



2024-03-25 Regular Meeting of the Truckee Surgery Center Board of Managers

Monday, March 25, 2024 at 12:00 p.m.

Tahoe Forest Hospital - Human Resources Conference Room

10024 Pine Avenue, Truckee, CA 96161



2024-03-25 Regular Meeting of the Truckee Surgery Center Board of Managers

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TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

AGENDA

Monday, March 25, 2024 at 12:00 p.m.
Human Resources Conference Room – Tahoe Forest Hospital
10024 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. 12/18/2023 Regular Meeting ATTACHMENT

6. ITEMS FOR BOARD ACTION ♦

6.1. Updated Policies ♦

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

- 6.1.1. Quality Assessment and Performance Improvement (QAPI) Plan (QA-2002) ATTACHMENT
- 6.1.2. Time Off (HR-2009) ATTACHMENT
- 6.1.3. California Paid Sick Leave (HR-2008) ATTACHMENT
- 6.1.4. Clinical Laboratory Point of Care Testing Program (LAB-1909) ATTACHMENT

6.2. Annual Employee Handbook Review ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will review and consider approval of the employee handbook.

6.3. Patient Instructions ♦

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

- 6.3.1. Low Oxygen Saturation and Incentive Spirometer Use ATTACHMENT
- 6.3.2. Lower Extremity Discharge Instructions ATTACHMENT

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

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

Regular Meeting of the Truckee Surgery Center Board of Managers
March 25, 2024 AGENDA – Continued

- 7.1.1. Q2 FY24 Financial Statement..... ATTACHMENT
- 7.1.2. Q2 FY24 Balance Sheet ATTACHMENT
- 7.1.3. Surgical Notes Dashboard..... ATTACHMENT

7.2. Coding Review Report..... ATTACHMENT
Truckee Surgery Center Board of Managers will review the Fourth 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.

7.4. Anesthesia Staffing
Truckee Surgery Center Board of Managers will consider a proposal on anesthesia staffing.

7.5. Facility Maintenance Records..... ATTACHMENT
Truckee Surgery Center Board of Managers will receive an update from the Administrator on facility maintenance records.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes ◆
12/18/2023 – Regular Meeting

8.2. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: Fourth Quarter 2023 Infection Control Data Summary
Number of items: One (1)

8.3. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: Fourth Quarter 2023 Quality Assurance Performance Improvement Data
Number of items: Eight (8)

8.4. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: 2023 Annual Quality Report
Number of items: One (1)

8.5. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: 2023 Quality Improvement Project Study & Annual Evaluation
Number of items: Two (2)

8.6. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: Fourth Quarter 2023 Ambulatory Surgery Center Association (ASCA) Clinical Benchmarking Survey
Number of items: One (1)

8.7. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: 2023 Culture of Safety Survey
Number of items: One (1)

8.8. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: 2024 Utility Risk Assessment
Number of items: One (1)

8.9. Hearing (Health & Safety Code § 32155) ◆
Subject Matter: 2023-2024 Hazard and Vulnerability Assessments
Number of items: Two (2)

8.10. Hearing (Health & Safety Code § 32155)
Subject Matter: Case Review

Regular Meeting of the Truckee Surgery Center Board of Managers
March 25, 2024 AGENDA – Continued

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.

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

Monday, December 18, 2023 at 12:00 p.m.
Human Resources Conference Room – Tahoe Forest Hospital
10024 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 12:00 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; Jan Iida, Chief Nursing Officer; Martina Rochefort, Clerk of the Board

Via zoom: Crystal Felix (cannot vote)

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. 09/06/2023 Regular Meeting

5.2. 10/25/2023 Special Meeting

ACTION: Motion made by Dr. Jeffrey Dodd, to approve Truckee Surgery Center Board of Manager meeting minutes of September 6, 2023 and October 25, 2023 as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: None

6. ITEMS FOR BOARD ACTION

6.1. Updated Policies

Truckee Surgery Center (TSC) Board of Managers reviewed and considered for approval the following updated policies:

6.1.1. Pay and Differentials (HR-2206)

6.1.2. Intermittent Pneumatic Compression Devices (NS-1911)

Courtney Leslie, TSC Administrator, worked with Lauren Caprio in Human Resources to update the policy. A premium was added for night shift differentials. Nurses at TSC are not unionized.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the Pay and Differentials (HR-2206) and Intermittent Pneumatic Compression Devices (NS-1911) policies as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: None

6.2. Updated Pre-Printed Orders

TSC Board of Managers reviewed and considered approval of updated pre-printed orders. Discussion was held.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the Pre-Printed Orders as presented, seconded by Louis Ward.

AYES: Dodd, Ward, Weis

Abstention: None

NAYS: None

Absent: None

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

Truckee Surgery Center Board of Managers reviewed the following financial reports:

7.1.1. Q1 FY24 Financial Statement

TSC performed 134 cases last quarter. Refunds were higher than expected. Licenses and permits were high due to tissue bank and pharmacy fees paid at same time. Travel and food expenses are due to attendance at a conference.

There was confusion with the Neptune agreement. The charge is incorrectly being allocated to TSC and will be corrected.

Volumes have increased a bit with vasectomies.

There are still outstanding checks with Bank of the West. The account will be closed once they have cleared.

7.1.2. Surgical Notes Dashboard

TSC Administrator is staying on them to get the Accounts Receivable down.

7.2. Coding Review Report

TSC Board of Managers reviewed the Third Quarter 2023 Coding Review Report. Discussion was held. TSC will switch to Coding Aide after it was identified that the coders were auditing their own items.

7.3. Administrator Update

TSC Board of Managers received an update from the Administrator on operations, staffing, facility and equipment needs.

As of today, 524 cases are on the schedule.

TSC has not received any updates on Dr. Watson's plastics program. The Health System is expecting the plastics clinic to open in January (ENT is set for December 27). TSC already has an established fee schedule. MSC will collect fee upfront for TFHS and TSC facility fee.

CFO would like a policy or process around the invoice and fees between the District and TSC.

COO would like the reasons why we do not keep the cases documented.

Demand letter went out to Blue Shield for implant claims.

TSC Administrator provided a facility and equipment update.

Stryker Towers and Stryker beach chair have arrived.

TSC hired a nurse that has significant scrub tech experience.

Open Session recessed at 12:23 p.m.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes

09/06/2023 – Regular Meeting

10/25/2023 – Special Meeting

Discussion was held on a privileged item.

8.2. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter 2023 Infection Control Data Summary

Number of items: One (1)

Discussion was held on a privileged item.

8.3. Hearing (Health & Safety Code § 32155)

Subject Matter: Third Quarter 2023 Quality Assurance Performance Improvement Data

Number of items: Ten (10)

Discussion was held on a privileged item.

8.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Managed Care Contract Rate Reimbursement

Number of items: One (1)

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 12:34 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Item 8.1. was approved on a 3-0 vote. There was no reportable action on items 8.2. through 8.4.
Item 8.5. was approved on a 3-0 vote.

10. ITEMS FOR NEXT MEETING

-Report on how plastics procedures are going.

11. ADJOURN

Meeting adjourned at 12:35 p.m.

DRAFT



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

Owner Heidi Fedorchak:
Nurse Manager
Department Quality and
Patient Safety
Applicabilities Truckee
Surgery
Center

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

PURPOSE:

- A. To provide a framework for promoting and sustaining performance improvement at Truckee Surgery Center (TSC), in order to improve the quality of care and enhance organizational performance. The goals are to pro-actively reduce risk to our patients by eliminating or reducing factors that contribute to unanticipated adverse events and/or outcomes and provide high quality care and services to ensure a safe care experience for our patients and customers. This will be accomplished through the support and involvement of the Truckee Surgery Center Medical Executive Quality Committee (MEQC), Board of Managers, Medical Director, Leadership, Medical Staff, Employees, and Tahoe Forest Hospital District's (TFHD) Quality/Infection Control Department leaders, in an environment that fosters collaboration and mutual respect. This collaborative approach supports innovation, data management, performance improvement, proactive risk assessment, commitment to customer satisfaction, and High Reliability tenets to promote and improve awareness of patient safety.
- B. To utilize the Plan-Do-Check-Act (PDCA) Cycle or other established Quality Assurance and Performance Improvement (QAPI) methodology as the standard in our QAPI Program, in order to enhance patient safety and quality of care, and deliver cost effective services.
- C. To use an ongoing, data-driven system-wide QAPI Plan that will serve TSC and its patients long into the future.

PROGRAM SCOPE:

- A. The program is system-wide. It focuses on high risk, high frequency and/or known problem-prone and safety issues first. It includes but is not limited to the following:
 - 1. Governance Issues

2. Surgical and Medical Services
3. Anesthesia Services
4. Pharmaceutical Services
5. Nursing Services
6. Environment & Safety
7. Medical Records
8. Medical Staff Performance, clinical and other
9. Allied Health Practitioners Performance, clinical and other
10. Laboratory & Radiological Services
11. Radiation Safety
12. Infection Control
13. Patients' Rights
14. Contracted Services
15. Regulatory Compliance

B. The program includes, but is not limited to, an ongoing program that demonstrates measurable improvement in patient health outcomes, and improves patient safety by using quality indicators or performance measures associated with improved health outcomes and by the identification and reduction of medical errors.

C. At Truckee Surgery Center:

1. Designated quality indicators for each of the above service areas will be measured and analyzed.
2. Adverse patient events of all types will be measured, analyzed, and the lessons learned will be established as quality indicators (QI) and will be measured, analyzed, and tracked.
3. Infections and parameters (indicators) for infection control will be established, measured, analyzed, and tracked over time.
4. Other indicators of the care and services furnished in TSC will be established, measured, analyzed, and tracked as above.

PROGRAM DATA:

- A. TSC's QAPI Program incorporates quality indicator data, including patient care and other relevant data regarding services furnished at TSC. The goal is 100% compliance with each identified quality metric. TSC uses the data collected to:
1. Monitor the effectiveness and safety of services and quality of care.
 2. Identify opportunities that could lead to improvements and changes in its patient care.
- B. Data includes:

1. Procedures Provided at TSC:
 - a. Surgical/invasive and manipulative procedures
 - b. Pain management procedures
2. Radiological Services:
 - a. Radiation safety screening results
 - i. Badge reports
 - b. Radiation equipment monitoring
 - i. Phantom tests/Jug tests
 - ii. Physicist checks
 - iii. Lead shield integrity
 - iv. Quarterly fluoroscopy monitoring
3. Infection Control:
 - a. Hand hygiene surveillance
 - b. Safe Injection Practices
 - c. Infection control monthly walk-throughs
 - d. Sterile processing surveillance
 - e. Environmental rounds
 - f. Monitoring of immediate use sterilization
 - g. Surgical Site Infections (SSI's)
 - h. Timing of prophylactic antibiotic administration
4. Adverse Events:
 - a. Unplanned hospital transfer/admission
 - b. Adverse events including wrong site, side, patient, or implant
 - c. Medical errors including medication, surgical, and diagnostic errors; equipment failures,
5. Pharmacy:
 - a. Medication therapy
 - b. Medication errors
 - c. Adverse drug reactions
 - d. Formulary
 - e. Quarterly chart reviews
6. Environment of care:
 - a. Fire & Disaster Preparedness
 - b. Monitoring of temperature and humidity in OR's, preop/PACU, SPD and

- sterile storage
 - c. Refrigerator(s) temperature monitoring
 - d. Blanket warmer temperature monitoring
 - e. Fluid warmer temperature monitoring
 - f. Cleaning logs
7. Medical Staff:
- a. Credentialing
 - b. Peer Review
8. Nursing Services:
- a. Nursing chart review
 - b. Annual competencies
 - c. Safe surgery checklist
9. Patient Safety & Care:
- a. Resuscitation and critical incidents, including debriefings
 - b. Clinical record reviews, surgery and pain
 - c. Patient unexpected complications monitoring
 - d. Tracking of delayed surgical start times and extended PACU stays
 - e. Patient Satisfaction Survey surveillance
 - f. Complaints and grievances

PERFORMANCE IMPROVEMENT INITIATIVES:

- A. TSC has prioritized its Performance Improvement initiatives with the goals of meeting and exceeding the national benchmark standards of the Ambulatory Surgery Center Organization (ASCA) and the California state benchmark standards of the California Ambulatory Surgery Association (CASA).
- B. TSC's designated initiatives were also prioritized with the intention of survey readiness, and compliance with federal and state regulations, to result in the successful accreditation survey.
- C. The 2024 Performance Improvement priorities identified include:
 - 1. Exceed national benchmark standard of reported surgical site infections (SSIs)
 - a. Utilize the PDCA method to obtain, measure, analyze, and track prior data, with the goal of promoting and guiding new and continued policies and procedures in the prevention of infections.
 - b. Continue to implement and monitor infection control and quality indicators.
 - 2. **Encourage and maintain patient safety, particularly with the monitoring of sterile supplies and implants brought in from outside sources.** Encourage and maintain

patient safety, particularly with the monitoring of sterile supplies and implants brought in from outside sources

3. Promoting patient safety and best-practice by ensuring the level of cleanliness of patient care area(s) meets or exceeds policy standards
Promoting patient safety and best-practice by ensuring the level of cleanliness of patient care area(s) meets or exceeds policy standards
4. Continued focus on quality and patient/employee safety during the pandemic, following CDC, State, and County Health guidelines, and utilizing the following strategies:
 - a. Strengthen the system and environment
 - b. Support patient, family, and community engagement and empowerment
 - c. Improve clinical care
 - d. Prevent harm
5. Upholding ongoing accreditation standards and compliance with federal and state regulations
Upholding ongoing accreditation standards and compliance with federal and state regulations
6. Sustain a culture of safety, transparency, accountability, and system improvement

D. TSC's priority QAPI activities will:

1. Focus on high risk, high volume, and problem-prone issues,
2. Consider incidence, prevalence, and severity of any noted problem areas,
3. Place our healthcare outcomes, patient safety and the overall quality of our care as high priority.

E. Decisions to improve TSC's processes are based on the following:

1. TSC's mission and goals
2. A change in the facility's Scope of Services
3. An undesirable change occurs, such as an Adverse or Unanticipated Patient Care Outcome, Sentinel Event or Near Miss
4. An issue defined and/or determined by the Performance Improvement process
5. It is part of an important function as defined by a regulatory health care body such as the Department of Health Services, Medicare, an accrediting agency such ACHC or is an accepted community health care standard.

F. Our program will track all known adverse patient events, and a Root Cause Analysis (RCA) will be performed for each event. The initial plan will use cause and effect diagrams and flow diagrams for the RCA. As the plan progresses, other formats will be explored and when the long-term plan is developed other RCA methodology could be developed.

G. Truckee Surgery Center will utilize baseline data and aggregated data to determine the following quality of care goals:

1. Improving existing processes

2. Developing new processes
 3. Development of action plans for improvement
 4. New goals for improvements of past processes that have not been maintained
 5. Comparisons with internal and external quality benchmarks
 6. Determining whether Risk Management/Patient Safety issues are being addressed and evaluated appropriately
- H. The lessons learned from any RCA will be used to design Performance Improvement (PI). The PI methodology will utilize the Deming Cycle of PDCA to test and refine our implementation of improvement.
- I. Improved performance derived by these PI activities will be monitored over time utilizing repeated PDCA analysis to ensure that our improved performance will be sustained over time.
- J. Periodically (at least annually) the medical staff and nursing staff at TSC will be provided specific QAPI training about PI methodology and TSC's evolving improvement strategies derived for our QAPI program. The goal is to ensure that all staff is familiar with these strategies.
- K. Recent focus of our QAPI Program has been placed on opportunities for improvement including the following:
1. Radiological Services:
 - a. Radiation Safety Screening is performed by an outside vendor. The exposure time is validated and a report is provided quarterly. The Radiation Safety Officer audits and reviews the reports for any outliers and reports any issues to the Nurse Manager and/or Administrator. The facility works cooperatively with the Radiology department of TFHD who provides additional review as needed and documents any findings.
 - b. Phantom/Jug Tests are performed weekly by the Radiology department of TFHD. These results are input into a formula to determine outliers; any abnormal results are reported to the Nurse Manager and/or Administrator and documented in the fluoroscopy binder.
 - c. TSC's contracted physicist provides an annual check of all radiological equipment in the facility for safety and effectiveness. A report is produced and is reviewed by the MEQC, Board of Managers, and TSC's Administrator and Nurse Manager. Abnormal findings are reported to the Radiology Director of TFHD for resolution.
 - d. Lead Shield Integrity is evaluated annually by the Radiology department of TFHD. Results are reported to the MEQC, Board of Managers, and TSC's Administrator and Nurse Manager.
 2. Infection Control:
 - a. Unannounced hand hygiene and infection control walk through surveillances are performed monthly by the QAPI/IC Coordinator using the audit tools.
 - b. The Sterile Processor will perform monthly audits of all Immediate Use

Sterilization and will provide a report on this information to the QAPI/IC Coordinator.

- c. Surgical Site Infection data is obtained from the physicians via a monthly memorandum/physician letter. The reports are provided to the Nurse Manager and/or QAPI/IC Coordinator and reported to the MEQC and Board of Managers.

3. Adverse Events:

- a. Hospital Transfers/Admissions are documented on Occurrence/Notification Reports by the attending staff and provided to the QAPI/IC Coordinator, Nurse Manager, and the Administrator for immediate review.
- b. Adverse Events are documented on an Occurrence/Notification Report by the attending staff and provided to the QAPI/IC Coordinator, Nurse Manager, and the Administrator for immediate review.

4. Pharmacy:

- a. Medication Errors are documented on an Occurrence/Notification Report by the attending staff and provided to the QAPI/IC Coordinator and Nurse Manager for immediate review.
- b. Adverse Drug Reactions are documented on an Occurrence/Notification Report by the attending staff and provided to the QAPI/IC Coordinator and Nurse Manager for immediate review.
- c. A formulary has been created by the nursing staff in cooperation with the contracted Pharmacist. The formulary will be updated as necessary and reviewed and approved by the MEQC and Board of Managers annually.

5. Environment of Care:

- a. The Emergency Operations Plan including the Fire and Disaster Preparedness Plans are reviewed with the facility staff, Medical staff, MEQC and Board of Managers. All drills including quarterly Fire Drills and annual Disaster Preparedness Drills will be performed with written evaluation including areas for improvement. Changes to the Emergency Operations Plan will be implemented based on recommendations from the drill or actual event evaluations. All evaluations will be reported to the MEQC and Governing Board and all staff and physicians will be educated on changes to the plan.
- b. Temperature and Humidity logs are maintained by the nursing staff. Any values outside of acceptable parameters will be reported to the Nurse Manager and/or Administrator immediately for documentation and corrective action.

6. Medical Staff:

- a. Credentialing will be performed biennially per facility policy and Medical Staff Bylaws. The credential file will be reviewed by the Medical Director and then reviewed and approved by the MEQC & Board of Managers.

