\$ 62,098	82%
\$ 911	6%
\$ 174,686	49%

Truckee Surgery Center
Surgeon Data - July 2023

Case Volume

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TTM	YTD	%Ttl
ALPERT, RICKI A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
BANY, TENILLE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
CONDON, DAVID	-	1	1	2	-	-	-	-	-	-	-	-	-	-	0.0%
DODD, JEFFREY S	7	7	12	10	8	6	8	13	7	12	9	10	109	65	1.5%
GANNAM, CAMILLE	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0.2%
GANNAM, CAMILLE	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0.2%
GANNONG, ALISON	-	-	9	2	12	5	-	6	16	13	8	9	80	57	16.9%
GUSTAFSSON, MATTHEW H	-	2	-	-	2	-	-	2	3	3	3	2	15	11	3.2%
HAEDER, PAUL R	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
HAGEN, JONATHAN T	9	7	10	16	10	6	7	6	11	12	8	3	105	53	22.2%
JERNICK, MICHAEL	4	4	2	8	1	3	4	1	6	3	2	3	41	22	8.7%
LUSCOMB, THOMAS A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
NAFTULIN, BRIAN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
RINGNES, ANDREW P	13	4	11	10	9	9	6	9	9	13	8	9	110	63	23.3%
SAAREMETS, ALAR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
TAYLOR, PETER J	-	-	-	1	-	-	1	-	-	-	-	-	-	-	0.0%
Total	33	25	45	49	42	29	27	37	52	57	37	39	472	278	100.0%

Net Revenue (Cases in Month)

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl	Cases
ALPERT, RICKI A	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
BANY, TENILLE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
CONDON, DAVID	\$ -	\$ 1,460	\$ 3,011	\$ 3,616	\$ 11,994	\$ 18,848	\$ 1,000	\$ 52,222	\$ 35,447	\$ 75,391	\$ 14,396	\$ 61,475	\$ 376,929	1.0%	7
DODD, JEFFREY S	\$ 28,290	\$ 17,040	\$ 34,974	\$ 24,703	\$ 11,994	\$ 18,848	\$ 2,150	\$ 52,222	\$ 35,447	\$ 75,391	\$ 14,396	\$ 61,475	\$ 376,929	25.2%	109
GANNAM, CAMILLE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	1
GANNAM, CAMILLE	\$ -	\$ -	\$ 5,440	\$ 1,970	\$ 9,952	\$ 4,832	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	1
GANNONG, ALISON	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
GUSTAFSSON, MATTHEW H	\$ -	\$ 2,310	\$ -	\$ -	\$ 2,310	\$ 4,832	\$ -	\$ 4,132	\$ 6,825	\$ 2,662	\$ (976)	\$ 9,693	\$ 26,956	1.8%	15
HAEDER, PAUL R	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
HAGEN, JONATHAN T	\$ 21,301	\$ 21,541	\$ 35,006	\$ 42,843	\$ 40,006	\$ 50,891	\$ 4,140	\$ 26,904	\$ 37,285	\$ 60,368	\$ 19,837	\$ 49,940	\$ 410,064	27.5%	105
JERNICK, MICHAEL	\$ 16,586	\$ 11,216	\$ 7,834	\$ 25,781	\$ 2,823	\$ 5,330	\$ 1,214	\$ 1,155	\$ 16,728	\$ 24,921	\$ 5,040	\$ 4,799	\$ 123,427	8.3%	41
LUSCOMB, THOMAS A	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
NAFTULIN, BRIAN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
RINGNES, ANDREW P	\$ 29,629	\$ 10,475	\$ 58,426	\$ 19,992	\$ 17,569	\$ 56,505	\$ 2,648	\$ 45,357	\$ 57,343	\$ 47,260	\$ 69,518	\$ 43,948	\$ 458,669	30.7%	110
SAAREMETS, ALAR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	0
TAYLOR, PETER J	\$ -	\$ -	\$ -	\$ 4,758	\$ -	\$ -	\$ 300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,058	0.3%	2
Total	\$ 95,806	\$ 64,042	\$ 144,690	\$ 123,663	\$ 84,653	\$ 136,407	\$ 11,452	\$ 137,341	\$ 168,052	\$ 219,598	\$ 120,281	\$ 187,861	\$ 1,493,846	100.0%	472

Payments by Date of Service

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl
CONDON, DAVID	\$ -	\$ 1,460	\$ 3,041	\$ 3,616	\$ -	\$ -	\$ 2,075	\$ -	\$ -	\$ 500	\$ 4,851	\$ -	\$ 15,543	1.2%
DODD, JEFFREY S	\$ 25,175	\$ 16,890	\$ 30,766	\$ 23,900	\$ 13,624	\$ 16,610	\$ 22,951	\$ 47,874	\$ 30,949	\$ 58,294	\$ 6,013	\$ 8,251	\$ 301,196	23.6%
GANNAM, CAMILLE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231	\$ 231	0.0%
GANNAM, CAMILLE	\$ -	\$ -	\$ 5,879	\$ 2,037	\$ 13,806	\$ 4,564	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 84,770	6.6%
GUSTAFSSON, MATTHEW H	\$ -	\$ 1,531	\$ -	\$ -	\$ 1,820	\$ -	\$ -	\$ 15,145	\$ 25,092	\$ 13,468	\$ 4,298	\$ 481	\$ 84,770	6.6%
HAGEN, JONATHAN T	\$ 18,310	\$ 18,322	\$ 30,733	\$ 45,589	\$ 37,998	\$ 35,436	\$ 27,601	\$ 24,880	\$ 31,723	\$ 31,723	\$ 11,115	\$ 438	\$ 309,881	24.2%
JERNICK, MICHAEL	\$ 14,009	\$ 8,630	\$ 7,354	\$ 55,177	\$ 6,013	\$ 5,591	\$ 30,483	\$ 1,155	\$ 17,512	\$ 13,618	\$ 2,383	\$ 1,226	\$ 163,150	12.8%
NAFTULIN, BRIAN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 462	\$ 462	0.0%
RINGNES, ANDREW P	\$ 23,623	\$ 10,153	\$ 56,165	\$ 18,829	\$ 19,925	\$ 34,882	\$ 14,527	\$ 35,283	\$ 54,779	\$ 37,523	\$ 61,454	\$ 22,317	\$ 389,460	30.5%
TAYLOR, PETER J	\$ -	\$ -	\$ -	\$ 1,549	\$ -	\$ -	\$ 1,460	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,009	0.2%
Total	\$ 81,117	\$ 56,984	\$ 133,958	\$ 150,697	\$ 93,186	\$ 97,083	\$ 99,096	\$ 126,047	\$ 156,300	\$ 157,101	\$ 91,539	\$ 34,947	\$ 1,278,033	100.0%

HST AR

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl	
CONDON, DAVID	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,043	0.3%
DODD, JEFFREY S	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,594	25.8%
GANNAM, CAMILLE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (231)	-0.1%
GANNAM, ALISON	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,971	0.6%
GUSTAFSSON, MATTHEW H	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,597	4.0%
HAGEN, JONATHAN T	\$ 1,752	\$ (945)	\$ 4,123	\$ 1,695	\$ 2,320	\$ 150	\$ 14,110	\$ 1,319	\$ 9,103	\$ 29,332	\$ 43,310	\$ 14,915	\$ 121,784	\$ 39.0%	
JERNICK, MICHAEL	\$ 2,563	\$ 1,085	\$ -	\$ 5,824	\$ -	\$ -	\$ 2,237	\$ -	\$ 4,094	\$ 3,958	\$ 2,785	\$ 3,548	\$ 26,094	\$ 8.4%	
NAFTULIN, BRIAN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,848	0.6%
RINGNES, ANDREW P	\$ 1,939	\$ -	\$ 3,004	\$ 585	\$ 883	\$ 2,605	\$ 3,280	\$ 10,097	\$ 5,402	\$ 9,690	\$ 8,775	\$ 16,746	\$ 63,005	\$ 20.2%	
TAYLOR, PETER J	\$ -	\$ -	\$ -	\$ 3,209	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,209	1.0%
Total	\$ 6,253	\$ 1,664	\$ 7,625	\$ 11,313	\$ 4,886	\$ 5,270	\$ 19,387	\$ 17,432	\$ 17,758	\$ 59,626	\$ 92,118	\$ 68,581	\$ 311,914	\$ 100.0%	