- b. Peer Review will be performed quarterly by all practitioners at the facility. Peer review will be performed per facility policy.
 - c. Medical chart reviews will be performed on 100% of patient cases by the QAPI/IC Coordinator or designee. Any discrepancies or fall-outs from surgeons and/or anesthesiologists, unless deemed necessary for immediate action, will be reviewed, summarized, and reported at the MEQC and Board of Managers quarterly meetings.
7. Nursing Services:
- a. Nursing Chart Reviews will be performed monthly by the QAPI/IC Coordinator or designee. Documentation and nursing care will be evaluated and reported to TSC staff as needed. Trends are analyzed and opportunities for improvement are discussed with staff.
 - b. Annual competencies, per facility policy, will be evaluated by the Administrator and/or Nurse Manager.
- L. A Safe Surgery Checklist is performed by the medical and/or nursing staff prior to each surgery to ensure that all personnel are introduced, confirmation of the correct patient is made, allergies discussed, procedure confirmed, the site is marked, and the patient is positioned correctly. There is confirmation that the surgeon and anesthesiologists needs for equipment are met and readily available, that pre-op antibiotics have been administered within 60 minutes prior to surgical cut time, a fire risk assessment is complete, and that fluoroscopy badges are worn by all personnel (when applicable). At the conclusion of the surgery, there is verbal communication of **correct counts**, name of the procedure, and specimen label(s) (when applicable), and the physician and anesthesiologist are then asked to state any recovery or equipment concerns. This checklist becomes a permanent part of the patient's record.

CLINICAL PRACTICE GUIDELINES:

- A. A Clinical Practice Guideline (CPG) is used to design or to improve process(es) that evaluate/ treat specific diagnosis, condition, symptoms, or procedure. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. These guidelines can also be used in designing clinical processes or in checking the design of existing processes. TSC identifies criteria that guide the selection and implementation of clinical practice guidelines which are consistent with its mission and priorities.
- B. The following steps will be completed in the development of clinical practice guidelines:
 - 1. The MEQC and TSC leadership will discuss the most likely processes, procedures or diagnoses to be reviewed based on TSC's Scope of Services and approved procedure list. A high volume, high risk or problem prone process will be selected when needed.
 - 2. Clinical practice guidelines for the chosen project will be reviewed via the Internet using multiple sources. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse (www.ihl.org), and professional organizations in an effort to provide current Evidence Based Practice (EBP) guidelines in effect within healthcare specialties.

3. An appropriate team will be formed to assist with the development of the CPG. The team will follow the PDCA process for development of the CPG.
4. The CPG project may be identified by clinical staff within TSC based on risk factors or difficult processes currently part of the healthcare delivery system.
5. Variation in practice with regards to the Clinical Practice Guideline will be tracked by the facility and significant variances and/or adverse patient outcomes will be communicated to the MEQC and Board of Managers.
6. Variations in practice from the suggested CPG parameters does not necessarily mean potential negative outcomes are imminent, but should be used to re-evaluate the parameters of the CPG in use within the facility.

ORGANIZATIONAL FRAMEWORK:

Processes cross many departmental boundaries and performance improvement requires a planned, collaborative effort between all departments, services, and external partners, including third-party payers and other physician groups. Though the responsibilities of this plan are delineated according to common groups, it is recognized that true process improvement outcomes occur only when each individual works cooperatively and collaboratively to achieve improvement.

Board Of Managers

- A. The Board of Managers has the ultimate responsibility for the quality of care and services provided at TSC. The Board of Managers assures that a planned and systematic process is in place for measuring, analyzing and improving the quality and safety of the Surgery Center activities.
- B. The Board:
 1. Delegates the authority for developing, implementing, and maintaining performance improvement activities to the Administrator, Nurse Manager, Medical Director, Anesthesia Director, Medical Staff, and employees;
 2. Recognizes that performance improvement is a continuous, never-ending process, and therefore they will provide the necessary resources to carry out this philosophy;
 3. Provides direction for the organization's improvement activities through the development of strategic initiatives;
 4. Evaluates the organization's effectiveness in improving quality through reports from Leadership, the MEQC, and Medical Staff.

Medical Executive Quality Committee (MEQC)

The MEQC is to provide oversight for TSC's QAPI Plan and set expectations of quality care, patient safety, environmental safety, and performance improvement throughout the organization. The committee will monitor the improvement of care, treatment and services to ensure that it is safe, timely, effective, efficient, equitable, and patient-centered. They will oversee and be accountable for the organization's participation and performance in national quality measurement efforts, accreditation programs, and subsequent quality improvement activities. The committee will assure the development and

implementation of ongoing education focusing on service and performance excellence, risk-reduction/safety enhancement, and healthcare outcomes.

- A. The MEQC provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the medical performance of all individuals with delineated clinical privileges. These mechanisms function under the purview of the Medical Staff Peer Review Process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.
- B. The MEQC delegates the oversight authority for performance improvement activity monitoring, assessment, and evaluation of patient care services provided through TSC to the QAPI/IC Coordinator and leadership team. QAPI reports are provided quarterly to assess TSC's plan.

Medical Staff

- A. The Medical Staff is expected to participate and support performance improvement activities.
- B. The Medical Staff provides effective mechanisms to monitor, assess, and evaluate the quality and appropriateness of patient care and the clinical performance of all individuals with delineated clinical privileges. These mechanisms are under the purview of the Medical Staff Peer Review Process. Consistent with this process, performance improvement opportunities are addressed, and important problems in patient care or safety are identified and resolved.

Quality Assurance/Performance Improvement/ Infection Prevention Coordinator (QAPI/IP)

The QAPI/IC Coordinator creates a vision and direction for clinical quality and patient safety throughout TSC. The QAPI/IC Coordinator, in conjunction with the Administrator, Nurse Manager, Medical Director, Medical Staff, and TSC employees, directs and coordinates quality, patient safety, and performance improvement initiatives to enhance the quality of care provided to TSC patients. The QAPI/IC Coordinator communicates patient safety, best practices, and process improvement activities to the Administrator, Nurse Manager, Medical Director, Medical Staff, TSC staff, and engages them in improvement activities.

TSC Employees

- A. The role of the individual employee is critical to the success of a performance improvement initiative. Quality is everyone's responsibility and each employee is charged with practicing and supporting TSC's plan.
- B. Employees are expected to do the following:
 - 1. Contribute to improvement efforts, including reporting Sentinel/Adverse Event/Error or Unanticipated Outcomes, to produce positive outcomes for the patient and their families.
 - 2. Make suggestions/recommendations for opportunities of improvement or for a cross-functional team; including risk reduction recommendations and suggestions for improving patient safety, by contacting the QAPI/IP Coordinator, Nurse Manager

and/or the Administrator. All employees must feel empowered to report, correct, and prevent problems.

BENCHMARKING:

Measurement is the foundation of all Performance Improvement activities. Measurement involves the collection of data and forms the basis for determining the level of performance of existing processes and functions within TSC, and the outcomes resulting from these processes and functions.

A. INTERNAL BENCHMARKING:

1. The measurement system includes data on:
 - a. Outcomes both directly and indirectly related to patient care
 - b. A comprehensive set of Quality Indicators, including not limited to, the ASC Division Quality Indicators which track both the quality and quantity of those designated patient care areas
 - c. Risk Management issues and occurrences, inclusive of Sentinel/Adverse Events
 - d. Patient satisfaction surveys and patient complaints/grievances
 - e. Human Resource and staff learning needs identified
 - f. The Environment of Care safety - Fire and Disaster plans

B. EXTERNAL BENCHMARKING:

1. External benchmarking for other patient care issues and activities may include, but is not limited to:
 - a. American Society of Anesthesiologists
 - b. American College of Surgeons
 - c. American Academy of Orthopedic Surgeons
 - d. National Association of Orthopedic Nurses
 - e. American Association of Peri anesthesia Nurses
 - f. Associate of Perioperative Nurses, etc.
 - g. Clinical Practice Guidelines, published at a National Guideline Clearinghouse
 - h. Center for Disease Control
 - i. Association for Professionals in Infection Control (APIC)
 - j. Recognized practice guidelines relevant to a community standard of care

PERFORMANCE IMPROVEMENT:

Education

- A. Training and education are essential to promote a culture of quality within TSC. All employees

and Medical Staff receive education about performance improvement upon initial orientation. Employees and Medical Staff receive additional annual training on various topics related to performance improvement.

- B. The QAPI/IC Coordinator, Nurse Manager and/or Administrator will provide education to all staff members on the QAPI Plan and their role in performance improvement activities.

Priorities

- A. The QAPI program is an ongoing, data driven program that demonstrates measurable improvement in patient health outcomes, improves patient safety by using quality indicators or performance improvement measures associated with improved health outcomes, and by the identification and reduction of medical errors.
- B. Improvement activities must be data driven, outcome based, and updated annually. Careful planning, testing of solutions and measuring how a solution affects the process will lead to sustained improvement or process redesign. Improvement priorities are based on the mission, vision, and strategic plan for TSC. During planning, the following are given consideration:
 - 1. Processes that are high risk, high volume, or problem prone areas with a focus on the incidence, prevalence, and severity of problems in those areas
 - 2. Processes that affect health outcomes, patient safety, and quality of care
 - 3. Processes related to patient advocacy and the perfect care experience
 - 4. Processes related to the National Quality Forum (NQF) Endorsed Set of Safe Practices
 - 5. Processes related to patient flow
 - 6. Processes associated with Near Miss, Sentinel/Adverse Event/Error or Unanticipated Outcome
- C. Because TSC is sensitive to the ever changing needs of its facility, priorities may be changed or re-prioritized due to:
 - 1. Identified needs from data collection and analysis
 - 2. Unanticipated adverse occurrences affecting patients
 - 3. Processes identified as error prone or high risk regarding patient safety
 - 4. Processes identified by proactive risk assessment
 - 5. Changing regulatory requirements
 - 6. Significant needs of patients and/or staff
 - 7. Changes in the environment of care
 - 8. Changes in the community
 - 9. Identified process improvements from emergency drills or actual events

Project

- A. The Performance Improvement (PI) Projects at TSC reflect the scope and complexity of the

facility's services and operations, and are based off of noted areas for improvement from practice.

B. The Deming Cycle:

1. TSC uses the Plan-Do-Check-Act (PDCA) Cycle to evaluate, plan, design, and implement processes to improve within the surgery center.

2. PLAN:

a. Project Start-Up

- i. Decide the focus of improvement or issue to be improved
- ii. Confirm the aim of the project

b. Current Situation - identify and collect baseline data

- i. Confirm that problem exists with data
- ii. Analyze your current process
- iii. Develop a measurable goal for the project

c. Perform Cause Analysis

i. Evaluate the following:

- a. Resources
- b. Equipment
- c. People
- d. Methods

3. DO:

a. Develop and implement solutions

- i. Perform a pilot/trial run on a small scale or time frame
- ii. New solutions may require that the DO step is repeated

4. CHECK:

a. Analyze the effect of solutions implemented

- i. Compare with baseline data and goal of the project
- ii. Has improvement been gained?
- iii. Has the goal been met?
- iv. Standardize the successful solutions

b. Adopt, adapt for alternative solutions

- i. Repeat the DO and CHECK processes for failed solutions

5. ACT:

a. Standardization

- i. Fully implement the solutions by defining the new process and the methods for communicating, training and maintaining the

goal of the project

b. Future Plans

- i. Evaluate what was learned from the project
- ii. Continue the project if the goal was not met
- iii. Develop new solutions and checks as needed

C. SMART Projects and Areas of Focus Studies are mini PI Projects which TSC conducts on an as needed basis, determined by quality indicator data that is obtained. These projects help facilitate quick interventions and necessary procedural changes.

AGGREGATION AND ANALYSIS OF DATA:

- A. In addition to the Program Data listed above, the following clinical and administrative data is aggregated and analyzed to support patient care and operations:
1. Quality Measures delineated in clinical contracts will be reviewed annually
 2. Summaries of performance improvement actions and actions to reduce risks to patients
 3. Pharmacy transactions as required by law and to control and account for all drugs
 4. Information about hazards and safety practices used to identify safety management issues to be addressed by TSC
 5. Reports of required reporting to federal and state authorities
 6. Performance measures of processes and outcomes, including measures outlined in clinical contracts
- B. This data is reviewed regularly by the MEQC and Board of Managers with a goal of 100% compliance. The review focuses on any identified outlier and the plan of correction.
- C. TSC believes that excellent data management and analysis are essential to an effective performance improvement initiative. Statistical tools are used to analyze and display data, and are in compliance with the TFHD plan. All performance improvement teams and activities must be data driven and outcome based. The analysis includes comparing data within TSC, within TFHD, with other comparable organizations, with published regulatory standards, and best practices. Data is aggregated and analyzed within a time frame appropriate to the process or area of study. Data will also be analyzed to identify system changes which will help improve patient safety and promote an excellent care experience.
- D. The data used to monitor the effectiveness and safety of services and quality of care. The data analysis identifies opportunities for process improvement and changes in patient care processes. Adverse patient events are analyzed to identify the cause, implement process improvement and preventative strategies, and ensure that improvements are sustained over time.
- E. Data is analyzed in many ways including:
1. Using appropriate performance improvement problem solving tools
 2. Making internal comparisons of the performance of processes and outcomes over

time

3. Comparing performance data about the processes with information from up-to-date sources
4. Comparing performance data about the processes and outcomes to other hospitals and reference databases

F. Intensive analysis is completed for:

1. Levels of performance, patterns or trends that vary significantly and undesirably from what was expected
2. Significant and undesirable performance variations from recognized standards
3. A sentinel event that has occurred (see policy Sentinel/Adverse Event/Error or Unanticipated Outcome, QA-2001)
4. Variations which have occurred in the performance of processes that affect patient safety
5. Hazardous conditions which would place patients at risk
6. The occurrence of an undesirable variation which changes priorities

G. The following events will automatically result in intense analysis:

1. Significant adverse drug reactions
2. Significant medication errors
3. All major discrepancies between preoperative and postoperative diagnosis
4. Adverse events or patterns related to the use of sedation or anesthesia
5. Hazardous conditions that significantly increase the likelihood of a serious adverse outcome
6. Staffing effectiveness issues
7. Deaths associated with a hospital acquired infection
8. Core measure data, that over two or more consecutive quarters for the same measure, identify TSC as a negative outlier

REPORTING:

- A. Results of the outcomes of performance improvement and patient safety activities identified through data collection and analysis, performed by medical staff, ancillary, and nursing services will be reported to the MEQC and Board of Managers quarterly.
- B. TSC also recognizes the importance of collaborating with state agencies to improve patient outcomes and reduce risks to patients by participating in external quality reporting initiatives.

CONFIDENTIALITY AND CONFLICT OF INTEREST:

All communication and documentation regarding performance improvement activities will be maintained

in a confidential manner. Any information collected by any TSC employee or Medical Staff in order to evaluate the quality of patient care, is to be held in the strictest confidence, and is to be carefully safeguarded against unauthorized disclosure.

Access to peer review information is limited to review by the Medical Staff and its designated committees and is confidential and privileged. No member of the Medical Staff shall participate in the review process of any case in which he/she was professionally involved unless specifically requested to participate in the review. All information related to performance improvement activities performed in accordance with this plan is confidential and are protected by disclosure and discoverability through California Evidence Code 1156 and 1157.

ANNUAL ASSESSMENT:

The evaluation includes a review of patient care and patient related services, infection control, medication administration, medical care, and the Medical Staff.

The purpose of the evaluation is to determine whether the utilization of services is appropriate, policies are followed, and needed changes are identified. The findings of the evaluation and corrective actions, if necessary, are reviewed. The QAPI program evaluates the quality and appropriateness of diagnoses, treatments furnished, and treatment outcomes.

An annual report summarizing the improvement activities and the assessment will be submitted to the Medical Staff, MEQC and Board of Managers.

Related Policies/Forms:

Infection Control Plan, IC 1914

Occurrence/Notification Reports, QA-1903

Risk Management, QA-1905

Sentinel Event/Error or Unanticipated Outcome, QA-2001

References:

ACHC, the Joint Commission, CMS COPs, HCQC NRS/NAC

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 Human
Resources
Applicabilities Truckee
Surgery
Center

Time Off, HR-2009

Risk:

The risk associated with not being aware of the types of time off and employee has access to is a potential loss of entitlements under Truckee Surgery Center policy and state and federal laws.

POLICY:

Truckee Surgery Center employees have access to many different types of time off, paid and unpaid. These include Bereavement Leave, Voting Time, School Appearances Leave, Court Appearances, Unpaid Time Off and Time Off for Victims of Sexual Assault or Domestic Violence.

PROCEDURE:

A. BEREAVEMENT LEAVE

1. **POLICY:** Full time and regular part time employees shall be granted bereavement leave of up to five (5) scheduled work days with pay in the event of the death of a member of their immediate family.
2. **PROCEDURE:** Immediate family is defined as spouse, parent, grandparent, child, stepchild, sister, brother, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew, grandchild, or member of the household or a person standing in loco parentis.
3. **PAYMENT:** Payment for such days shall be deducted from accrued long term sick hours. If an employee is not eligible for long term sick or has used the maximum, he/she may use accrued personal leave hours. Unpaid leave can be granted if long term sick hours are not available.
 - a. Individuals who are on any type of leave of absence when bereaved

are not eligible for bereavement pay.

4. Time missed for bereavement leave shall not be counted as an un-excused absence occurrence.

B. REPRODUCTIVE LOSS LEAVE

1. POLICY: Employees are eligible to take up to five days of leave following a reproductive loss, defined as a failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. A reproductive loss event is the day, or for a multiple day event, the final day of the event.
2. PROCEDURE: Employees must notify the Administrator or Nurse Manager. Reproductive loss leave must be taken within three months of the reproductive loss event, unless the employee is on or chooses to take leave under another leave entitlement, in which cases reproductive loss leave must be taken within three months of the other leaves end date. The five days of reproductive loss leave may be nonconsecutive. If an employee experiences more than one reproductive loss event within a 12-month period, an employee can receive another five days of leave. Total leave for an employee's multiple reproductive loss events is limited to 20 days per 12 month period.
3. PAYMENT: Compensation may be unpaid. However, employees may use any available PTO or accrued sick time.

C. VOTING TIME

1. POLICY: Employees are permitted to leave work for up to two hours in order to vote in state, federal, and local elections if the nature of their work schedule does not permit them to reach the polls before closing time.
2. PROCEDURE: Employees must notify the Administrator or Manager at least two working days in advance of their proposed absence.
3. PAYMENT: Time off will be deducted from accrued Personal Leave (PTO), if the employee wished to be paid for time off taken to vote.

D. SCHOOL LEAVE - California Employees

1. POLICY: Employees who are parents, guardians, or grandparents with child custody will be permitted to take off up to forty (40) hours each school year to participate in their children's school-related activities (Kindergarten through 12th grade). Time off is limited to 8 hours per month.
2. PROCEDURE: Time off will be deducted from accrued Personal Leave (PTO) and must be documented on the employees time card by putting the total hours of PL requested.
 - a. Employees must provide reasonable prior notice. If the activity is anticipated or regularly scheduled, two weeks prior notice must be given, otherwise employees must give as much notice as possible.
 - b. Documentation from the school verifying participation on a specific date may be required.

- c. If both parents are employed, the first parent who requests will be granted time off. Other parent may take the same time off if the Administrator and/or Manager agrees.

3. PAYMENT: Time off will be deducted from accrued Personal Leave (PTO).

E. COURT APPEARANCES

1. POLICY: If an employee is summoned to jury duty service on a scheduled workday, or is subpoenaed as a witness for a work-related case, he/she will be paid for the hours scheduled to work that day or for previously scheduled personal leave hours. If an employee is subpoenaed as a witness for a non work-related case on a scheduled workday, he/she must use their accrued Personal Leave (PTO) hours.
2. PROCEDURE: Employees called for Jury Duty are encouraged to serve. Only in cases of extreme scheduling problems will TSC request that an employee be excused from Jury Duty. If summoned, either as a witness in a work-related case or for Jury Duty, the employee shall present either the summons or subpoena to his/her manager the first workday following the receipt. If an employee is summoned to Jury service, or is subpoenaed as a witness for a work-related case, he/she will be paid for the hours scheduled to work that day or previously scheduled on personal leave.
 - a. In the event the employee is released from the summons or subpoena with four or more hours remaining on his/her regularly scheduled shift he/she shall telephone his/her manager to inquire as to whether the manager wishes him/her to report to work.
3. PAYMENT: When an employee receives a Jury Duty check for witness fees, he/she must endorse it over to TSC and present it to the Administrator for payroll. Employees will be compensated for Jury service or as witnesses for work-related cases only on days that they have been scheduled to work or scheduled for personal leave, and will only be reimbursed at their appropriate rate of pay.

F. UNPAID TIME OFF

1. POLICY: Unpaid time off may be granted for up to two weeks with the approval of the Administrator or Manager.
2. PROCEDURE: Approval of unpaid time off will be granted only if no conflict exists with the department staffing or scheduling. Unpaid time off in excess of two weeks will require an approved general leave of absence.

G. TIME OFF FOR VICTIMS OF SEXUAL ASSAULT AND/OR DOMESTIC VIOLENCE- California Employees

1. POLICY: California law allows sexual assault and domestic violence victims to take time off from work to obtain assistance and attend to issues resulting from the domestic violence or sexual assault.
2. PROCEDURE: Victims of sexual assault and domestic violence can take time

off from work to obtain relief (such as restraining orders), to obtain medical attention, services from a rape crisis center, psychological counseling or to participate in safety planning or other actions to increase safety.

- a. Time off under this provision will not count towards number of occurrences or number of days when applied to the Absenteeism Policy.
- b. The employee shall give the Administrator or Manager reasonable advance notice of their intention to take time off, unless the advance notice is not feasible. The employee must provide certification in the form of any of the following:
 - i. A police report indicating that the employee was a victim of domestic violence or sexual assault
 - ii. A court order protecting or separating the employee from the perpetrator of an act of domestic violence or sexual assault, or other evidence from the court or prosecuting attorney that the employee has appeared in court.
 - iii. Documentation from a medical professional, domestic violence advocate or advocate for victims of sexual assault, health care provider, or counselor that the employee was undergoing treatment for physical or mental injuries or abuse resulting in victimization from an act of domestic violence or sexual assault.

3. PAYMENT: Time off will be subtracted from accrued Personal Leave (PTO).

H. TIME OFF FOR VICTIMS OF VIOLENT CRIMES OR A SERIOUS FELONY- California Employees

1. POLICY: California law allows victims of a violent crime or serious felony, or a felony of theft or embezzlement to take unpaid leave from work to attend legal proceedings.
2. PROCEDURE: An employee who is (1) a crime victim; (2) a crime victim's immediate family member-including spouse, child, brother, sister, mother, father, stepparent or stepchild; or (3) a registered domestic partner of a crime victim or the child of a registered domestic partner may take time off to attend judicial proceedings related to the crime.
 - a. The employee must give advance notice of their need for time off and must give the Administrator or Manager a copy of the official notice to the victim of each scheduled proceeding, unless prior notice isn't feasible.
 - b. Time off under this provision will not count towards number of occurrences or number of days when applied to the Absenteeism Policy.
3. PAYMENT: Time off will be subtracted from accrued Personal Leave (PTO).

Approval Signatures

Step Description

Approver

Date

DRAFT



Status **Active** PolicyStat ID **15014618**



Origination 12/2020
Last 01/2024
Approved
Last Revised 01/2024
Next Review 01/2025

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

California Paid Sick Leave, HR-2008

POLICY:

Paid Sick Leave is a paid benefit to allow all TSC employees in non-benefitted status classifications (per diem and temporary) to accrue paid time off to be used for the employee's illness or to care for a family member. Eligible mandatory leave programs will run concurrently such as Paid Sick Leave, Kin Care, among others. Paid Sick leave should not to be confused with Personal Paid Leave (PL/PTO) or Long Term Sick Leave (LTS).

PROCEDURE:

- A. This policy only pertains to employees who are not eligible for PTO/LTS accrual. Full time and Regular Part Time employees are benefitted employees and are covered under their PTO benefit.
- B. Paid Sick Leave is used for:
 - 1. Employee illness
 - 2. Care of family member – Family members are defined as parents, parents-in-laws, child, spouse, registered domestic partner, grandparent, grandchild and sibling.
- C. Employee eligibility to use Paid Sick Leave begins on their 90th day of employment.
 - 1. Payment for Sick Leave must be made no later than the pay date for the next regular scheduled pay period following the need for sick leave.
- D. Employees accrue one (1) hour of paid sick leave for every 30 hours worked, with annual maximum accruals as follows:
 - 1. **Employees working 8-hour shifts accrue a maximum of 24 hours of sick leave.**

- 2. Employees ~~working 10 hour shifts~~ will accrue a maximum of ~~30~~40 hours of sick leave annually.
 - 3. Benefits may roll over each year but will not exceed a maximum of ~~48~~80 hours.
 - 4. Accrual rate is .0334 per hour worked.
 - 5. Accrual begins immediately upon employment.
- E. Minimum one (1) hour of Sick Leave may be used for partial sick days.
- F. Advanced notice:
- 1. If the leave is foreseeable, employees are required to give reasonable advance notice, if unforeseeable, employee must give notice as soon as possible.

References:

Healthy Workplace, Healthy Families Act of 2014

COPY

Approval Signatures	Approver	Date
Step Description	Heidi Fedorchak: Nurse Manager	01/2024
	Courtney Leslie: Administrator	01/2024



Status **Active** PolicyStat ID **15066121**



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Owner Heidi Fedorchak:
Nurse Manager
Department Laboratory
Applicabilities Truckee
Surgery
Center

Clinical Laboratory Point of Care Testing Program, LAB-1909

PURPOSE

To ensure a comprehensive and high quality Point of Care Testing (POCT) program that meets regulatory and accreditation requirements.

DEFINITIONS

- A. Point of care testing is any decentralized testing done at the patient's bedside or near the patient. These test results are required for immediate patient care decision making within Truckee Surgery Center.
- B. POCT is defined and categorized by the federal Clinical Laboratory Improvement Amendment (CLIA).
 1. **Waived Testing-** Non-critical tests which have been approved by the FDA for home use and employ methodologies that are so simple and accurate as to render the likelihood of erroneous results negligible, or pose no reasonable risk of harm to the patient if performed incorrectly. Waived test lists are constantly updated and can be viewed on the web at <http://www.phppo.cdc.gov/clia/waived.asp> and <http://cms.hhs.gov/clia/waivedtbl.pdf>
 2. **Moderate Complexity Testing-** Tests which require minimal scientific and technical knowledge and training to perform accurately, operational steps are either automatically executed or easily controlled, and minimal interpretation and judgment are required.
 3. **High Complexity Testing -** Tests which require specialized scientific and technical knowledge, training and experience to perform accurately, operational steps require close monitoring or control, and extensive independent interpretation and judgment are required.
 4. **Provider Performed Microscopy-** Tests performed by a provider on patients in his or

her own medical practice, including a group practice of which the provider is a member.

POLICY

- A. Any laboratory testing, including testing that is performed outside of the Clinical Laboratories by non-clinical laboratory personnel, must be in conformance with state and federal regulations and accreditation agencies.
- B. All approved POCT will be approved by the Medical Executive Quality Committee and Governing Board.

PROCEDURE (IMPLEMENTATION & CHANGE REQUEST)

- A. All vendors seeking to sell POCT devices or kits to Truckee Surgery Center must be referred to the Nurse Manager or Administrator.
- B. Only FDA approved waived testing will be performed at TSC.
- C. Manufacturer instructions will be followed for use of each test.
- D. The Nurse Manager or designee will train appropriate staff, establish on-going competency, and assign in-house proficiency testing for waived testing.
- E. A Quality Control procedure is established and data collected in the routine course of the performance of laboratory testing by those personnel producing the results in the patient care setting.
- F. For testing performed at TSC the QAPI/IC coordinator will review Quality Control (QC) data on a monthly basis and will send the data to ~~TFHD POCT coordinator~~ **the Medical Director of the TSC** for review. Any issues will be brought to the attention of the Nurse Manager, Administrator or Medical Director at TSC.
- G. A training program ensures that testing personnel meet regulatory requirements and provides regularly scheduled review of training and techniques. Personnel who are to perform the testing are identified individually and only those individuals who demonstrate competency to perform the testing will be **approved testing personnel**.
- H. Preventative maintenance is performed and documented in accordance with manufacturer's instructions and regulatory standards by the testing personnel.
- I. Disregard for these standards will be recognized as contrary to the best interest of patient care and may result in termination of the testing opportunity.

POCT Licensure

- A. All sites performing laboratory testing on human specimens for the purpose of medical monitoring, diagnosis or treatment are regulated under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and must be appropriately registered and licensed in order to perform *any* testing. CLIA has granted deemed status to approved accreditation organizations and exempt states and allows these entities to accredit or license testing sites.
- B. All POCT sites are required to have a **CLIA certificate** and a **state license**.
- C. TSC is under the direction of the physician named on the CLIA certificate. The named CLIA certificate director is ultimately responsible to ensure the testing personnel, other physicians,

mid-level practitioners, registered nurses and/or medical assistants have the required training and competency to perform the assigned waived testing offered on-site and performs appropriate quality control and documentation.

- D. The CLIA named physician can delegate some functions to other staff members including the training of testing personnel, competency evaluation, performance of quality control and instrument troubleshooting.
- E. ~~TSC is supported by TFHD Clinical Laboratory assigned staff (CLS) who will:~~
 - 1. ~~Provide a supply of POCT kits and control materials when ordered by TSC staff~~
 - 2. ~~Perform lot number tracking~~
 - 3. ~~Review POCT QC from each site on a monthly basis~~
 - 4. ~~Assist with staff training and competency assessments as needed~~
 - 5. ~~Support TSC in trouble shooting quality control and instrument problems~~
- F. The Medical Director of TSC will undertake the POCT location responsibilities as required by CLIA and the state health department.
- G. The CLIA medical director will determine the testing menu for their site.
- H. ~~TSC POCT will be supported by the Tahoe Forest Hospital District Clinical Laboratory.~~
- I. TSC will apply for a CLIA waived Certificate.
- J. The TSC POCT program only supports waived tests.
 - 1. Waived tests include test systems cleared by FDA for home use and low-risk tests categorized as waived under CLIA.
 - 2. An approved list of waived tests is available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf>
 - 3. TSC will apply to the State Agency for licensure and a CLIA certification. The applicable instructions and forms are outlined below.
 - a. **CLIA certificate- CMS Form 116 must be completed;** CLIA forms available at- <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms116.pdf> must be completed along with the state agency forms.
 - b. **State of California** - <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/ClinicalLaboratoryFacilities.aspx>
Complete the following forms for a register laboratory available at <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/New-ClinicalLaboratoryRegistration.aspx>
 - i. **LAB 155** – Application for Clinical Laboratory Registration
 - ii. **LAB 116** – Laboratory Personnel Report
 - iii. **LAB 183** – Director Attestation
 - c. **Original signatures** must be on all forms where signatures are required. No photocopied or faxed images will be accepted.
 - d. Pay Registration Fee- For Fee Lookup- <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/CDPH%20Document%20Library/A-License->

FeeSchedules.pdf

- i. Make check payable to: California Department of Public Health and send completed registration packet to:
CDPH – Laboratory Field Services
Laboratory Facility Registration
850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403
 - ii. Safest to send registered mail, return receipt write in the CLIA # and CA # where check are indicated.
- e. Changes- Any changes in medical directorship or ownership must be reported on the appropriate forms available on the state run website within 30 days. A fee is assessed by CLIA and the state when they occur.
- f. **RENEWALS:**
- i. The TSC Administrator will track and renew CLIA and State documents and/or complete paper work as provided from the various agencies.
 - a. The Administrator will set a reminder in HST or other calendar to alert impending expirations.
 - b. Renewal Frequency
State of California = Annually(Invoice sent 60 days prior to expiration)
CMS/CLIA = Biennially(Invoice sent 180 & 90 days prior to expiration)

K. PROCEDURAL NOTES:

1. **Procedural Documentation:** Regulatory status of the TSC POCT site will be documented on the network drive- G:/Truckee Surgery Center/Licenses as well as posted on the bulletin board in the break room.
2. **Procedural Limitations**
 - a. Orientation, training and annual competencies are required for all employees doing POCT testing, for each separate test.
 - b. Orientation and competency assessment must be completed prior to beginning patient testing.
 - c. ~~A completed Monthly Quality Review form will be signed by the medical director and sent to lab at the end of each month.~~

• **REFERENCES:**

California Business and Professions Code, Division 2, Chapter 3, Section 1200 to 1322.
California Administrative Code, Title 22, Chapter 1, Section 70243 to 70249.
California Administrative Code, Title 17, Chapter 2, Subchapter 1, Group 2, Sections 1030 to 1057.
Nevada Administrative Code, NAC-652 Revised Date: 11-13, NAC 652.170, .200, .235 .342, .344, .346

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	01/2024
	Heidi Fedorchak: Nurse Manager	01/2024

COPY

TRUCKEE



SURGERY
CENTER

EMPLOYEE HANDBOOK

**TRUCKEE SURGERY CENTER
EMPLOYEE HANDBOOK**

UPDATED: ~~DECEMBER 2021~~ JANUARY 2024

LAST REVIEWED: JANUARY 202~~4~~³ BY: COURTNEY LESLIE, ADMINISTRATOR

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INTRODUCTORY STATEMENT

Welcome to Truckee Surgery Center (TSC). You are now a member of our team because we believe you have the training, ability and experience to be of value to our business. We encourage you to continue to develop your talents and capabilities to the greatest extent, to broaden your experience, and to achieve your full potential in our organization.

TSC prides itself on our quality of care that we give to our community and of the high performance standards we maintain.

This Handbook has been carefully and cooperatively developed and refined over the years to promote a stimulating environment in which we can all share and progress. In return, we hope you will help us grow and succeed by fully applying your talents and energies.

We believe that success cannot be achieved without clear and honest communication. Always remember that our professional relationships are at the foundation of our business and we extend an open offer to communicate to all of our employees. If you have a suggestion, question, or concern, please feel free to discuss it with your manager. We encourage you to take the initiative to promote any change you feel is needed, since we all must work together to make this a great organization.

This employee handbook should provide positive and specific guidelines for what we hope will be a mutually rewarding employment relationship.

HISTORY

TSC has provided quality care to our community since 2003. The facility provides services in the following specialties: Orthopedics, Podiatry, Pain Management, ENT, Facial Plastic Reconstruction, Urology, General Surgery, and Pediatric Dental Surgery. The most common procedures performed at our facility are Orthopedics and Pain Management.

TSC is majority (99%) owned by Tahoe Forest Hospital (TFH). TSC is a separate entity and operates as its own business with separate policies and procedures from TFH. TSC employees are not employed by TFH although there is oversight from TFH.

MISSION & GOALS

The mission of Truckee Surgery Center is to provide high quality personalized care for individuals requiring non-emergency, same-day healthcare and surgical services. We strive to enhance the well-being of people in the communities we serve through a commitment to compassion and excellence in healthcare services.

o Providing skilled, professional, individualized high quality same-day care to patients without regard to race, religion, creed, color, sex or national origin, and in conformance with all federal, state and local laws and regulations. To treat each individual with personalized care, calling them by name with each encounter.

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~~o To provide skilled, professional, individualized high quality same day care to patients regardless of race, color, religion or creed.~~

o Treating all patients with honesty and respect. Providing the community with a comprehensive program of high quality ambulatory surgical care that is safe and cost effective.

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~~o To coordinate ambulatory and continuing care needs to facilitate healing and return to health or a state of self care.~~

o Develop a professional nursing and support staff which optimizes the opportunities offered in the ambulatory setting for the provision of efficient, economical and effective patient centered nursing care. Developing and implementing treatment plans designed to meet patient and therapeutic goals ~~To develop and implement treatment plans designed to meet patient and therapeutic goals.~~

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~~o PTo~~ provide physical and emotional support to patients and their families.

~~o PTo~~ provide patient and family pre and post-procedure education to facilitate self-care and integration into the community.

~~o ETo~~ evaluate the effects of care through existing performance improvement activities.

o Provide appropriate facilities and necessary services to serve the needs of its patients and to maintain high quality patient care; to improve the standard of health care services in the community; to encourage education and training of the Facility's employees and Medical Staff members.

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~~o To collaborate with other relevant personnel in decision making.~~

o Maintain confidentiality and HIPAA regulations. Confidential information includes, but not limited to patient records, employee records, information gained from committee meetings, and inquiries from families and friends of patients, other employees, Medical Staff, external agencies or media.

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~~o To develop and maintain staff through continuing education programs that are work related and approved by the manager or designee.~~

o Maintain a level of profitability to support the growth of the Facility and to support the ongoing needs of the community.

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- o ~~To treat each individual with extremely personalized care, calling them by name with each encounter.~~
- o Increase case volume of current and future service lines. Maximize the use of the facilities operating rooms.

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STATEMENT OF AT-WILL EMPLOYMENT STATUS

Employment with TSC is at the mutual and continuing consent of the employee and TSC. Accordingly, either the employee or TSC can terminate the employment relationship “at-will,” (i.e. with or without cause and with or without notice) as long as the termination does not violate an express rule of law. It is usual and customary for the employee to give at least two (2) weeks’ notice for a planned termination. Nothing in this Handbook guarantees employment for any specific length of time. Nothing in this Handbook, or in any document or statement, shall limit the right to terminate employment at-will. Continuous service with TSC may earn employees benefits as specified herein; however, the length of continuous service does not change employees’ “at-will” employment status. Nothing in this Handbook, or any other document, including benefit plan descriptions, creates or is intended to create a promise or representation of continued employment for any employee. TSC is also free to change the terms, conditions, benefits, or compensation associated with your employment with or without cause or notice. Only management of TSC has the authority to make any agreement modifying at-will employment, and then only in writing signed by the manager and the employee.