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl	
ALPERT, RICKIA	\$ -	\$ (1,217)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (406)	0.0%
BANY, TENILLE	\$ -	\$ -	\$ -	\$ (363)	\$ (568)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (931)	-0.1%
CONDON, DAVID	\$ -	\$ 882	\$ -	\$ 3,032	\$ 3,104	\$ 521	\$ 1,000	\$ 749	\$ 1,075	\$ 500	\$ 3,601	\$ 3,851	\$ 18,315	\$ 1.1%	
DODD, JEFFREY S	\$ 30,105	\$ 30,219	\$ 70,460	\$ 27,436	\$ 19,310	\$ 23,860	\$ 6,084	\$ 24,725	\$ 36,237	\$ 64,608	\$ 39,346	\$ 29,997	\$ 402,389	\$ 24.9%	
GANNAM, CAMILLE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231	0.0%
GANNAM, ALISON	\$ 1,159	\$ 2,081	\$ 1,302	\$ 2,303	\$ 4,969	\$ 6,623	\$ 9,342	\$ 1,750	\$ 16,280	\$ 16,535	\$ 16,471	\$ 12,390	\$ 91,205	\$ 5.6%	
GUSTAFSSON, MATTHEW H	\$ -	\$ 991	\$ 280	\$ 1,628	\$ -	\$ -	\$ 589	\$ 2,156	\$ 614	\$ 2,058	\$ 2,548	\$ 1,624	\$ 12,488	\$ 0.8%	
HAEDER, PAUL R	\$ -	\$ -	\$ 292	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 392	0.0%
HAGEN, JONATHAN T	\$ 23,604	\$ 25,757	\$ 23,174	\$ 26,276	\$ 42,227	\$ 40,550	\$ 26,037	\$ 39,663	\$ 13,651	\$ 44,793	\$ 32,466	\$ 25,763	\$ 363,961	\$ 22.5%	
JERNICK, MICHAEL	\$ 6,298	\$ 48,029	\$ 19,544	\$ 5,393	\$ 18,913	\$ 38,350	\$ 4,199	\$ 32,245	\$ 12,993	\$ 12,057	\$ 21,463	\$ 3,635	\$ 223,120	\$ 13.8%	
LAN, JIE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (324)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (324)	0.0%	
LUSCOMB, THOMAS A	\$ -	\$ -	\$ -	\$ (608)	\$ (608)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (2,714)	-0.2%
NAFTULIN, BRIAN	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 462	0.0%
RINGNES, ANDREW P	\$ 52,508	\$ 26,806	\$ 21,123	\$ 28,563	\$ 49,092	\$ 31,259	\$ 33,771	\$ 16,738	\$ 48,995	\$ 79,898	\$ 28,434	\$ 86,016	\$ 503,203	\$ 31.1%	
SAAREMETS, ALAR	\$ -	\$ (406)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (219)	0.0%	
Salas, Michael	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 825	\$ -	\$ -	\$ 186	\$ -	\$ -	\$ 825	0.1%
TAYLOR, PETER J	\$ 2,483	\$ -	\$ -	\$ -	\$ -	\$ 1,549	\$ 300	\$ 1,160	\$ -	\$ -	\$ -	\$ -	\$ 5,492	\$ 0.3%	
Zissimos, Anthony	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 250	\$ -	\$ 250	0.0%
VOSS, JUSTIN C	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (324)	\$ -	\$ -	\$ (324)	0.0%	
Total	\$ 116,157	\$ 133,143	\$ 136,176	\$ 93,760	\$ 136,440	\$ 142,387	\$ 81,322	\$ 120,011	\$ 129,035	\$ 219,439	\$ 144,515	\$ 164,218	\$ 1,617,415	\$ 100.0%	