PROBATIONARY PERIOD

When an employee is hired, transferred or promoted, a probationary period begins during which performance is evaluated to determine skills and ability.

NEW HIRES: Full-time and regular part-time employees serve a probationary period of one hundred and twenty (120) calendar days. Management and supervisory, temporary and per diem employees serve a probationary period of six (6) calendar months.

During the initial probationary period, an employee can be discharged without any reason.

If management needs more time to evaluate the performance of the employee due to the employee not performing up to expectations, but there is reason to believe the employee may be able to do so if allowed additional time, they may extend the employee’s probationary period. Employees must be informed of an extension prior to the expiration of their initial probationary period.

Upon completion of the probationary period, the employee will receive a performance review by their manager to determine if continued employment is warranted. This review will include an

evaluation of the employee's job knowledge, performance, completion of appropriate orientation and completion of any pre-placement agreements.

PROBATION PERIOD RELATED TO A PROMOTION OR TRANSFER: Employees who are promoted or transferred to a new position shall be given orientation as necessary and such employees shall serve a probationary period of ninety (90) calendar days.

ORIENTATION

TSC requires an orientation for all new hires to ensure the provision of quality services to TSC patients. Each new employee is scheduled for an orientation program in order to receive an introduction to TSC, its history, its operations, its policies, and a review of employee benefits. During this period, new employees are also asked to complete new-hire paperwork. In addition, employees will receive orientation to their departmental procedures.

Orientation for each new employee will include, but may not be limited to, within 30 days of hire: General and Department Specific Orientation, Safety Orientation and an Initial Critical Skills Assessment including Age Specific competencies, orientation on Standards of Business Conduct.

COMMUNICATION

Communication is a two-way street and is essential to the success of our company. Every management team member has an open office door and team members are encouraged to present their concerns, ideas, or suggestions to their manager. If you find that you still have concerns after meeting with your manager, please request a meeting with the Administrative Director of Surgical Services at TFH.

TSC is committed to providing the best possible climate to maximize the development of our team. Every team member will be treated as an individual. We are further committed to individuals working together to achieve TSC's goals. We believe that through open communication, conflicts can be resolved, leading to a mutually beneficial working relationship for all employees.

INTEGRATION AND THE RIGHT TO REVISE

This employee handbook contains the employment policies and practice of the company in effect at the time of publication. All previously issued handbooks and any inconsistent policy statements or memoranda are superseded.

TSC reserves the right to revise, modify, delete or add to any and all policies, procedures, work rules or benefits stated in this handbook or in any other document. Management reserves the right to deviate from existing policies in its discretion because of individual circumstances or special needs. Periodic updates may be made and employees will be updated as needed.

EQUAL EMPLOYMENT OPPORTUNITY

TSC is an equal opportunity employer and makes employment decisions on the basis of merit. We want to have the best available person in every job. Company policy prohibits unlawful discrimination based on the employee's race, color, religion, sex, sexual orientation, national origin, age, disability or any characteristic protected by law. This policy governs all aspects of employment, including selection, job assignment, compensation, counseling, discipline, termination, access to employee services, benefits and training. TSC will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in undue hardship.

HARRASMENT

TSC is committed to providing a work environment free of unlawful harassment. TSC policy prohibits sexual harassment and harassment because of race, religion, color, national origin, ancestry, physical handicap, mental condition, marital status, age, sex, sexual orientation or any other basis protected by law. TSC's anti-harassment policy applies to everyone involved in the operation of TSC, as well as any person doing business with or for the surgery center.

If you believe that you have been unlawfully harassed or subjected to any form of unlawful discrimination, provide a written complaint to your manager. Your complaint should include details of the incident or incidents, name of the individuals involved and names of any witnesses. TSC will immediately undertake effective, thorough and objective investigation of the harassment allegations.

If TSC determines that unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by TSC to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to and including termination. The company will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employees, coworkers or physicians.

EMPLOYEE CONDUCT

In order to assure orderly operations and provide the best possible work environment, TSC expects employees to follow rules of conduct that will protect the interests and safety of personnel. It is not possible to list all the forms of behavior that are considered unacceptable in the work place, but the following are examples of infractions of rules of conduct that may result in disciplinary action, including suspension, demotion, or termination of employment:

- Theft, removal, or unauthorized possession of property;
- Falsification of timekeeping records;
- Working under the influence of alcohol;

- Possession, distribution, sale, transfer, or use or being under the influence of alcoholic or illegal drugs in the work place;
- Fighting and threatening violence in the work place;
- Boisterous or disruptive activity in the work place;
- Negligence or improper conduct leading to damage of employer owned or customer owned property;
- Insubordination;
- Violation of safety, health, or TSC's rules;
- Smoking in prohibited areas;
- Sexual or other unlawful harassment;
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the work place;
- Excessive absenteeism or absence without notice, unless such absence is the result of a reasonable accommodation of a disability or other protected status; and
- Unauthorized absence from work station during the work day, unless such absence is the result of a reasonable accommodation of a disability or other protected status.

This statement of prohibited conduct does not alter TSC's policy of employment at-will. You or TSC may terminate the employment relationship with or without cause and with or without notice at any time. Terms and conditions of employment with TSC may be modified at the sole discretion of TSC with or without cause and with or without notice, as set forth herein.

All employees are held accountable for modeling desirable behaviors and TSC enforces the code consistently and equitably among all staff regardless of seniority or clinical discipline in a positive fashion through reinforcement as well as punishment. Employee Recognition and Accolades are modes of positive reinforcement.

It is expected that all members of the health care team, patients, patient's family members, employees, and anyone else in physical attendance at TSC shall be treated in a respectful and dignified manner at all times. Such manner refers to language and non-verbal behavior, as well as general attitude as described below.

LANGUAGE

Language that is disrespectful, profane, vulgar, intimidating, demeaning, sexually suggestive or explicit, or bigoted (racially, ethnically, religiously or gender-related) is unacceptable. Loud or angry exchanges that may be overheard by others are also unacceptable.

BEHAVIOR

Behavior that is disrespectful, profane, vulgar, intimidating, sexually suggestive or explicit, or demeaning is unacceptable. This includes, but is not limited to: obscene gestures, violation of reasonable personal space, un-consented photography, yelling, throwing of objects, menacing gestures, unwanted or sexual touching, degrading or sexually oriented jokes or comments, or requests for personal or sexual favors.

CONFIDENTIALITY

Under HIPAA, all aspects of patient care are confidential. TSC staff and employees also are entitled to have personal or performance problems addressed confidentially and in a private setting.

RESPECTFUL COMMUNICATION

All verbal and written communication should be respectful and professional in language and tone. Communications about a staff member or employee should be constructive, objective, respectful, and made directly to that person. It is inappropriate to make critical comments about others to a third party, unless it is in a confidential committee structure or venue where critical evaluations are expected to take place.

INVESTIGATION AND FOLLOW-UP

The process of investigating a deviation from the above standards will be initiated with the submission of an occurrence report to your manager. Any employee or staff member may submit such a report. Reports are important to possibly establish a pattern of conduct, even if a single incident does not justify disciplinary action.

Occurrence Reports should include:

- The date and time of the occurrence;
- The names of the involved parties and other observers or witnesses;
- Circumstances leading up to the questionable behavior;
- A description of the questionable behavior, limited to factual, objective language;
- Consequences, if any, of the disruptive behavior- to the involved parties, bystanders, or patient care; and
- Interventions taken at the time to remedy the situation.

The Manager and/or her/his designee will then, if deemed appropriate, interview witnesses to the event to get clarifying or supplementary information and/or invite the party or parties to the event

to submit their version of what happened. The Manager will determine if disciplinary action is appropriate.

If after reviewing all appropriate data, the Manager deems the incident to be egregious enough, or part of a pattern of behavior that might possibly warrant further intervention, the occurrence report and all ancillary data and recommendations shall be passed on to the Director of Surgical Services.

If warranted, a synopsis of the occurrence and any recommendations will be made part of the employee's personnel file.

Any employee who in good faith reports an alleged act of misconduct will not be subject to retaliation or retribution. Any employee, regardless of level in the organization, who retaliates, is subject to discipline, up to and including termination.

PERSONAL USE OF TRUCKEE SURGERY CENTER PROPERTY

Without the express prior authorization of management, use of TSC equipment is limited to TSC business.

Personal use and/or removal of TSC property require prior authorization of management. This includes, but is not limited to, such things as personal computers, postage meters, telephones, and use of TSC storage facilities for personal property.

ELECTRONIC COMMUNICATION/MEDIA

USE OF COMPANY COMPUTER/ EQUIPMENT

TSC uses various forms of information systems and electronic communications/media including, but not limited to, computers (personal & ~~lap-top~~laptop), e-mail, telephones (including cellular and cordless), voicemail, fax machines, and online information services.

Personal software may not be installed on TSC computer systems. All electronic information created by any employee using any means of electronic communication is the property of TSC. Personal passwords may be used for purposes of security, but the use of a personal password does not affect the company's ownership of the electronic information, nor its ability to inspect all company equipment and its content at any time without notice. Employees should have no expectation of privacy with regards to any electronic communication generated or sent from Company computer or equipment.

Employees may install only TSC approved software on TSC computer systems. All electronic communications, all software and all hardware, remain the sole property of TSC and are to be used

to conduct TSC business. All information created by an employee using any means of electronic communications is the property of TSC and remains the property of TSC.

TSC will override all personal passwords if it becomes necessary to access its own computers/equipment for any reason. For these reasons, employees should not place or retain anything on company computers that the employee considers to be personal or private or otherwise would not want TSC to see. We reserve the right to access and review electronic files, messages, mail, etc. and to monitor the use of electronic communications as is necessary to ensure that there is no misuse or violation of company policy or any law. You should be aware that data can be retrieved even though it has been deleted.

SOCIAL MEDIA

TSC's equal employment and anti-harassment policies apply to all social media communication with equal force as in other forms of verbal or written communications. For that reason, electronic communication/media should not be used in any manner that would be discriminatory, harassing, obscene, or for any illegal purpose. Posting of discriminatory, harassing or retaliatory comments will not be tolerated under any circumstances and may result in unpaid suspension and/or immediate termination.

TSC understands that employees may engage in external (personal) social media, including personal Twitter feeds, blogs, and social networking websites, on their own time. TSC respects its employees' right to engage in these activities, employees are nonetheless expected to conduct themselves professionally in all public communications. To ensure that employees understand the expectations regarding external social media use, the following guidelines have been adopted. Employees are expected to follow these guidelines using their very best personal and professional judgment. Employees should understand that flagrant or egregious violation of these guidelines may result in discipline, up to and including, unpaid suspension and/or termination.

- Know and follow TSC's policies at all times, whether at work or during personal time.
- You are personally responsible for the content you publish on blogs, wikis, or any other forms of user-generated media. Be mindful that what you publish will be in public. Protect your privacy.
- Always respect copyright, fair use, and financial disclosure laws.
- Never publish or disclose TSC's or another's confidential or other proprietary information. Never publish or report on conversations that are meant to be private or internal to TSC.
- Never cite or reference customers, clients, tenants, suppliers, or other TSC business associates without their express written approval. When you do make a reference, link back to the source where possible.
- Always respect your audience. Do not use ethnic slurs, personal insults, or obscenity.

- Be aware of your association with TSC in online social networks. Ensure your profile and related content are consistent with how you wish to present yourself to colleagues and clients.

Nothing in this policy is intended to restrict employees' otherwise lawful rights to communicate about working conditions and/or wages.

E-MAIL

TSC may assign employees with a TSC email account.

E-mail is a convenient way to communicate with other people in the company. To make the best use of E-mail, please be aware of the following practices and policies.

There is no guarantee of privacy for an electronic mail message. Please use your good judgment as you use the electronic mail system. Consequently,

- Do not send highly sensitive messages through E-mail without appropriate document password protection or encryption.
- No protected health information will be emailed without password protection or encryption.
- Do not let anyone know your network or E-mail password.

Change your E-mail password when prompted to.

Passwords:

- Should not contain all or part of the user's account name.
- Has to be at least 8 characters in length
- Has to contain characters from three of the following four categories:
 - English uppercase characters (A through Z)
 - English lowercase characters (a through z)
 - Base 10 digits (0 through 9)
 - Nonalphanumeric characters (e.g., !, \$, #, %)
- Do not leave your desk with E-mail still activated on your computer.

Moreover, even though E-mail is an efficient way to communicate, it may not be the most effective depending on what you are trying to communicate. Do not send or import any messages that may offend or violate TSC's EEO policy or policy on "Sexual or Other Harassment."

There is no expectation of privacy in the information systems, Internet communication, electronic mail, and voicemail at TSC. An assumption must be made by each associate that any and all

messages may be read or heard by someone other than the intended or designated recipient. TSC will override all personal passwords if it becomes necessary to do so for any reason.

Access to the Internet, including but not limited to the use of E-mail and the Web, is available for business purposes only. Any information about TSC and/or its products or services that will appear in the electronic media requires approval by management before the information is released.

Questions about access to our electronic communications and the use of it, or issues relating to data security, should be directed to your manager.

Employees who misuse TSC's information systems or electronic communication media will be subject to disciplinary action, up to and including immediate termination of employment.

COMMUNICATIONS GUIDELINES

TSC e-mail, voicemail, fax and Internet connections are intended to facilitate business-related communication. When you use electronic communication/media, you are communicating as a representative of TSC.

The computer network and telephone system promote efficiency and encourage communication. It is easy to forget that these systems create a potentially permanent record of all your statements.

When using e-mail, the telephones, or the Internet for any communication or any information gathering functions, please practice these guidelines:

1. Electronic communication/media is to be used for office business. The following are examples of inappropriate use:
 - Sending or forwarding e-mail to political organizations, the President of the United States, or other political figures.
 - Sending or forwarding jokes or comments of a sexual, racial, or otherwise inflammatory nature either within TSC or outside TSC. Read the entire message before making the decision to forward it.
 - Sending e-mail to inappropriate addresses, such as Playboy Magazine.
 - Sending or forwarding chain letters or any type of solicitation.
 - Leaving un-businesslike messages or having un-businesslike discussions on the Internet.
 - Visiting pornographic sites on the Internet.

2. E-mail memos or Internet messages should be written with the same care as TSC formal, hard copy memos. Reread your message to be sure it is clear and complete. Remember that your message might someday be introduced as documentation in legal proceedings.
3. E-mail should never be used for discussion about, or imposition of, employee discipline.

If you are unsure about the appropriateness of a message you would like to send, or a website you would like to visit, please check with your Manager. When in doubt, don't!

EMPLOYMENT POLICIES AND PRACTICES

EMPLOYMENT APPLICATION

TSC relies upon the accuracy of the information provided by the applicant. To ensure that individuals who join the facility are qualified, it is the policy of TSC to check the employment references of all applicants. All positions requiring licenses or certification and/or educational degrees require verification during the pre-employment process. Each employee licensed or not, will be subject to a background screening prior to employment.

STAFF RIGHTS

You may request to not participate in an aspect of patient care, including treatment due to a perceived conflict with your cultural values, ethics or religious beliefs. We will make every reasonable effort to honor such requests. You should submit a Request Not to Participate Letter to your manager at the time of hire or as soon as possible after you are notified that you may be required to participate in such aspect of patient care or treatment.

WORK SCHEDULES

Hours of work and work schedules for employees vary throughout TSC. Your manager will advise you of your expected work days. Actual start times will be determined based on patient load. Requests for time off are done on a first come first serve basis by submitting a request for time off form to your Manager as far in advance as possible. Your manager will do their best to accommodate your request. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as scheduled days. All employees are expected to be in their scrubs by the assigned starting time.

MEAL AND REST PERIODS

MEAL PERIODS

In accordance with federal and state law, non-exempt employees who are scheduled to work five (5) or more hours in a day will be provided with an uninterrupted, thirty (30) minute, off-duty meal period. This meal period should be taken before the end of the employees' fifth hour of work. Non-exempt employees are also authorized and permitted a paid ten (10) minute rest period for every four (4) hours of work performed or a major fraction thereof. A second uninterrupted, off-duty, unpaid thirty (30) minute meal break will be provided to employees before the end of their tenth hour of work if the employees work more than ten (10) hours per day.

Meal periods must be accurately recorded on each employee's time record. Employees must clock out for each meal period, and refrain from working during the meal period.

Employees who work excess of 8 hours in a total workday can voluntarily waive their right to one of their two meal breaks. To be valid the waiver must be documented in writing and signed by the employee and manager.

Employees can revoke the waiver at any time in writing.

The employee is to be paid for all working time, including on-the-job meal breaks while the waiver is in effect.

If a meal period is ~~missed~~missed, the employee must notify their manager immediately with the reason for the missed meal period and document the missed meal period on a variance log.-

REST PERIODS

Rest breaks are not on-call time. Rest breaks are to be uninterrupted. If someone asks you to do work while you are on a rest break, please inform them that you are on break. If your rest break is interrupted due to work, please inform your supervisor immediately to make arrangements to take your full uninterrupted rest break as soon as possible.

TSC will provide a reasonable amount of break time and a private space for Breastfeeding Mothers to express breast milk.

For clarity, please refer to the chart below to see how your meal and rest break entitlement based on the length of your shift.

HOURS WORKED	REST PERIODS	MEAL PERIODS ENTITLEMENT AND TIMING
Less than 5 hours	One 10 minute rest period	None.
5 to 6 hours	One 10 minute rest period	One unpaid meal period of no less than 30 minutes to begin by the end of the fifth hour of work. (For example, an employee who starts work at 7AM is to begin the meal period no later than 12PM.)
6 to 10 hours	Two 10 minute rest periods	One unpaid meal period of no less than 30 minutes to begin by the end of the fifth hour of work. (For example, an employee who starts work at 7AM is to begin the meal period no later than 12PM.)
More than 10 hours	At least three 10 minute rest periods (Four 10 minute rest periods after 14 hours worked, etc.)	At least two meals of no less than 30 minutes each. The first meal period to begin by the end of the fifth hour and the second meal period to begin by the end of the tenth hour of work, etc.

EMPLOYMENT CATEGORIES

REGULAR FULL-TIME

Employees who have completed their probationary period of employment and are scheduled to work 30 to 40 hours per week. Regular full-time employees are eligible for employee benefits.

REGULAR PART-TIME

Employees who have completed their probationary period of employment and are scheduled to work less than 32 hours per week, but not less than 20 hours per week. Part-time employees are eligible for benefits.

TEMPORARY

Employees who have been hired to fill a temporary need for additional staff.

PER DIEM

Employees who have completed their probationary period of employment and do not require benefits. Per Diem employees work on an intermittent or as-available basis. Per Diem employees are required to work a minimum of ~~2~~two shifts per month unless otherwise defined by their Manager.

NON-EXEMPT EMPLOYEES

“Non-exempt Employees” include all employees who are assigned a majority of duties which are classified as non-exempt by the overtime provisions of the Federal Fair Labor Standards Act or any applicable state laws. Employees in this category are therefore entitled to premium pay for work in excess of forty (40) hours in a workweek, or eight (8) hours in a workday.