Truckee Surgery Center
Financial Class Data - July 2023

Case Volume	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	TTM	YTD	%Ttl
MEDICARE	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0.4%
CONTRACTED	32	24	45	49	42	26	27	37	51	55	34	37	459	267	96.0%
NON CONTRACTED	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.0%
SELF PAY	-	1	-	-	-	2	-	-	-	2	1	1	7	6	2.2%
WORKERS COMP	1	-	-	-	-	1	-	-	1	-	1	1	5	4	1.4%
Total	33	25	45	49	42	29	27	37	52	57	37	39	472	278	100%

Net Revenue (Cases in Month)

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl	Cases	Net Rev Per Case
CONTRACTED	\$ 94,329	\$ 61,298	\$ 144,990	\$ 123,663	\$ 84,653	\$ 94,762	\$ 11,452	\$ 137,941	\$ 167,741	\$ 221,288	\$ 112,881	\$ 157,872	\$ 1,411,371	94.5%	459	\$ 3,075
MEDICARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 850	\$ -	\$ 850	0.1%	1	\$ 850
NON CONTRACTED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%	-	\$ -
SELF PAY	\$ -	\$ 2,743	\$ -	\$ -	\$ -	\$ 26,386	\$ -	\$ -	\$ -	\$ (1,690)	\$ (976)	\$ 22,464	\$ 48,927	3.3%	7	\$ 6,990
WORKERS COMP	\$ 1,477	\$ -	\$ -	\$ -	\$ -	\$ 15,259	\$ -	\$ -	\$ 911	\$ -	\$ 7,525	\$ 7,525	\$ 32,698	2.2%	5	\$ 6,540
Total	\$ 95,806	\$ 64,042	\$ 144,990	\$ 123,663	\$ 84,653	\$ 136,407	\$ 11,452	\$ 137,941	\$ 168,052	\$ 219,598	\$ 120,281	\$ 187,861	\$ 1,493,846	100%	472	\$ 3,165

Payments by Date of Service

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl
CONTRACTED	\$ 79,817	\$ 54,241	\$ 133,938	\$ 150,697	\$ 93,186	\$ 70,902	\$ 99,096	\$ 126,047	\$ 156,300	\$ 155,676	\$ 90,114	\$ 33,522	\$ 1,243,534	97.3%
MEDICARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
SELF PAY	\$ -	\$ 2,743	\$ -	\$ -	\$ -	\$ 18,470	\$ -	\$ -	\$ 1,425	\$ 1,425	\$ 1,425	\$ 1,425	\$ 25,487	2.0%
WORK COMP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,711	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,711	0.6%
WORKERS COMP	\$ 1,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,300	0.1%
Total	\$ 81,117	\$ 56,984	\$ 133,938	\$ 150,697	\$ 93,186	\$ 97,083	\$ 99,096	\$ 126,047	\$ 156,300	\$ 157,101	\$ 91,539	\$ 34,947	\$ 1,278,033	100.0%

HST AR

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl
CONTRACTED	\$ 6,253	\$ 1,664	\$ 7,625	\$ 11,313	\$ 4,886	\$ 5,270	\$ 19,387	\$ 17,432	\$ 16,847	\$ 59,626	\$ 83,743	\$ 61,056	\$ 295,103	94.6%
MEDICARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 850	\$ -	\$ 850	0.3%
SELF PAY	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.0%
WORK COMP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 911	\$ -	\$ -	\$ -	\$ 911	0.3%
WORKERS COMP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,525	\$ 7,525	\$ 15,051	4.8%
Total	\$ 6,253	\$ 1,664	\$ 7,625	\$ 11,313	\$ 4,886	\$ 5,270	\$ 19,387	\$ 17,432	\$ 17,758	\$ 59,626	\$ 92,118	\$ 68,581	\$ 311,914	100.0%

Payments by Billing Period

Name	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Total	%Ttl
CONTRACTED	\$ 94,652	\$ 119,265	\$ 112,103	\$ 77,930	\$ 128,726	\$ 115,628	\$ 52,265	\$ 101,456	\$ 107,919	\$ 186,966	\$ 127,845	\$ 144,353	\$ 1,369,108	84.6%
SELF PAY	\$ 15,194	\$ 13,708	\$ 19,920	\$ 15,830	\$ 7,401	\$ 26,446	\$ 22,142	\$ 18,384	\$ 20,885	\$ 25,572	\$ 15,980	\$ 19,866	\$ 221,327	13.7%
WORKERS COMP	\$ 6,311	\$ -	\$ 4,154	\$ -	\$ -	\$ 6,311	\$ -	\$ -	\$ 7,711	\$ -	\$ -	\$ -	\$ 24,488	1.5%
MEDICARE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 313	\$ -	\$ -	\$ 231	\$ -	\$ -	\$ -	\$ 545	0.0%
NON CONTRACTED	\$ -	\$ 171	\$ -	\$ -	\$ -	\$ -	\$ 603	\$ 171	\$ -	\$ -	\$ 690	\$ -	\$ 1,949	0.1%
Total	\$ 116,157	\$ 133,143	\$ 136,176	\$ 93,760	\$ 136,440	\$ 142,387	\$ 81,322	\$ 120,011	\$ 129,035	\$ 220,250	\$ 144,515	\$ 164,218	\$ 1,611,415	100.0%

Truckee Surgery Center, LLC
Statement of Revenue and Expense
For The Twelve Months Ended June 30, 2023

	Actual	Budget	Variance
Ordinary Income/Expense			
Income			
Patient Revenue			
Private Pay	56,135.03	40,000.00	16,135.03
Comm'l & Gov't Payors (Net Collections)	1,405,301.36	2,078,000.00	(672,698.64)
Medical Record Fees	15.00	-	15.00
Total Patient Revenue	1,461,451.39	2,118,000.00	(656,548.61)
Refunds			
Patient Refund	(60,721.53)	(11,000.00)	(49,721.53)
Total Refunds	(60,721.53)	(11,000.00)	(49,721.53)
Total Income	1,400,729.86	2,107,000.00	(706,270.14)
Gross Profit	1,400,729.86	2,107,000.00	(706,270.14)
Expense			
Purchased Services	266,559.83	42,000.00	(224,559.83)
Bad Debt	90,564.38	114,290.00	23,725.62
Collection Agency Reimbursement	2,381.50	600.00	(1,781.50)
General Office			
Dues and Subscriptions	31,300.62	24,000.00	(7,300.62)
Office Supplies	11,414.05	6,000.00	(5,414.05)
Postage and Delivery	928.89	2,600.00	1,671.11
Printing and Reproduction	1,272.54	90.00	(1,182.54)
Total General Office	44,916.10	32,690.00	(12,226.10)
Liability Gen'l, Prof Insurance	(639.95)	5,438.53	6,078.48
Licenses and Permits	1,892.00	1,000.00	(892.00)
Linen	40,582.27	56,907.18	16,324.91
Medical Supplies Total			
Gas Medical	18,371.07	17,762.86	(608.21)
Implants	187,548.53	263,328.80	75,780.27
Instrument Expense	100.74	9,000.00	8,899.26
Medical Supplies	199,816.40	51,692.15	(148,124.25)
Pharmacy	42,491.60	50,087.38	7,595.78
Patient Nutrition	2,090.36	2,021.16	(69.20)
Total Medical Supplies Total	450,418.70	393,892.35	(56,526.35)
Other Expenses			
Bank Charges	781.16	600.00	(181.16)
Educational	3,842.66	3,600.00	(242.66)
Equipment Rental/Lease	32,026.00	-	(32,026.00)
Interest Expense	277.60	227.00	(50.60)
Meals & Entertainment	2,842.47	600.00	(2,242.47)
Merchant Fees	4,577.52	3,600.00	(977.52)
Total Other Expenses	44,347.41	8,627.00	(35,720.41)
Payroll Expenses			
Health Insurance Total			
Health	119,550.78	90,000.00	(29,550.78)
Dental	7,816.61	6,000.00	(1,816.61)
Vision	1,224.02	900.00	(324.02)
Total Health Insurance Total	128,591.41	96,900.00	(31,691.41)