EXEMPT EMPLOYEES

This category includes all employees who perform certain duties a majority of their work time, which qualify as exempt duties under the provisions of the federal Fair Labor Standards Act or applicable state laws. Such employees include, but are not limited to, those who qualify as exempt executive, administrative, professional, computer professional, outside sales or commissioned sales employees. Exempt employees are exempted from the overtime and minimum wage provisions of both the Fair Labor Standards Act and applicable state laws.

APPEARANCE AND ATTIRE

Personal cleanliness and appearance are of prime importance in our business. A well-groomed employee creates a favorable impression of the services we perform. Our customers expect us to maintain strict standards of professionalism. All employees are required to wear a name badge, which will be provided. All employees will be professional in appearance and dress in a manner

that is consistent with their job responsibilities with consideration for safety, organization, image, productivity, and customer interaction.

The personal appearance of all employees shall follow these standards:

- Clothing should be clean and business like/business casual. The wearing of suggestive attire or of torn jeans, sweats, shorts (greater than 4 inches above the knee), novelty buttons, baseball hats, and similar items of casual attire is not ~~permitted~~permitted, as they do not present a business like appearance.
- Hair should be clean, combed, and neatly trimmed or arranged. Shaggy, unkempt hair is not permissible regardless of hair length.
- Sideburns, mustaches, and beards shall be neatly trimmed.
- Heavy colognes or perfumes should be avoided, keeping in mind the sensitivity of others to fragrances.
- Jewelry should not interfere with the performance of the employee's job.
- Fingernails should be clean and well-manicured.
- Artificial nails are not permitted for staff in patient care.

In addition to the above, operating room ("OR") and post-anesthesia care unit ("PACU") personnel shall wear scrubs and appropriate shoe and head covers as required by policy and regulatory standards. If there are any questions as to what constitutes proper attire, please consult your manager.

ATTENDANCE AND PUNCTUALITY

To maintain a safe and productive work environment, TSC expects you to be reliable and punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on TSC and other employees.

If you are unable to report to work, please call your manager or her designee at least one hour before your scheduled start time. Either excessive absenteeism or tardiness may lead to corrective action, up to and including termination of employment. See Absenteeism and Tardiness Policy.

PERFORMANCE EVALUATIONS

It is the belief of TSC that regular employee performance reviews are important for the successful development of our employees as well as our business. TSC strongly encourages you and your manager to discuss job performance and goals on an informal, ongoing basis. Formal performance evaluations are scheduled annually from your date of hire.

INITIAL EVALUATION

Performance and competency assessment and review will take place within 120 days of hire and annually thereafter. Management and supervisory, temporary, and per diem employee performance and competency assessment and review will take place within 6 calendar months of hire.

ANNUAL EVALUATIONS

Annual performance evaluations are completed to assess your performance, and for goal planning for the year. Evaluations will be discussed and reviewed with you. A copy will be given to you and the original will be filed in your personnel file. There are several advantages to performance evaluations:

- It helps you and your manager establish priorities among different work activities for the year.
- Setting standards or goals can help you increase your own productivity by providing a focus on your efforts in relation to TSC's goals.
- It provides an opportunity for you to share your ideas on doing your job better.
- Establishing expectations in advance, together with the results that will be used to determine success, will help to ensure that your performance is judged fairly.

During your performance review, you should discuss with your manager any changes in responsibility that have occurred in the year just past or that are anticipated for the year ahead.

Following your performance evaluation meeting with your manager, you will meet again, as you or your manager feels the need, to formally review your progress and achievements toward establishing standards or goals. It is possible that the nature of your work will have changed, requiring a redirection of your goals. Of course, one of the most significant means of reviewing your performance is the day-to-day feedback you receive from your manager on your performance throughout the year. A formal review offers you an important opportunity for self-appraisal.

Salary adjustments are not made automatically during the performance evaluation process, nor are they based upon continued employment with TSC. Salary adjustments are influenced by a variety of conditions including, but not necessarily limited to, the employee's overall performance and productivity, tenure, experience, changes in the cost of living, the profitability and competitive position of TSC, etc.

Employees are not guaranteed a raise after each performance review. The performance review does not alter the at-will nature of the employment relationship.

YOUR PAY

PAYDAYS AND PAYCHECKS

TSC operates on a bi-weekly payroll schedule. You will receive your payroll check on the Friday after the last day of the pay period. If the payday falls on a holiday, paychecks will be distributed on the last workday preceding the payday.

Any errors in your pay should be reported to your manager as soon as possible. Whether an error causes underpayment or overpayment, you are expected to advise your manager to ensure the error is corrected as promptly as possible.

In all, there are 26 paychecks a year. Direct deposit is available and encouraged.

TIME KEEPING REQUIREMENTS

Non-exempt employees are responsible for maintaining an accurate record of the hours worked for each pay period, and for receiving the appropriate manager pre-approval for the payment of these hours. These hours, together, with hours related to time away from work, will be captured at the time that each payroll is processed by the Administrator and/or designee. In much the same way that you expect that your paycheck accurately reflects your specific payroll information, Truckee Surgery Center expects that your record-keeping will be both accurate and timely. In many instances, Truckee Surgery Center uses these detailed payroll timekeeping records as a source for accurate financial and other accounting of its labor costs, and for budgeting. These records, too, are likely the subject of periodic audit by third parties, and, therefore should be neat, concise, and orderly. Please consult with your manager if you experience any problems in this regard or if you require any additional clarification.

Employees are to clock in no earlier than 7 minutes prior to the start of their scheduled start time. Employees will clock out for lunch breaks ~~and any breaks greater than 30 minutes~~ taken offsite.

SALARIES

Advancement of salary base is not automatic and is not solely based on seniority. If you exceed work performance standards, you may be eligible for an annual pay increase. Hourly wages are reviewed yearly and advanced as indicated by your performance evaluation.

OVERTIME

When operating requirements or other needs cannot be met during regular working hours, you may be scheduled to work overtime. When possible, advance notification of these mandatory assignments will be provided. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work, and will be offered to volunteers first.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour requirements. As required by law, overtime pay is based on actual hours worked. Compensation for hours in excess of 40 for the workweek shall be paid at a rate of one and one half times the employee's regular rate of pay.

A workday begins at midnight and ends 24 hours later. A workweek begins each Sunday at midnight.

Exempt or salaried employees may be required to work hours beyond their normal schedules as work demands require. No overtime compensation will be paid to exempt/salaried employees.

TERMINATION

GIVING NOTICE

If, for whatever reason, the time comes when you need to move on, we ask that you give at least two (2) weeks' written notice to your manager in advance of your last day TSC. While this notice is not required, it may be considered in the event of requests for rehire or references. If it is determined to be in the best interest of TSC, the notice period may be waived.

In certain cases, employees who have resigned may be involved in the training of their replacements.

LAST WORK DAY

Employee must be physically present at TSC to work their last work shift. This last work shift defines the termination date. Payment will be made for any accrued but unused PTO upon termination of the employment relationship. TSC reserves the right to make any notice of resignation effective immediately.

VOLUNTARY TERMINATION

An employee may be considered to have voluntarily terminated their employment TSC if the employee:

- Resigns from TSC or quits his or her job;
- Fails to return from an approved leave of absence on the anticipated return date without submitting additional medical certification; or
- Fails to report to work without notice to TSC for two (2) consecutively scheduled workdays, unless such failure to report to work is the result of a reasonable accommodation.

INVOLUNTARY TERMINATION AND PROGRESSIVE DISCIPLINE

You are expected to meet TSC performance expectations and standards of your job. If your performance or conduct does not meet the expectations and standards, TSC will use positive performance management and a progressive corrective action approach whenever possible to motivate you to participate directly in the resolution of such situations. When circumstances warrant, TSC management may decide that the performance management process should not be followed and immediate corrective action will be taken.

The performance management process involves an initial informal counseling, followed by more formal written counseling, suspension and/or termination if performance is not improved. Steps may be skipped at the discretion of management.

OBLIGATIONS UPON TERMINATION

All items which have been issued to an employee during the course of employment, including this Handbook, remain the property of TSC. At the time of an employee's termination of employment, whether voluntary or involuntary, all company documents and other items of company property in the employee's possession or control must be returned.

EXIT INTERVIEWS

Every employee, regardless of resignation or termination, may be given an exit interview. This interview is designed to be an important exchange of information, which should be to the benefit of both parties. The content of this interview will be put in writing and will become part of your personnel file.

STANDARDS OF CONDUCT

OVERVIEW

TSC Standards of Conduct are intended as a guide to our decisions and actions. No set of rules or guidelines can substitute for the good judgment, common sense and personal integrity required to meet the challenges of our work on a day-to-day basis. The Standards of Conduct must be observed by all employees at all times.

QUALITY

We will deliver high quality of care to our patients in a manner that reflects responsibility, consistency and cost effectiveness.

OPEN-DOOR

Suggestions for improving TSC are always welcome. At some time, you may have a complaint, suggestion, or question about your job, working conditions, or the treatment you are receiving. Your good-faith complaints, questions, and suggestions also are of concern to TSC. We ask you to first discuss your concerns with your co-workers and/or manager, following these steps.

- If it is a situation related to one person, please go directly to that person or your manager.
- If it is a situation that requires discussion or problem solving, please put it on the agenda for the next staff meeting. If it is more urgent than that, bring it to the manager who will find a way to involve the necessary people.
- If the problem persists, you may describe the problem to the Director of Surgical Services (preferably in writing). He/she will provide a solution or explanation. We encourage you to bring the matter to the Director of Surgical Services as soon as possible after you believe that it has failed to be resolved.
- If the problem is still not resolved, you may present the problem in writing to the Chief Nursing Officer, who will attempt to reach a final resolution.

This procedure, which we believe is important for both you and TSC, cannot guarantee that every problem will be resolved to your satisfaction. However, TSC values your observations and you should feel free to raise issues of concern, in good faith, without the fear of retaliation.

STAFF MEETINGS

Staff Meetings are important to discuss matters that affect many people. Often this is the time that changes are presented and the staff will have the opportunity to discuss how to deal with changes in the most effective manner. It is also a good forum to problem solve. It is easy for staff meetings

to offer an atmosphere of “whining or complaining”. We want to do everything to avoid this. In order to make staff meetings productive and positive the following guidelines exist:

- An open agenda will be posted and any line items should be initialed
- The first 5-10 minutes of staff meetings will be open for all to socialize without structure
- Each member will be given an opportunity to speak without interruption
- People should use paper to note ideas that they would like to present once it is their time to speak.
- Understand that not all issues will be resolved at one meeting but progress will continue with open discussions

EMPLOYMENT OF RELATIVES (NEPOTISM)

Employee’s relatives will not be eligible for employment at TSC for business reasons or where potential problems of supervision, safety, financial compromise, security, morale, or potential conflicts of interest exist.

Relatives of current employees may be hired only if the individuals concerned:

- Do not work in a direct supervisory relationship
- Do not have any direct or indirect responsibility, authority or control, real or perceived, over the other.
- For positions not in conflict with the guidelines, relatives will be considered under the same employment standards of qualification and eligibility for the position as other candidates.

PROHIBITED CONDUCT

The following conduct is prohibited and will not be tolerated by TSC. This list of prohibited conduct are examples only and other types of conduct injurious to security, personal safety, employee welfare and TSC’s operations may also be prohibited.

- Falsification of employment records, employment information or other TSC records;
- Theft, deliberate or careless damage of any TSC property, co-workers’ properties or property of a patient;
- Fighting and threatening violence in the workplace;
- Removing or borrowing TSC property without permission;
- Insubordination;
- Possession, distribution, sale, transfer, or use or being under the influence of drugs or alcohol in the workplace;
- Using profane or abusive language;
- Unreported absence of two scheduled workdays.
- Failure to obtain permission to leave work during normal working hours.

- Failure to observe working schedules.
- Abuse of paid sick leave.
- Wearing extreme, unprofessional or inappropriate styles of dress or hair while working.
- Violation of any safety, health, security or TSC policies, rules or procedures.
- Committing a fraudulent act or breach of trust under any circumstance.

This statement of prohibited conduct does not alter the TSC policy of at-will-employment. Either you or TSC remains free to terminate the employment relationship at any time, with or without reason.

DRUG AND ALCOHOL ABUSE

TSC is committed to providing a drug-free, healthful and safe workplace. To promote this goal, you are required to report to work in appropriate mental and physical condition to perform your job in a safe and satisfactory manner.

The following rules and standards of conduct apply to all employees either on TSC property or during the workday (including meals and rest periods). The following are strictly forbidden:

- Possession or use of alcohol, or being under the influence of alcohol while on the job.
- Possession, use, distribution, sale or purchase of an illegal or controlled substance or being under the influence of an illegal or controlled substance while on the job.

Drug testing may be implemented if the employee is demonstrating significant and observable changes in performance, appearance, behavior, speech, etc. which provide reasonable suspicion of his/her being under the influence of drugs and/or alcohol.

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner, and does not endanger other individuals in the workplace.

PROFESSIONAL RELATIONSHIPS WITH PATIENTS

All patients will be called by name with every encounter. Preferred names will be on the front of the chart and used by all employees. Employees are required to wear nametags at all times while at work (unless dealing with infants or toddlers). A sufficient amount of nametags will be provided to ensure that this rule is complied with.

Employees are expected to be polite, courteous, prompt and attentive to every patient and family member. When a situation arises where the employee does not feel comfortable or capable of handling the problem, the Manager should be called immediately. Never argue with a patient.

Remember that the patient always comes first. Never regard a patient's question or concerns as an interruption or an annoyance. Patient inquiries must be addressed promptly and professionally.

Through your conduct, show your desire to assist the patient in obtaining the help she/he needs. If you are unable to help a patient, find someone who can.

Care for your patients as you would like yourself or your own family to be treated.

CONFIDENTIALITY

Employees are exposed daily to a great deal of confidential information. Disclosing confidential information is an invasion of patient privacy. None of this information, including method or procedure used for handling a specific case, should be discussed with individuals outside TSC, including relatives, friends and other patients. This information should be discussed with co-workers only as necessary and in *out of hearing* range of those who have no need to know. Violation of patient confidentiality is considered a serious breach of ethics and is grounds for immediate termination.

OPERATIONAL CONSIDERATIONS

TRUCKEE SURGERY CENTER PROPERTY

Lockers, desks, equipment and scrubs are TSC property and must be kept clean and used for work related purposes. TSC reserves the right to inspect all TSC property without notice to the employee and/or in the employee's absence.

HEALTH AND SAFETY

Employees are responsible for the safety of themselves as well as others in the workplace. In compliance with California law and to promote the concept of a safe workplace, TSC maintains an Injury and Illness Prevention Program.

An Exposure Control Plan is available at all times and will be read on the first day of work by new employees. MSDS (Material Safety Data Sheets) are available for all chemicals used in the surgery center.

In compliance with Proposition 65, TSC will inform employees of any possible exposure to a chemical known to cause cancer or reproductive toxicity.

ERGONOMICS

TSC is subject to Cal/OSHA ergonomics standards for minimizing workplace repetitive motion injuries. TSC will make necessary adjustments to reduce exposure to ergonomic hazards through modifications to equipment and processes and employee training.

TSC believes that reduction of ergonomic risk is instrumental in maintaining an environment for personal safety and well-being, and is essential; to our business.

SMOKING

Smoking is not allowed in the facility. Smoking is not allowed within 25 feet of any entrance to the facility.

PARKING

Employee vehicles may be parked in designated employee areas. Employees may not use parking designated for patients. TSC is not responsible for loss or damage to employee vehicles or contents while parked on TSC property.

EMPLOYEE BENEFITS

HOLIDAYS

Truckee Surgery Center observes the following 10 holidays:

- New Year's Day (January 1st)
- Presidents Day (Third Monday in February)
- Memorial Day (Last Monday in May)
- Independence Day (July 4th)
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- The Friday after Thanksgiving (Fourth Friday in November)
- Christmas Eve Day (December 24th)
- Christmas Day (December 25th)
- New Year's Eve Day (December 31st)

Holiday pay is accrued for employees based on the number of hours worked as part of PTO. Eligible employees begin to accrue PTO immediately upon employment. Accrual amounts are based on the schedule below.

PAID TIME OFF

Paid time off may be used for sick time, holidays, vacation, care for a family member, personal matters, or low census time. PTO should be managed by the employee to allow for both holidays and possible sick time. Employees will need to schedule time off with their manager.

Full and Part Time Non-exempt Employees:

- 1st year through 4th year .0962 hours per hour worked (FT-5 weeks/year)
- 5th year through 9th year .1154 hours per hour worked (FT-6 weeks/ year)
- 10+ years .1347 hours per hour worked (FT-7 weeks/year)

Exempt Employees earn an additional one week PTO per year based on above schedule.

TSC encourages employees to take PTO on an annual basis. Paid time off accrual will be capped off at 240 hours. Once this cap is reached, the employee will have a reasonable amount of time to take accrued PTO. If no PTO is taken during that reasonable amount of time period, no further PTO will accrue until some paid time off is used.

Management may approve, on a case by case basis, a cash out of a lump sum of accrued PTO hours. This payment will be made on a separate check with appropriate tax deductions. The cash will not exceed 160 hours.

The total of your weekly hours, including PTO for holidays, sick time, vacation, and hours worked will equal your hours on a normal schedule, not to exceed 80 hours.

Requested time off taken without hours in your PTO bank may be approved by management based on the needs for coverage at Truckee Surgery Center. This time will be taken at no pay.

Paid time off shall be scheduled to provide adequate job coverage of job responsibilities and staffing requirements. Management will approve all requested PTO. PTO requests will be granted on a first come basis after a request for timer off form is submitted to your Manager. If two requests have the same request date, employees are encouraged to trade and work the time off requests among themselves. Seniority and/or TSC staffing requirements will be the determining factor if an agreement cannot be made between employees.

LONG TERM SICK LEAVE

Full time and regular part time employees will accrue long term sick leave at a rate of 0.027 hours for each hour paid, exclusive of overtime, standby, and callback hours, with the exception that scheduled working hours, which are changed to stand by, will accrue long term sick leave. Employees begin accruing Long Term Sick Leave immediately upon employment.

Long term sick usage begins

- 1) on the fifth calendar day of an illness
- 2) immediately upon hospitalization if sooner, or
- 3) if the employee is eligible for and receives Workers' Compensation.

The use of long term sick on days 1-3 of an illness may be approved by management on a case by case basis.

CALIFORNIA PAID SICK LEAVE

Beginning July 1, 2015, California law provides for mandatory paid sick leave under the Healthy Workplaces, Healthy Families Act (the "Act"). All employees who have worked in California for 30 or more days within a year from the start of their employment are eligible for protected paid sick time under the Act. Employees cannot be discriminated or retaliated against for requesting or using paid sick time.

Paid sick leave is a paid benefit to allow all TSC employees in a non-benefited position (per diem, temporary) to accrue paid time off to be used for the employee's illness or to care for a family member. Paid sick leave should not be confused with Personal Paid Leave (PTO) or Long Term Sick (LTS).

Paid sick leave only pertains to employees who are not eligible for PTO/LTS accrual. Employees begin accruing paid sick leave immediately upon employment.

Employee eligibility to use accrued paid sick leave begins on their 90th day of employment.

Employees accrue one (1) hour of paid sick leave for every 30 hours worked. Accrual rate is .0334 per hour worked.

Unused paid sick time will carry over from year to year. However, it will not exceed a maximum of ~~8048~~ hours.

QUALIFYING REASONS FOR PAID SICK LEAVE

Paid sick time under the Act can be used for any of the following reasons:

- Diagnosis, care or treatment of an existing health condition for an employee or covered family member, as defined below.
- Preventive care for an employee or an employee's covered family member.
- For certain specified purposes when the employee is a victim of domestic violence, sexual assault or stalking.

For purposes of paid sick leave, a covered family member includes:

- A child: Defined as a biological, foster or adopted child; a stepchild; or a legal ward, regardless of the age or dependency status of the child. A "child" also may be someone for whom you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.
- A parent: Defined as a biological, foster or adoptive parent; a stepparent; or a legal guardian of an employee or the employee's spouse or registered domestic partner. A "parent" may also be someone who accepted the duties and responsibilities of raising you when you were a minor child, even if he or she is not your legal parent.
- A spouse.
- A registered domestic partner.
- A grandparent.
- A grandchild.
- A sibling.

USE OF PAID SICK TIME AND NOTIFICATION

An employee can use paid sick time for any of the above reasons protected by the Act. If the need for paid sick time is foreseeable, employees must provide advance oral or written notification their manager. If the need for paid sick time is not foreseeable, employees shall provide notice to their manager as soon as practicable.

An employee can also decide to use PTO for any of the above reasons. However, if an employee wants the time off to be protected paid sick time, the employee should designate the time off accordingly and provide the above-described notice. Otherwise, TSC will treat the time off as PTO and not protected paid sick time.

STATE DISABILITY INSURANCE

California Employees Only Qualification for State Disability occurs when an employee is ill or disabled for longer than seven (7) consecutive calendar days. Participation in California State Disability is not automatic, an employee must complete an application and submit it to his/her physician for completion. Applications are available from physician's offices or TSC management.

If an employee is ill or disabled for longer than seven (7) consecutive days, Long Term Sick leave is used from the first day of illness. Any PTO used during the first four calendar days will be credited back upon receipt of proof of California State Disability benefits.

WORKERS' COMPENSATION

Qualification for Workers' Compensation occurs when an employee is hospitalized as a result of a work-related illness or injury, or when the employee is ill or disabled as a result of a work-related illness or injury for longer than three (3) consecutive calendar days. When an employee is injured at work, pay for the first three (3) days, which is not covered by Workers' Compensation Insurance, will be deducted from the employee's Long Term Sick leave bank. In order to qualify for this benefit, the employee must report any work-related injury to their manager on the day the injury occurs. If this procedure is not followed, the employee will be required to deduct the first three (3) days of the work-related illness from his/her PTO account. If an employee's Long Term Sick benefits expire while they are disabled, accrued PTO will be paid as outlined above.

EXTERNAL EMPLOYEE EDUCATION

It may be necessary for employees to attend training programs, seminars, conferences, lectures, meetings or outside activities for the benefit of TSC or the individual employee. The employee must submit, to their manager, a written request to attend and all relevant information including the date, hours, location, cost, expenses, purpose and justification for attendance. TSC sponsorship will be at the discretion of management.

Where attendance is required or authorized by TSC, customary and reasonable expenses (registration fees, materials, transportation, lodging accommodations and parking) will be reimbursed upon submission of proper receipts.

Registration fees, for approved positions, for BLS, ACLS and PALS will be reimbursed by TSC after successful completion by the employee of the class.

GENERAL BENEFITS/RIGHTS

MEDICAL/DENTAL/VISION INSURANCE

TSC provides comprehensive medical, dental, and vision insurance plans for eligible employees. Full-time and part-time employees are eligible for coverage on the first of the month following 30 days of employment and the insurance premium will be paid by TSC.

- Full time and part time employees may enroll dependents at ½ the cost.
- Exempt employees' dependents will be enrolled and maintained by TSC.

DISABILITY INSURANCE

TSC makes a payment on behalf of the employees, to the State of California to provide you with disability insurance pursuant to the California Unemployment Insurance Code. Disability insurance is payable when you cannot work because of illness or injury not caused by employment at the facility or when you are entitled to temporary workers' compensation at a rate less than the daily disability amount.

UNEMPLOYMENT COMPENSATION

TSC contributes to the California Unemployment Insurance Fund on behalf of its employees.

SOCIAL SECURITY

Social Security is an important part of every employee's retirement benefit. TSC pays a matching contribution to each employee's Social Security taxes.

WORKERS' COMPENSATION

TSC, in accordance with state law, provides insurance coverage for employees in case of work-related injury. The workers' compensation benefits provided to injured employees may include:

- Medical care
- Cash benefits, tax free, to replace lost wages
- Vocational rehabilitation to help qualified injured employees return to suitable employment.

To ensure that you receive any workers' compensation benefits to which you are entitled, you will need to:

- Immediately report any work related injury to your manager

- Seek medical treatment and follow-up care if required.
- Complete a written Employee's Claim Form (DCW Form 1) and return it to the Administrator.
- Employees must provide TSC with a certification from their health care provider regarding the need for workers' compensation disability leave and the employee's ability to return to work.

Upon submission of a medical certification that an employee is able to return to work after a workers' compensation leave, the employee under most circumstances will be reinstated to his or her same position held at the time the leave began, or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he or she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining the TSC's ability to operate safely and efficiently during the leave, and no equivalent or comparable positions are available, then the employee would not be entitled to reinstatement.

An employee's return depends on his or her qualifications for any existing openings. If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his or her job because of a physical or mental disability, TSC's obligations to the employee may include reasonable accommodation, as governed by the Americans with Disabilities Act.

The law requires TSC to notify the workers' compensation insurance of any concerns of false or fraudulent claims.

TSC-PROVIDED PHYSICIAN

Truckee Surgery Center provides medical treatment for work-related injuries through a medical provider network, Tahoe Forest Hospital Occupational Health Clinic, which the TSC has chosen to provide medical care to injured employees because of their experience in treating work-related injuries.

WORKERS' COMPENSATION AND MEDICAL ILLNESS/PERSONAL LEAVE

Employees who are ill or injured as a result of a work-related incident, and who are eligible for family and medical leave under state and federal law (California Family Rights Act (CFRA)), will be placed on CFRA during the time they are disabled and not released to return to work. The leave under this laws runs concurrently, and eligible employees will be on CFRA for a maximum of 12 weeks in a 12-month period starting from the date leave is first taken.

PAID SICK LEAVE AND WORKERS' COMPENSATION BENEFITS

Paid sick leave is a benefit that also covers absences for work-related illness or injury. Employees who have a work-related illness or injury are covered by workers' compensation insurance. However, workers' compensation benefits usually do not cover absences for medical treatment. When you report a work-related illness or injury, you will be sent for medical treatment, if treatment is necessary. You will be paid your regular wages for the time you spend seeking initial medical treatment.

Any further medical treatment will be under the direction of the health care provider. Any absences from work for follow-up treatment, physical therapy or other prescribed appointments will not be paid as time worked. If you have accrued and unused sick leave, and the time off is not covered by the California Family Rights Act (CFRA), the additional absences from work will be paid with the use of sick leave. If the absences are covered by CFRA, you may choose to substitute sick leave for any time that would otherwise be unpaid.

If you do not have accrued, paid sick leave, or if you have used all of your sick leave, you may choose to substitute paid time off for further absences from worked, related to your illness or injury.

PAID FAMILY LEAVE

Employees may be eligible for Paid Family Leave (PFL) wage replacement benefits, which are funded through payroll deductions and coordinated through the Employment Development Department. PFL provides limited compensation for up to six weeks after an unpaid, seven-day waiting period when an employee needs to take leave from work to care for a parent, parent-in-law, child, spouse, registered domestic partner, grandparent, grandchild, or sibling who is seriously ill, or for a working parent who wants time to bond with his or her newborn, foster child or newly adopted child. Under provisions of California Paid Family Leave, long-term sick leave may be used to attend to an employee's child, parent, spouse or domestic partner. There is a limit of one-half (1/2) of what an employee accrues in a one-year period that can be used to attend to the employee's child, parent, spouse or domestic partner. The PFL program does not provide employees with a right to a leave of absence; it is limited to a state-mandated wage replacement benefit.

LIFE INSURANCE

TSC may provide a life insurance plan for its employees.

RETIREMENT PLAN

TSC provides a 401K for eligible employees in order to assist in planning for their retirement. All employees will receive a summary plan description. Eligible employees will be at least 21 years of age and have worked a minimum of 6 months at TSC. Eligible employee contributions will be matched at ½, not to exceed 3%. This matching amount may be changed with a 30-day written notice to the Administrator. For more information regarding eligibility, contributions, benefits and tax status, contact the Administrator.

Employees will receive a detailed explanation of the insurance plans offered.

LACTATION ACCOMMODATIONS

For up to one year after their children's birth, employees breastfeeding their children will be provided reasonable breaks to express breast milk for the newborn. Employees may use an enclosed room shielded from view and free from intrusion by others. Employees should contact management regarding the location of a private room. Employees are not required to use a restroom to express breast milk.

Employees storing milk in the refrigerator assume all responsibility for the safety of the milk and the risk of harm for any reason, including proper storage, refrigeration, and tampering.

Lactation breaks should coincide with the employees' scheduled rest periods as much as possible. Employees may use rest periods, meal periods, and an additional unpaid thirty (30) minutes twice a day to express milk. Further time may be considered excessive if it seriously disrupts Truckee Surgery Center operations.

Truckee Surgery Center will not retaliate, demote, or otherwise discipline employees for requesting or taking reasonable lactation breaks.

PREGNANT WORKERS FAIRNESS ACT Effective 2024

Truckee Surgery Center will provide reasonable accommodations to an employee's known limitations related to pregnancy, childbirth, or related medical conditions unless doing so would cause undue hardship to the surgery center.

Employees should submit accommodation requests to the Administrator or Nurse Manager.

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LEAVES OF ABSENCE

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LEAVES OF ABSENCE

Employees should request any leave in writing as far in advance as possible.

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BEREAVEMENT LEAVE

TSC grants leave of absence to employees in the event of the death of the employee's current spouse, registered domestic partner, child, parent, legal guardian, brother, sister, grandparent, or grandchild; or mother-, father-, sister-, brother-, son-, or daughter-in-law. An employee with such a death in the family may take up to 5 (five) consecutive scheduled workdays off with pay with the approval of their manager. Payment will be deducted from available Long Term Sick hours. Employees may use PTO hours for additional time off. The employee's manager may approve additional unpaid leave.

DOMESTIC VIOLENCE, SEXUAL ASSAULT OR STALKING LEAVE AND ACCOMMODATION

Employees who are victims of domestic violence, sexual assault and stalking are eligible for unpaid leave. Although the leave is generally unpaid, employees can use their paid sick time under California's Healthy Workplaces, Healthy Families Act for the purposes described below.

You may request leave if you are involved in a judicial action, such as obtaining restraining orders, or appearing in court to obtain relief to ensure your health, safety or welfare, or that of your child. Please provide reasonable advance notice of the need for leave unless advance notice is not feasible. Contact your manager.

Employees who are victims of domestic violence, sexual assault or stalking and need a reasonable accommodation for their safety at work should contact management and discuss the need for an accommodation. If you are requesting such a reasonable accommodation, you will need to submit a written statement signed by you, or by an individual acting on your behalf, certifying that the accommodation is for the purpose of your safety at work.

For reasonable accommodation requests, TSC will also require certification demonstrating that you are the victim of domestic violence, sexual assault or stalking. Any of the forms of certification described above for leave purposes will suffice. TSC may request recertification every six months from the date of the previous certification. You should notify TSC if an approved accommodation is no longer needed.

TSC will engage in an interactive process with the employee to identify possible accommodations, if any, that are effective and will make reasonable accommodations unless an undue hardship will result.

TSC will, to the extent allowed by law, maintain the confidentiality of an employee requesting leave or accommodation under these provisions.

EXTENDED MEDICAL LEAVE

A medical leave of absence may be granted for non-work-related medical disabilities (other than pregnancy, childbirth, and related medical conditions) with a doctor's written certificate of disability. Extended disability leaves will also be considered on a case-by-case basis, consistent with the TSC's obligations under federal and state disability laws.

Employees should request any leave in writing as far in advance as possible.

A medical leave begins on the first day your doctor certifies that you are unable to work, and ends when your doctor certifies that you are able to return to work. The Administrator or designee will supply you with a form for your doctor to complete, showing the date you were disabled and the estimated date you will be able to return to work. An employee returning from a medical disability leave must present a doctor's certificate declaring fitness to return to work.

If you are granted a medical leave, TSC will pay you sick pay for the period of time equivalent to your accumulated long term sick pay earned. You also may use any PTO leave time previously accrued.

If returning from a non-work-related medical leave, you will be offered the same position you held at the time your leave began, if available. If your former position is not available, a comparable position will be offered. If neither the same nor a comparable position is available, your return to work will depend on job openings existing at the time of your scheduled return. TSC makes no guarantees of reinstatement, and your return will depend on your qualifications for existing openings.

California workers' compensation laws govern work-related injuries and illnesses. California pregnancy disability laws govern leaves taken because of pregnancy, childbirth, and related medical conditions. An employee that needs reasonable accommodations should contact their manager and discuss the need for an accommodation.

Any leave taken under this provision qualifying as leave under the state family and medical leave laws (CFRA) will be counted as family/medical leave, charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period, and governed by the rules relating to family/medical leave.

CALIFORNIA FAMILY RIGHTS ACT Amended, effective 01/01/2021

The California Family Rights Act (CFRA) provides up to 12 workweeks of unpaid family/medical leave within a 12-month period, under the following conditions:

- The employee has been employed with TSC for a total of at least 12 months prior to the commencement of leave. The 12 months of employment must have accumulated within the previous seven years (certain exceptions apply);
- The employee has worked at least 1,250 hours during the previous 12-month period before the need for leave; and
- The employee is employed at a work site where there are 5 or more employees. Leave may be taken for one or more of the following reasons:
 - The birth of the employee's child, or placement of a child with the employee for adoption or foster care ;
 - For incapacity due to pregnancy, prenatal medical care or child birth
 - For a serious health condition that makes the employee unable to perform his or her job ;
 - To care for the employee's spouse, child, parent, grandchildren, grandparents, or sibling who has a serious health condition ;
 - To care for the employee's registered domestic ~~partner~~-partner.

For additional information about eligibility for family/medical leave, contact your manager.

PREGNANCY, CHILDBIRTH OR RELATED CONDITIONS

Leave because of the employee's disability for pregnancy, childbirth or related medical condition is not counted as time used under California law (the California Family Rights Act). Employees who take time off for pregnancy disability should apply for pregnancy disability leave (PDL). Once the pregnant employee is no longer disabled, or once the employee has exhausted PDL and has given birth she may apply for leave under the California Family Rights Act, for purposes of baby bonding.

Any leave taken for the birth, adoption, or foster care placement of a child does not have to be taken in one continuous period of time. California Family Rights Act leave taken for the birth or placement of a child will be granted in minimum amounts of two weeks. However, TSC will grant a request for a California Family Rights Act leave (for birth/placement of a child) of less than two weeks' duration on any two occasions. TSC may also grant additional requests for leave lasting less than two weeks at its discretion. Any leave taken must be concluded within one year of the birth or placement of the child with the employee.

LEAVE PROCEDURES

The following procedures shall apply when an employee requests Medical/Illness or Personal

Leave:

- Please contact your manager as soon as you realize the need for leave. If the leave is based on the expected birth, placement for adoption or foster care, or planned medical treatment for a serious health condition of the employee or a family member, the employee must notify TSC at least 30 days before leave is to begin. The employee must consult with his or her supervisor regarding scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of TSC. Any such scheduling is subject to the approval of the health care provider of the employee or the health care provider of the employee's child, parent, or spouse.
- If the employee cannot provide 30 days' notice, TSC must be informed as soon as is practical.
- If the California Family Rights Act request is made because of the employee's own serious health condition, TSC may require, at its expense, a second opinion from a health care provider that TSC chooses. The health care provider designated to give a second opinion will not be one who is employed on a regular basis by TSC.
- If the second opinion differs from the first opinion, TSC may require, at its expense, the employee to obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee. The opinion of the third health care provider shall be considered final and binding on TSC and the employee.

CERTIFICATION

TSC requires the employee to provide certification. You will have 15 calendar days from the TSC request for certification to provide it to the TSC, unless it is not practicable to do so. TSC may require recertification from the health care provider if the employee requests additional leave upon expiration of the time period in the original certification. *(For example, if an employee needs two weeks of medical/illness leave, but following the two weeks needs intermittent leave, a new medical certification will be requested and required.)* If the employee does not provide medical certification in a timely manner to substantiate the need for medical/illness leave, TSC may delay approval of the leave, or continuation thereof, until certification is received. If certification is never received, the leave may not be considered family and medical leave.

If the leave is needed to care for a sick child, spouse, parent, grandchild, grandparent, or sibling the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition;
- Estimated amount of time for care by the health care provider; and
- Confirmation that the serious health condition warrants the participation of the employee.

When both parents are employed by TSC, and request simultaneous leave for the birth or

placement for adoption or foster care of a child, TSC will not grant more than a total of 12 workweeks medical/illness or personal leave for this reason.

If an employee cites his/her own serious health condition as a reason for leave, the employee must provide a certification from the health care provider stating:

- Date of commencement of the serious health condition;
- Probable duration of the condition; and
- Inability of the employee to work at all or to perform any one or more of the essential functions of his/her position because of the serious health condition.

If an employee is absent because of his/her own serious health condition, TSC will also require a medical release to return to work form or certification from the employee's health care provider that the employee is able to resume work. Employee's returning to work after a musculoskeletal health condition and/or have been prescribed controlled medication due to their serious health condition must be cleared through TFH Occupational Health prior to returning to work.

Failure to provide a release to return to work certificate from the employee's health care provider will result in denial of reinstatement for the employee until the certificate is obtained.

LEAVE RELATED TO MILITARY SERVICE

A leave taken due to a "qualifying exigency" related to military service must be supported by a certification of its necessity. A leave taken due to the need to care for a service member shall be supported by a certification by the service member's health care provider or other certification allowed by law. Special certification requirements apply to leaves related to military service.

HEALTH AND BENEFIT PLANS

An employee taking family medical leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for a maximum of 12 workweeks, or 26 workweeks if the leave is to care for a covered service member) at the level and under the conditions of coverage as if the employee had continued in employment for the duration of such leave. TSC will continue to make the same premium contribution as if the employee had continued working. The continued participation in health benefits begins on the date leave first begins. In some instances, TSC may recover from an employee premiums paid to maintain health coverage if the employee fails to return to work following family/medical leave. Premium payments shall be made out by check to TSC.