Employee Benefit	9,686.70	2,400.00	(7,286.70)
Payroll Taxes	51,773.33	62,019.24	10,245.91
Retirement Contribution	16,356.70	7,200.00	(9,156.70)
Service Fee	2,012.98	400.00	(1,612.98)
Wages	847,669.24	679,800.00	(167,869.24)
Work Comp	4,149.00	5,635.34	1,486.34
Payroll Expenses - Other	6,543.70	3,200.00	(3,343.70)
Total Payroll Expenses	1,066,783.06	857,554.58	(209,228.48)
Professional Fees			
Consulting	2,730.00	2,000.00	(730.00)
Pension Fees	3,167.00	1,650.00	(1,517.00)
Transcription Services	5,838.59	4,840.39	(998.20)
Total Professional Fees	11,735.59	8,490.39	(3,245.20)
Rent & CAM	175,113.12	174,704.23	(408.89)
Repairs			
Instrument Refurbishing	1,537.50	1,800.00	262.50
Instrument Repairs	2,995.00	5,800.00	2,805.00
Maintenance-Preventative	103,053.79	21,600.00	(81,453.79)
Total Repairs	107,586.29	29,200.00	(78,386.29)
Taxes			
Property	25,508.00	28,000.00	2,492.00
State	10,845.11	8,000.00	(2,845.11)
Taxes - Other	-	2,400.00	2,400.00
Total Taxes	36,353.11	38,400.00	2,046.89
Utilities			
Alarm Monitor	970.14	900.00	(70.14)
Cable	721.26	744.00	22.74
Gas and Electric	47,337.19	40,479.00	(6,858.19)
Medical Waste	(68.06)	-	68.06
Telephone	6,369.67	6,000.00	(369.67)
Total Utilities	55,330.20	48,123.00	(7,207.20)
Depreciation Expense	94,420.69	33,600.00	(60,820.69)
Total Expense	2,488,344.30	1,845,517.26	(642,827.04)
Net Ordinary Income	(1,087,614.44)	261,482.74	(1,349,097.18)
Other Income/Expense			
Other Income			
Other Income	108.46	-	108.46
Total Other Income	108.46	-	108.46
Other Expense			
Amortization Expense	260,955.48	260,955.48	-
Total Other Expense	260,955.48	260,955.48	-
Net Other Income	(260,847.02)	(260,955.48)	108.46
Net Income	(1,348,461.46)	527.26	(1,348,988.72)

Truckee Surgery Center, LLC
Balance Sheet
June 30, 2023

ASSETS

Current Assets

Checking/Savings

US Bank	136,056.70
Bank of the West	8,654.49
Petty Cash	413.07
	145,124.26

Total Checking/Savings

Accounts Receivable

Accounts Receivable	
Allowance for Doubtful Accounts	(70,877.13)
Accounts Receivable - Other	339,549.57
	268,672.44

Total Accounts Receivable

Total Accounts Receivable

Other Current Assets

Other Receivable	19,718.76
Prepaid Expense	
Franchise Tax Board	6,800.00
Preventative Maint	2,039.56
Worker's Comp	5,285.00
Prepaid Expense - Other	1,827.18
	15,951.74

Total Prepaid Expense

Total Other Current Assets

Total Current Assets

Fixed Assets

Computer/Office Equipment	7,051.91
Furniture & Fixtures	14,087.00
Instruments	27,805.38
Leasehold Improvements	1,017,519.04
Machinery & Equipment	345,833.02
Surgical & Medical Equipment	231,098.69
Accumulated Depreciation	(727,752.17)
Goodwill	3,914,333.00
Accumulated Amortization	(3,261,944.56)
	1,568,031.31

Total Fixed Assets

Other Assets

Rent Deposit	20,256.00
--------------	-----------

Total Other Assets

TOTAL ASSETS

2,037,754.51

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable	
Accounts Payable	1,496,231.67
	1,496,231.67

Total Accounts Payable

Credit Cards

BankCard	6,937.81
	6,937.81

Total Credit Cards

Other Current Liabilities

US Bank Equipment Lease	1,915.29
Due to TFH	1,655,257.17
Franchise Tax Payable	-
Billing Fee Accrued	-
Compensated Absenses	57,762.25
Payroll Liabilities	9,854.28
	1,724,788.99