Employees on pregnancy disability leave will be allowed to continue to participate in group health coverage for up to a maximum of four months of pregnancy disability leave (if such insurance was provided before the leave was taken) on the same terms as if you had continued to work. The right

to continued group health coverage during pregnancy disability leave is a separate and distinct entitlement from the CFRA entitlement.

SUBSTITUTION OF PAID LEAVE

Generally, CFRA leave is unpaid. TSC may require employees to use accrued PTO and/or Long Term Sick while taking CFRA leave. In order to use paid leave for CFRA leave, employees must comply with TSC 's normal paid leave policies. For more information on those specific circumstances, requiring or allowing the substitution of paid leave contact your manager.

REINSTATEMENT

Under most circumstances, upon return from leave, an employee will be reinstated to his or her original job or to an equivalent job with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if he or she had been continuously employed rather than on leave. For example, if an employee on family/medical leave would have been laid off had he or she not gone on leave, or if the employee's job is eliminated during the leave and no equivalent or comparable job is available, then the employee would not be entitled to reinstatement. In addition, an employee's use of family/medical leave will not result in the loss of any employment benefit that the employee earned before using family/medical leave.

Reinstatement after leave may be denied to certain salaried "key" employees under the following conditions:

- An employee requesting reinstatement was among the highest-paid 10 percent of salaried employees employed within 75 miles of the worksite at which the employee worked at the time of the leave request;
- The refusal to reinstate is necessary because reinstatement would cause substantial and grievous economic injury to the TSC's operations;
- The employee is notified of TSC's intent to refuse reinstatement at the time the TSC determines the refusal is necessary; and
- If leave has already begun, TSC gives the employee a reasonable opportunity to return to work following the notice described previously.

TIME ACCRUAL

Please contact the Administrator or designee with any questions regarding accrual of other TSC provided paid leave benefits (such as PTO or sick leave) during unpaid CFRA leave.

CARRYOVER

Leave granted under any of the reasons provided by state and federal law will be counted as medical/illness leave and will be considered as part of the 12-workweek entitlement (26-workweek entitlement if leave is to care for a service member) in any 12-month period. No carryover of unused leave from one 12-month period to the next 12-month period is permitted.

INTERMITTENT LEAVE

Employees may take California Family Rights Act leave intermittently (in blocks of time, or by reducing their normal weekly or daily work schedule) if the leave is for the serious health condition of the employee or a qualifying family member and the reduced leave schedule is medically necessary as determined by the health care provider of the person with the serious health condition. The smallest increment of time that can be used for such leave is one hour. See also the discussion of Pregnancy, Childbirth or Related Medical Conditions above.

JURY DUTY AND WITNESS LEAVE

TSC encourages employees to serve on jury duty when called. Employees will receive full pay while serving on jury duty. You should notify your manager of the need for time off for jury duty as soon as a notice or summons from the court is received. You may be requested to provide written verification from the court clerk of performance of jury service. If work time remains after any day of jury selection or jury duty, you will be expected to return to work for the remainder of your work schedule.

MILITARY LEAVE

Employees who wish to serve in the military and take military leave should contact the Administrator for information about their rights before and after such leave. You are entitled to reinstatement upon completion of military service, provided you return or apply for reinstatement within the time allowed by law.

ORGAN AND BONE MARROW DONOR LEAVE

Employees who are donors for organ or bone marrow may take paid time off as follows:

- Employees may take up to 30 business days of leave in any one-year period for the purpose of donating an organ to another person. The one-year period is calculated from the date the employee begins his/her leave.
- Employees may take up to 5 business days of leave in any one-year period for the purpose of donating bone marrow to another person. The one-year period is calculated from the date the employee's leave begins.

- During the leave for organ/bone marrow donors, TSC will continue to provide and pay for any group health plan benefits the employee was enrolled in prior to the leave of absence.
- Leave taken for the purpose of organ or bone marrow donation is not leave for the purpose of family medical leave under state law, The California Family Rights Act.
- Employees who wish to take a leave of absence to donate bone marrow or an organ will be required to provide written verification of the need for leave, including confirmation that the employee is an organ or bone marrow donor and that there is a medical necessity for the donation of the organ or bone marrow.

TSC requires that employees taking leave for organ donation use two weeks of accrued but unused PTO.

Once a Donor has exhausted the required PTO the employee will be paid for the remaining leave of absence, if additional leave is needed, up to the maximum allowed by law.

PERSONAL LEAVE

A personal leave of absence without pay may be granted at the discretion of TSC. Requests for personal leave should be limited to unusual circumstances requiring an absence of longer than two weeks. Approved personal absences of shorter duration are not normally treated as leaves, but rather as excused absences without pay.

CONCURRENT PERSONAL AND FAMILY/MEDICAL LEAVE

Any leave taken under this provision that qualifies as leave under the state and/or federal Leave Acts will be counted as medical/illness leave and charged to your entitlement of 12 workweeks of family/medical leave in a 12-month period.

PREGNANCY DISABILITY LEAVE CALIFORNIA EMPLOYEES

If you are pregnant, have a related medical condition, or are recovering from childbirth, please review this policy. Any employee planning to take pregnancy disability leave should advise their manager as early as possible. The individual should make an appointment their manager to discuss the following conditions:

- Duration of pregnancy disability leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months of leave per pregnancy (the working days you normally would work in one-third of a year or 17 1/3 weeks). Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care, doctor-ordered bed rest, as well as other reasons. Your healthcare

provider determines how much time you need for your disability.

- TSC will also reasonably accommodate medical needs related to pregnancy, childbirth, or related conditions or temporarily transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy.
- Employees who need to take pregnancy disability must inform TSC when a leave is expected to begin and how long it will likely last. If the need for a leave, reasonable accommodation, or transfer is foreseeable (such as the expected birth of a child or a planned medical treatment for yourself), employees must provide at least 30 days advance notice before the pregnancy disability leave or transfer is to begin. Employees must consult with their manager regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the department. Any such scheduling is subject to the approval of the employee's health care provider;
- For emergencies or events that are unforeseeable, we need you to notify management at least verbally, as soon as practical after you learn of the need for the leave.
- Failure to comply with these notice requirements may result in delay of leave, reasonable accommodation, or transfer;
- Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide TSC with a written certification from a health care provider for need of PDL, reasonable accommodation or transfer. The certification must be returned no later than 15 calendar days after it is requested by the Company. Failure to do so may, in some circumstances, delay PDL leave, reasonable accommodation or transfer. Please see the Administrator for a medical certification form to give to your health provider.
- Leave returns will be allowed only when the employee's physician sends a release;
- An employee will be required to use accrued sick time (if otherwise eligible to take the time) during a pregnancy disability leave. An employee will be allowed to use accrued PTO (if otherwise eligible to take the time) during a pregnancy disability leave; and
- Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of one hour.

If intermittent leave or leave on a reduced work schedule is medically advisable the employee may, in some instances, be required to transfer temporarily to an available alternative position that meets the employee's needs. The alternative position need not consist of equivalent duties, but must have the equivalent rate of pay and benefits. The employee must be qualified for the position. The position must better accommodate the employee's leave requirements than her regular job. Transfer to an alternative position can include altering an existing job to better accommodate the employee's need for intermittent leave or a reduced work schedule.

An employee will be reinstated to her same position held at the time the leave began or, in certain instances, to a comparable position, if available. There are limited exceptions to this policy. An employee returning from a pregnancy disability leave has no greater right to reinstatement than if the employee had been continuously employed.

Employees on pregnancy disability leave will be allowed to continue to participate in group health insurance coverage for up to a maximum of four months of disability leave (if such insurance was provided before the leave was taken) at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave. In some instances, an employer can recover from an employee premiums paid to maintain health coverage if the employee fails to return following pregnancy disability leave. PDL may impact other benefits or a seniority date. Please contact management for more information.

REPRODUCTIVE LOSS LEAVE (effective 1/1/2024)

Employees are eligible to take up to five days of leave following a reproductive loss, defined as a failed adoption, failed surrogacy, miscarriage, stillbirth, or unsuccessful assisted reproduction. A reproductive loss event is the day, or for a multiple day event, the final day of the event.

Reproductive loss leave must be taken within three months of the reproductive loss event, unless the employee is on or chooses to take leave under another leave entitlement, in which cases reproductive loss leave must be taken within three months of the other leaves end date.

The five days of reproductive loss leave may be nonconsecutive. If an employee experiences more than one reproductive loss event within a 12-month period, an employee can receive another five days of leave. Total leave for an employee's multiple reproductive loss events is limited to 20 days per 12 month period.

Compensation may be unpaid. However, employees may use any available PTO or accrued sick time.

SCHOOL APPEARANCES INVOLVING SUSPENSION

If an employee who is the parent or guardian of a child facing suspension from school is summoned to the school to discuss the matter, the employee should alert his or her manager as soon as possible before leaving work. In agreement with California Labor Code Section 230.7, no discriminatory action will be taken against an employee who takes time off for this purpose.

Employees must provide their supervisor with documentation from the school or licensed child care provider.

Employees must use PTO leave in order to receive compensation for this time off, employees who do not have PTO available will take the time off without pay.

TIME OFF FOR VOTING

If an employee does not have sufficient time outside of working hours to vote in an official state-

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sanctioned election, the employee may take off enough working time to vote. Such time off shall be taken at the beginning or the end of the regular working shift, whichever allows for more free time, and the time taken off shall be combined with the voting time available outside of working hours to a maximum of two hours combined. Under these circumstances, an employee will be allowed a maximum of two hours of time off during an election day without loss of pay. When possible, an employee requesting time off to vote shall give his or her supervisor at least two days' notice.

VICTIMS OF CRIME LEAVE

An employee who is themselves a victim or who is the family member of a victim of certain serious crimes may take time off from work to attend judicial proceedings related to the crime or to attend proceedings involving rights of the victim.

A family member of a crime victim may be eligible to take this leave if he/she is the crime victim's spouse, parent, child or sibling. Other family members may also be covered depending on the purpose of the leave.

The absence from work must be in order to attend judicial proceedings or proceedings involving rights of the victim. Only certain crimes are covered. You must provide reasonable advance notice of your need for leave, and documentation related to the proceeding may be required. If advance notice is not possible, you must provide appropriate documentation within a reasonable time after the absence.

For more information regarding this leave (including whether you are covered, when and what type of documentation is required, and which type of paid time off can be used), please management with day-to-day personnel responsibilities.

Employees must use PTO leave in order to receive compensation for this time off, employees who do not have PTO available will take the time off without pay.

VOLUNTEER CIVIL SERVICE PERSONNEL

No employee shall be disciplined for taking time off to perform emergency duty as a volunteer firefighter, peace officer, or emergency rescue personnel. Employees who perform emergency duty as a volunteer firefighter, reserve peace officer, or emergency rescue personnel may also take up to a total of fourteen days unpaid leave time per calendar year to engage in required fire, law enforcement or emergency rescue training. Please alert your manager that you may have to take time off for emergency duty or emergency duty training. When taking time off for emergency duty, please alert your manager before doing so when possible.

If you are an official volunteer firefighter, reserve peace officer or emergency rescue personnel, please alert your manager if you have training.

Employees must use PTO in order to receive compensation for this time off, employees who do not have PTO available will take the time off without pay.

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**Disclaimer: This employee handbook is subject to change.*



10770 Donner Pass Rd. Suite 201
Truckee, CA 96161
(530) 550-2940

LOW OXYGEN SATURATION & INCENTIVE SPIROMETER USE

Oxygen Saturation, Explained:

- Hemoglobin is the protein contained in your blood cells that is responsible for delivering oxygen to your organs and tissues.
- Oxygen Saturation is percentage of hemoglobin bound to oxygen in your blood. In general, a higher oxygen saturation number is better.
- Oxygen saturation is a crucial measure of how well your lungs are working.
- **A normal arterial blood oxygen saturation level is 94-100%.**

Low Oxygen Saturation, Explained:

- **Low oxygen saturation levels are those less than 94%.**
- Some people, even those who are active and healthy, might have low oxygen saturation levels at baseline.
- Factors that can contribute to low oxygen saturation might include, but are not limited to:
 - Recent illness – cold, flu, pneumonia, COVID-19, etc.
 - Environmental elevation (*Truckee, CA sits at 5800ft above sea level*)
 - Certain medication(s), such as prescription pain meds and other sedating medications
 - Your personal health history – sleep apnea, COPD, smoker, etc.
 - Anesthesia
 - Certain nerve blocks affecting the shoulder and/or arm

Medications:

***You may have received the following medication(s) that could cause low oxygen saturation:

- You had general anesthesia or medication(s) for sedation
 - You received a nerve block for your shoulder or arm.
 - You received the following pain medication(s) while in recovery:
-

Anesthesia's Role in Low Oxygen Saturation:

- General anesthesia can impair lung function, even in healthy individuals, and result in decreased oxygenation in the recovery period. Substances such as anesthesia and/or pain medications(s) can directly affect how fast and how deeply you breathe. Because of this, your oxygen saturation may be lower immediately after anesthesia. This is normal and usually resolves once the anesthetic or medications leave your system, which can take up to 24 hours.

Shoulder Nerve Block's Role in Low Oxygen Saturation:

- Nerve blocks may be performed to numb the nerves that supply your shoulder and arm and improve pain control during and after surgery. Specifically the “interscalene” and “supraclavicular” nerve blocks are the most common types used for this. However, the numbing medication injected will affect other nerves as well, including one that helps your diaphragm move during breathing. Because of this, the lung on the side of your block may not inflate as fully until the medication wears off. This is an expected side effect and generally not noticed by most patients. Some, however, may have lower oxygen saturation, and a smaller number of patients may even feel short of breath.

Managing Low Oxygen Saturations At Home:

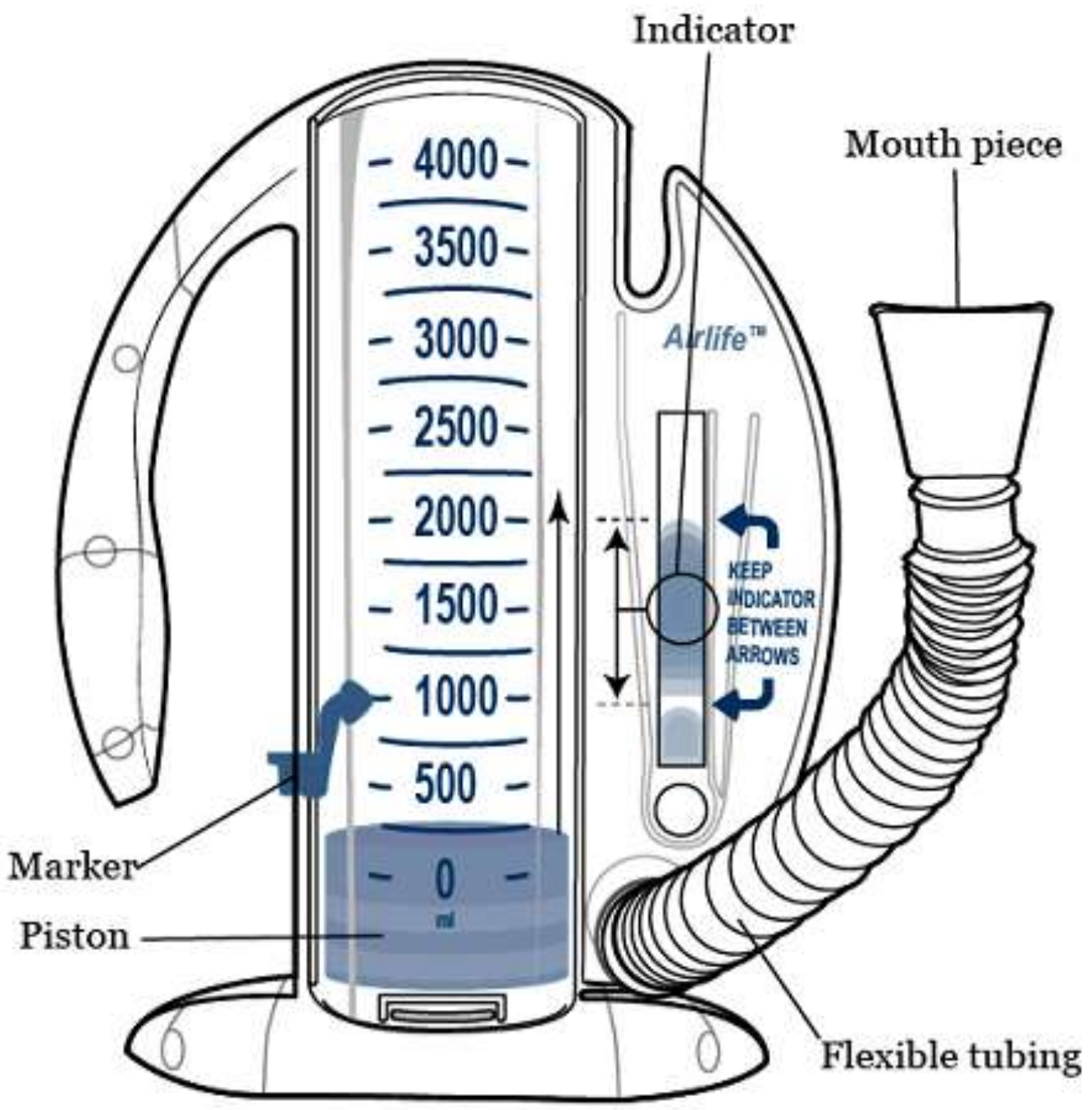
- **Use the incentive spirometer that was given to you by our staff!** (See instructions below)
- Sleep in a reclined position, whether in a recliner chair or propped up via 2-3 pillows. This position helps keep your airway open.
- If you have a pulse oximeter at home, keep track of your saturations and notify your physician of any concerns.