Total Other Current Liabilities

Total Current Liabilities

Total Liabilities

Equity

Tahoe Forest Hospital	
Tahoe Forest Hospital Equity	2,986,307.79
	2,986,307.79
Total Tahoe Forest Hospital	
Truckee Surgery Center Inc	
Truckee Surgery Cntr Inc Equity	604,650.70
	604,650.70
Total Truckee Surgery Center Inc	
Retained Earnings	(3,432,700.99)
Net Income	(1,348,461.46)
	(1,190,203.96)

Total Equity

TOTAL LIABILITIES & EQUITY

2,037,754.51

Coding Review Report

Facility Name: Truckee Coders Name: Surgical Notes Coding Reviewed by: Kris Brown, RHIT, CPC, CPMA, CASCC
 Facility Number: 1580 Manager: _____ Auditing Period: 2023 Q2

CPT-4 CODES		MODIFIERS		ICD-10 DX CODES		HCPCS CODES	
# OF CODES POSSIBLE	26	# OF MODIFIERS POSSIBLE	26	# OF CODES POSSIBLE	34	# OF CODES POSSIBLE	7
# OF ERRORS	1	# OF ERRORS	0	# OF ERRORS	4	# OF ERRORS	0
ACCURACY RATE	96.15%	ACCURACY RATE	100.00%	ACCURACY RATE	88.24%	ACCURACY RATE	100.00%
ERROR RATE	3.85%	ERROR RATE	0.00%	ERROR RATE	11.76%	ERROR RATE	0.00%
OVERALL # OF CODES POSSIBLE	93	TOTAL MEDICAL RECORDS REVIEWED	15	PROBABLE UNDERPAID % RATE	0.00%		
OVERALL # OF ERRORS	5	# OF PROBABLE CPT CODES UNDERPAID	0	PROBABLE OVERPAID % RATE	0.00%		
OVERALL ACCURACY RATE	94.62%	# OF PROBABLE CPT CODES OVERPAID	0	PROBABLE OTHER ERROR % RATE	3.85%		
OVERALL ERROR RATE	5.38%	# OF PROBABLE CPT CODES OTHER ERROR	1				

Patient Name	Account Number	Date of Service	Insurance	Coder CPT-4	Coder Modifier	Unit	Auditor CPT-4	Auditor Modifier	Down Coded/ Missed Code	Up Coded	Other Error	Modifier Error	Coder DX ICD-10	Auditor DX ICD-10	ICD-10 DX Error	Coder HCPCS II	Auditor HCPCS II	HCPCS Error	Auditor Remarks:
	1580/6906	04/11/2023	BLUE CROSS	29881	RT	1	29881	RT					S83.231A	S83.231A					
													M94.8X6	M94.8X6					
	1580/6942	04/12/2023	BLUE CROSS	29888	RT	1	29888	RT					S83.511A	S83.511A		C1889	C1889		
				29882	RT	1	29882	RT					S83.251A	S83.251A		C1713	C1713		
	1580/6954	04/14/2023	ACCLAMATION INS MANAGEMENT SERVICES	64483	RT	1	64483	RT					M54.16	M54.16					
				64484	RT	1	64484	RT											
	1580/6962	04/18/2023	BLUE SHIELD	27385	LT	1	27385	LT					S76.112A	S76.112A		C1713	C1713		
	1580/6963	04/25/2023	BLUE CROSS	29881	LT	1	29881	LT					S83.272A	S83.272A					
													M94.262	M94.262					
	1580/6853	04/25/2023	BLUE CROSS	29877	LT	1	29877	LT					M89.8X6	M94.8X6	X				Cartilage defect documented as opposed to bone
													M67.52	M67.52					
	1580/6967	04/28/2023	MEDICARE	64493	RT	1	64493	RT					M47.816	M47.816					
				64494	RT	1	64494	RT											
	1580/6958	05/02/2023	MEDICARE	26055	F7	1	26055	F7					M65.331	M65.331					
	1580/4855	05/03/2023	CIGNA	29827	RT	1	29827	RT					M75.121	S46.011A	X	C1713	C1713		Trauma documented to support S code
				29828	RT	1	23430	RT			X		M75.21	M75.21					Biceps repair was performed open
				29826	RT	1	29826	RT					M75.51	M75.51					
													S43.491A	M24.111	X				Labrum is frayed with no tear
	1580/6873	05/16/2023	CIGNA	29881	LT	1	29881	LT					S83.242A	S83.242A					
													M94.262	M94.262					
													M23.42	M23.42					
													M65.9	M65.9					
													Z98.890	Z98.890					
	1580/6970	05/23/2023	COMMERCIAL INDEMNITY	23430	RT	1	23430	RT					S43.431A	S43.431A		C1713	C1713		
				29827	RT	1	29827	RT					M75.121	M75.121					
				29826	RT	1	29826	RT					M94.211	M94.211					
													M25.811	M25.811					
	1580/2660	05/26/2023	MEDICARE	64483	RT	1	64483	RT					M54.16	M54.16					
				64484	RT	1	64484	RT											
	1580/6982	05/30/2023	BLUE CROSS	64721	LT	1	64721	LT					G56.02	G56.02					
				25111	59 LT	1	25111	59 LT					M67.432	M67.432					
	1580/7033	06/20/2023	UNIVERSAL HEALTH NETWORK	23515	LT	1	23515	LT					S42.022A	S42.022A		C1713	C1713		
				76000	TC	1	76000	TC											
	1580/6989	06/07/2023	BLUE SHIELD	28295	T5	1	28295	T5					M21.611	M21.611		C1713	C1713		
				28308	T6	1	28308	T6					M20.11	M20.11					
													M21.6X1	Q66.221	X				Metatarsus adductus indexes to "congenital" unless otherwise specified
													M77.41	M77.41					
													M20.41	M20.41					



Administrator Update for Board of Managers Q3 3023 Meeting

Operations & Service Lines

- Volumes remain low. June 37. July 39. August 42 as of 8/23.
- We saw a decline after Ganong's departure from TFH but have since seen volumes increase.
- Urology has begun performing vasectomies the 1st and 3rd Thursday morning of the month. It is estimated they will perform 10-12 vasectomies per month based on the current block time. Dr. Wainstein has expressed interest in bringing more procedures once we have updated towers.
- Pediatric Dental has been consistently scheduling three cases per month and may need to add additional block time to accommodate their growing caseload.
- GYN wants to perform procedures but we may face poor reimbursement with some payers (BC/BS). Currently gathering data. Will bring back to the group with more information.
- IOVERA- After further discussion with Dan Coll it looks like IOVERA will be a viable service to move to TSC with minimal overhead costs.
- ENT is hoping to expand services to TSC once we have the ability to utilize the ENT scopes.
- Plastics with Dr. Watson is anticipated to launch this fall. The facility fee schedule has been sent out for review.
- Case Costing is being done on 100% of cases beginning 8/22/2023. Comparative reports for our top procedures will be reviewed with providers to identify opportunities for savings on higher cost supplies. Supply costs continue to increase.
- I continue to work in collaboration with the Perioperative Governance Committee to formulate a block policy that is in line with TFHD and meets the needs of TSC.
- Our billing company is continuing efforts to decrease our % of 90. These accounts have contributed to our AR days of 68. There are several accounts that they are cleaning up from MedBridge. The goal is to see a 50% reduction by November.
- HELP Financial is being offered before any in house payment plans to bring in AR quickly.

Facility and Equipment

- Temperature improvements noted throughout the facility.
- Tower trials concluded. The consensus was that Stryker is the best quality and most versatile. The rep is working on lowering the cost. Once a new proposal is received, I will work with Matt Rouse for pricing and any savings identified by the MD Buyline report. Our goal is to have the CER submitted and towers purchased by the first week of September.
- SPD Containers are budgeted and will be replaced next.

Staff/HR

- Emily dropped to per diem as of July 2023
- Kacie Johnston was hired to fulfill Emily's position. She has 13+ years of OR experience as a circulator and some scrub experience.
- The per diem Scrub tech is still posted. This is a challenging position to fill.
- Heidi and I have completed the high reliability training. Risk statements will be added to all policies.