Incentive Spirometer, Explained:

- An incentive spirometer is a device that will help expand your lungs, helping you breathe more deeply and fully. It encourages you to take slow, deep breaths, and measures how much air you can inspire (breathe into your lungs).
- **To use the spirometer:**
 1. **Sit up and hold the device.**
 2. **Breathe out (exhale), normally.**
 3. **Place the mouthpiece in your mouth, making sure you have a good seal over it with your lips.**
 4. **Breathe in (inhale), slowly and deeply – taking note of the number at which the piston rises to. A higher number is better.**
 - **You will notice a coaching indicator on the handle, with 2 arrows. This measures the speed of your breath. As you inhale, and the piston rises, pay attention to the coaching indicator. You want it to stay between the arrows. If the indicator rises above the higher arrow, you're breathing in too fast. If the indicator stays below the lower arrow, you're breathing in too slow.**
 5. **When you get the piston to rise as high as you can, hold your breath for 3-5 seconds. You will see the piston slowly fall to the bottom. Then, exhale.**
 6. **Rest for 10-15 seconds.**
 7. **Repeat steps 1-6 for three to four cycles.**
 8. **Do this every 45-60 minutes throughout the first post-op day, or until your nerve block wears off and your oxygen saturation numbers stay above 91%.**

References:

- **Respiratory Complications in the Postanesthesia Care Unit: A Review of Pathophysiological Mechanisms.** *National Library of Medicine [National Institute of Health]*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4456822/>
- **Phrenic Nerve Palsy and Regional Anesthesia for Shoulder Surgery: Anatomical, Physiologic, and Clinical Considerations.** *American Society of Anesthesiology*. <https://pubs.asahq.org/anesthesiology/article/127/1/173/18738/Phrenic-Nerve-Palsy-and-Regional-Anesthesia-for>
- **Using an Incentive Spirometer.** *Medline Plus*. <https://medlineplus.gov/ency/patientinstructions/000451.htm>
- **How to Use Your Incentive Spirometer.** *Memorial Sloan Kettering Cancer Center*. <https://www.mskcc.org/cancer-care/patient-education/how-use-your-incentive-spirometer>
- **Justin Ward.** *Tahoe Forest Health Systems Anesthesiologist.*





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LOWER EXTREMITY DISCHARGE INSTRUCTIONS

Post-Anesthesia

- **Do not** drive, drink alcohol, operate hazardous machinery or sign any legal documents for 24 hours.
- **Begin eating** lightly and progress your diet as tolerated. Avoid spicy, greasy foods if nausea occurs. Stay hydrated by drinking lots of fluids.
- You had *spinal anesthesia*. If you get a severe to persistent headache that increases when you sit up and decreases when you lay down, call the office.
- You had *monitored anesthesia*. You might feel intermittent drowsiness for the rest of the day.
- You had *general anesthesia*. Remember to take deep breaths to prevent any breathing complications.

Operative Site

- **Elevate your affected extremity** above the level of your heart during the first few days after surgery. This will prevent swelling by allowing fluids that have collected near the injury to drain. Perform ankle pumps frequently to help minimize swelling.
- **Apply an ice pack** to the incision site for the first 48 hours to decrease swelling and discomfort.
- **Keep dressing/splint clean and dry.** Avoid activities that could potentially allow dirt or sweat to reach your fresh incisions. Do not place any objects into your splint or dressing. Call your physician if you notice rubbing, pinching, or slipping.
- If the dressing becomes loose or feels too tight, you may remove and re-apply the outer ACE wrap(s).
- Remove dressing after ____ days and shower [_____ @ _____]. You may apply band-aids to the incisions, if you wish.
- Do not remove the dressing. Keep in place until your follow up appointment. When showering, cover your dressing to keep it clean and dry. If it gets wet, call your surgeon.
- **Do not remove any stitches or staples** prior to your follow up appointment. After your dressing has been removed, you may shower, but **DO NOT** soak in standing water (baths, hot tubs, lakes, pools) until cleared by your surgeon. If you have steri-strips, do not actively try to remove them – allow them to fall off over time.
- **Gentle soap**, only, when washing your fresh incisions. Do not use the surgical soap you used prior to your procedure. Do not apply lotions, ointments, or oils to your incisions unless directed to do so by your surgeon.

Activity

- Your surgery will be at an increased risk of failure or complication if you do not follow post-operative weight-bearing precautions. This may lead to a poor result or even the need for additional surgery.
 - Non weight bearing: do not place any weight on the affected extremity
 - Partial/Touch-down weight bearing: you may place some weight on the affected extremity
 - Weight bearing as tolerated

- You are being sent home with the device(s): *Use these as instructed*
- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Crutches | <input type="checkbox"/> PostOp Shoe | <input type="checkbox"/> Knee Brace: |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cam Boot | <input type="checkbox"/> Locked: _____ |
| <input type="checkbox"/> Ice Machine | | _____ |
| | | <input type="checkbox"/> Unlocked: _____ |
| | | _____ |
- May remove brace when at rest

Complications To Watch For

- Excessive bleeding or signs of infection around the operative site:
 - Redness
 - Swelling
 - Abnormal colored drainage (white, green, yellow and not clear in consistency)
 - Temperature greater than 101 degrees
 - Pain, not relieved by the medication ordered
 - Inability to urinate
 - Numbness, tingling, or severe tightness of operative extremity
- **If any of the above occur**, call the office or go to the emergency room. If you have **any** sudden calf pain or redness, chest pain or difficulty breathing, *call 911* immediately.

Medications

- Narcotic prescriptions may be given. Use prescribed medications as directed.
 - **If your prescribed pain medication contains Tylenol (Acetaminophen) in it, DO NOT take additional OTC Tylenol.** *Never exceed 3 grams (3,000mg) of acetaminophen in a 24-hour period.*
 - Once you are no longer taking the prescribed narcotic medication, or as long as your prescription does not contain Tylenol, you may use extra-strength acetaminophen as needed for milder pain or to reduce fever.
 - Do not drive or drink alcohol while taking narcotic pain medications.
 - Resume any medications that you were taking before your surgery, or unless your surgeon says otherwise.
 - Always take prescribed and OTC pain medications with food. It doesn't need to be a full meal, just a snack. Tip: keep crackers and water at your bedside for when you need medication during the night.
 - *If you take ibuprofen (NSAID), do not exceed 2,400mg in 24 hours.*
 - Pain medications can cause constipation. You may use an over the counter laxative or stool softener as needed until your bowel function returns to normal.
 - Calcium is important for fracture healing. The average adult needs approx. 1,000mg/day. When attempting to heal fractures, up to 1,200-1,500mg/day is reasonable. Similarly, vitamins A, E, and D have been linked to improved wound healing. Consider OTC supplements if you are not getting adequate vitamins from your diet.
 - These are medications you *may* have received while at Truckee Surgery Center:
 - The oral pain medication _____ was given @ _____. *Follow the directions of your prescription so you know when to take the next dose.*

 - You have not received oral pain medication at TSC. Therefore, you may take the first dose of your prescribed medication once you arrive home.
 - IV Toradol. If your surgeon approves, wait until after _____ to take additional NSAIDs.
 - IV Tylenol. If your surgeon approves, wait until after _____ to take additional Tylenol.
- ***If you have any further questions regarding your pain prescription, call the Orthopedic Office***

Follow Up Care

- Follow up appointment, as scheduled. If you do not have a follow up appointment, call the Orthopedic Office to schedule one.
- Follow the previous instructions regarding your post-operative therapy and activity. If you were given a prescription for outpatient physical therapy, find a therapist that you are comfortable with within the first week following your surgery.
- Handouts given:
 - Nerve Block Instructions Crutch Instructions DVT prevention
 - Exercise Instructions Work/School Excuse Note Constipation prevention
 - HTN Education Low O2 Sats/IS Education Cold Therapy Instructions
 - Other: _____
- If you have any questions or problems relating to your procedure, please call Truckee Surgery Center at (530) 550-2940 or your surgeon at the Orthopedic Office (530) 587-7461. **If it is after hours, please call the Ortho Office.**
- Additional instructions per Dr. _____:

- If you were sent home with a **loaner** ice machine, *please return the unit and outlet cord* by the following date: _____

Patient/Responsible Adult Signature _____

RN Signature _____ **Date** _____

Truckee Surgery Center, LLC
Statement of Revenue and Expense
For The Six Months Ended December 31, 2023

	Actual	Budget	Variance
Ordinary Income/Expense			
Income			
Patient Revenue			
Private Pay	20,239	30,000	(9,761)
Commercial & Government Payors	917,981	855,816	62,165
Total Patient Revenue	938,220	885,816	52,404
Refunds			
Insurance Refund	(2,345)	-	(2,345)
Patient Refund	(11,877)	(3,000)	(8,877)
Total Refunds	(14,222)	(3,000)	(11,222)
Total Income	924,473	882,816	63,626
Gross Profit	924,473	882,816	63,626
Expense			
Service Fee	1,000	900	(100)
Purchased Services	7,194	25,420	18,226
Bad Debt	36,593	71,751	35,158
Aged AR	344	4,500	4,156
Billing Fee - Other	28,840	30,118	1,277
Total Billing Fee	29,184	34,618	5,433
Collection Agency Reimbursement			
HELP Refund	1,199	1,300	101
Collection Agency Reimbursement - Other	(850)	120	970
Total Collection Agency Reimbursement	348	1,420	1,072
General Office			
Document Destruction	562	700	138
Dues and Subscriptions	4,444	14,400	9,956
Office Supplies	3,604	4,680	1,076
Postage and Delivery	205	510	305
General Office - Other	476	800	324
Total General Office	9,291	21,090	11,799
Liability Gen'l, Prof Insurance	2,723	2,724	1
Licenses and Permits	1,474	950	(524)
Linen	19,445	24,360	4,915
Medical Supplies Total			
Implants-Tissue Products	8,382	-	(8,382)
Gas Medical	9,745	12,667	2,923
Implants	95,399	120,825	25,427
Instrument Expense	1,794	180	(1,614)
Medical Supplies	88,559	132,031	43,471
Pharmacy	22,298	30,207	7,908
Patient Nutrition	613	1,364	751
Medical Supplies Total - Other	-	120	120
Total Medical Supplies Total	226,790	297,394	70,603

Other Expenses			
Bank Charges	510	420	(90)
Cleaning Supplies	50	360	310
Educational	3,234	4,000	766
Equipment Rental/Lease	-	-	-
Interest Expense	57	50	(7)
Meals & Entertainment	790	360	(430)
Merchant Fees	4,544	3,000	(1,544)
Travel	1,890	1,200	(690)
Total Other Expenses	11,075	9,390	(1,685)
Payroll Expenses			
Voluntary Benefits	1,274	1,350	76
Basic Employee Life AD&D	191	210	20
Health Insurance Total			
Health	64,889	72,350	7,461
Dental	4,809	4,219	(590)
Vision	728	614	(114)
Health Insurance Total - Other	-	300	300
Total Health Insurance Total	70,425	77,482	7,057
Employee Benefit	1,879	2,250	371
Payroll Taxes	53,032	57,338	4,305
Retirement Contribution	9,028	8,780	(248)
Wages	444,381	521,250	76,869
Work Comp	3,927	2,643	(1,284)
Payroll Expenses - Other	2,490	3,450	960
Total Payroll Expenses	586,626	337,376	88,126
Professional Fees			
Consulting	1,000	1,400	400
Pension Fees	945	1,223	278
Transcription Services	1,723	4,429	2,706
Total Professional Fees	3,668	7,052	3,383
Rent & CAM	89,025	90,586	1,560
Repairs			
Building/Equipment Repairs	11,918	6,000	(5,918)
Instrument Refurbishing	-	900	900
Instrument Repairs	-	1,800	1,800
Maintenance-Preventative	18,178	30,000	11,822
Total Repairs	30,096	38,700	8,604
Taxes			
Property	17,655	12,750	(4,905)
State	-	3,400	3,400
Taxes- Other	(160)	-	-
Total Taxes	17,494	16,150	(1,505)

Utilities			
Alarm Monitor	566	510	(56)
Cable	435	390	(45)
Gas and Electric	22,232	24,150	1,918
Medical Waste	13	-	(13)
Telephone	2,872	3,000	128
Total Utilities	<u>26,118</u>	<u>28,050</u>	<u>1,932</u>
Depreciation Expense	<u>43,888</u>	<u>43,888</u>	<u>0</u>
Total Expense	<u>1,122,901</u>	<u>1,389,193</u>	<u>246,999.10</u>
Net Ordinary Income	<u>(218,057)</u>	<u>(506,377)</u>	<u>(183,374)</u>
Other Income/Expense			
Other Income			
Other Income	-	-	-
Interest Income	953	30	923
Total Other Income	<u>950</u>	<u>30</u>	<u>920</u>
Other Expense			
Amortization Expense	130,478	130,478	0
Total Other Expense	<u>130,478</u>	<u>130,478</u>	<u>0</u>
Net Other Income	<u>(129,525)</u>	<u>(130,448)</u>	<u>923</u>
Net Income	<u><u>(347,582)</u></u>	<u><u>(636,825)</u></u>	<u><u>289,243</u></u>

Truckee Surgery Center, LLC
Balance Sheet
December 31, 2023

	Dec 31, 23	Sep 30, 23
ASSETS		
Current Assets		
Checking/Savings		
US Bank	121,122.56	144,680.04
Bank of the West	-2,162.61	-2,132.61
Petty Cash	300.02	308.02
Total Checking/Savings	119,259.97	142,855.45
Accounts Receivable		
Accounts Receivable		
Allowance for Doubtful Accounts	-107,470.74	-75,148.73
Accounts Receivable - Other	437,274.83	387,293.72
Total Accounts Receivable	329,804.09	312,144.99
Total Accounts Receivable	329,804.09	312,144.99
Other Current Assets		
Other Receivable	8,169.29	8,169.29
Prepaid Expense		
Franchise Tax Prepaid	13,600.00	13,600.00
Preventative Maint	2,935.46	3,354.26
Worker's Comp	2,642.48	3,963.74
Prepaid Expense - Other	3,389.80	3,897.83
Total Prepaid Expense	22,567.74	24,815.83
Total Other Current Assets	30,737.03	32,985.12
Total Current Assets	479,801.09	487,985.56
Fixed Assets		
Computer/Office Equipment	7,051.91	7,051.91
Furniture & Fixtures	14,087.00	14,087.00
Instruments	27,805.38	27,805.38
Leasehold Improvements	1,017,519.04	1,017,519.04
Machinery & Equipment	572,848.16	345,833.02
Surgical & Medical Equipment	231,098.69	231,098.69
Accumulated Depreciation	-771,640.37	-749,696.27
Goodwill	3,914,333.00	3,914,333.00
Accumulated Amortization	-3,392,422.30	-3,327,183.43
Total Fixed Assets	1,620,680.51	1,480,848.34
Other Assets		
Rent Deposit	20,256.00	20,256.00
Total Other Assets	20,256.00	20,256.00
TOTAL ASSETS	2,120,737.60	1,989,089.90
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		

Accounts Payable		
Accounts Payable	1,928,811.96	1,612,612.20
Total Accounts Payable	<u>1,928,811.96</u>	<u>1,612,612.20</u>
Credit Cards		
BankCard	1,428.98	1,570.55
Total Credit Cards	<u>1,428.98</u>	<u>1,570.55</u>
Other Current Liabilities		
US Bank Equipment Lease	1,252.35	1,520.27
Due to TFH	1,655,257.17	1,655,257.17
Compensated Absenses	56,486.23	47,039.67
Payroll Liabilities	13,032.77	11,584.61
Pension Payable	1,785.90	0.00
Total Other Current Liabilities	<u>1,727,814.42</u>	<u>1,715,401.72</u>
Total Current Liabilities	<u>3,658,055.36</u>	<u>3,329,584.47</u>
Total Liabilities	3,658,055.36	3,329,584.47
Equity		
Tahoe Forest Hospital		
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79
Total Tahoe Forest Hospital	<u>2,986,307.79</u>	<u>2,986,307.79</u>
Truckee Surgery Center Inc		
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70
Total Truckee Surgery Center Inc	<u>604,650.70</u>	<u>604,650.70</u>
Retained Earnings	-4,780,692.36	-4,780,692.36
Net Income	-347,583.89	-150,760.70
Total Equity	<u>-1,537,317.76</u>	<u>-1,340,494.57</u>
TOTAL LIABILITIES & EQUITY	<u><u>2,120,737.60</u></u>	<u><u>1,989,089.90</u></u>



Truckee
EOM Summary
February 2024

12 Month Rolling Trend

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Totals	2024 Average	2023 Totals	2023 Average
Case Volume	36	30	4	0	0	0	0	0	0	0	0	0	66	33	508	44
Unfilled Cases (pending MLI)	-	4	-	-	-	-	-	-	-	-	-	-	4	2	10,351,765	\$862,617
Gross Charges	\$669,956	\$627,546	\$231,236	\$103,636	\$1,014	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,297,502	\$448,751	\$1,800,557	\$140,046
Net Payments	\$231,236	\$103,636	\$1,014	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$334,872	\$167,436	\$63,458	\$5,288
Refunds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,014	\$507	\$50,723	\$399
Payments >90 days	\$75,680	\$25,766	25%	33%	30%	30%	29%	77%	77%	77%	77%	77%	\$101,446	\$50,723	\$1,891,375	\$157,615
% of Payments >90	33%	25%	76%	79%	79%	79%	79%	79%	79%	79%	79%	79%	30%	29%	\$8,460,340	\$705,033
Contractual Adjustments	\$506,788	\$495,930	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,000,718	\$501,359	\$4,785,239	\$398,270
Contractual Adjustments %	76%	79%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	77%	77%	\$17,192	\$8,596
Bad Debt	\$231	\$0	\$2,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$231	\$116	\$79,820	\$6,652
Other adjustments	\$28,756	\$498,160	\$535,544	\$163,166	\$231	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,986	\$15,493	\$15,009	\$1,251
Total adjustments	\$535,544	\$131,616	\$17,371	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,033,704	\$516,852	\$8,475,389	\$4,237,700
Net expected (Gross revenue - contractual)	\$134,312	\$191,920	\$116,264	\$103,636	\$1,014	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$294,784	\$147,392	\$1,891,375	\$157,615
Collection Referrals	\$180	\$0	\$358,669	\$5,019	\$359,797	\$180	\$0	\$0	\$0	\$0	\$0	\$0	\$17,602	\$8,801	\$8,801	\$735
A/R Debt Balances	\$351,970	\$358,669	\$5,019	\$359,797	\$180	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$710,639	\$355,319	\$4,785,239	\$398,270
A/R Credit Balances	\$12,172	\$5,019	\$359,797	\$180	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,192	\$8,596	\$552,331	\$46,028
A/R Net Balance	\$339,797	\$353,650	\$5,019	\$359,797	\$180	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$689,447	\$346,723	\$4,232,907	\$346,371
Cash Goal	\$189,034	\$150,826	\$147,238	\$189,034	\$180	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$467,098	\$233,549	\$1,782,147	\$148,512
% Collected of Goal	137%	69%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	103%	95%

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Totals	2024 Average	2023 Totals	2023 Average
DNB	2	0	0	0	0	0	0	0	0	0	0	0	2	1	1	1
OBG	0	3	3	3	3	3	3	3	3	3	3	3	44	22	22	22
ORT	19	25	25	25	25	25	25	25	25	25	25	25	14	7	7	7
PAI	14	0	0	0	0	0	0	0	0	0	0	0	14	7	7	7
URO	1	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1
Totals	36	30	30	30	30	30	30	30	30	30	30	30	66	33	508	44

Specialties - Average Revenue per Case (last 12 months closed cases)

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Average	2023 Average
DNB	\$1,766	\$1,837	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,320	\$1,801	\$1,320
ENT	\$1,320	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$730	\$730
OBG	\$1,460	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576	\$3,576
ORT	\$1,460	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381	\$1,381
PAI	\$2,429	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447
URO	\$1,304	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,653	\$1,578	\$1,578
Totals	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801	\$11,801

Financial Class Volume - Monthly Trend

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Totals	2024 Average	2023 Totals	2023 Average
CONTRACTED	21	21	0	0	0	0	0	0	0	0	0	0	42	21	267	217
MEDICARE	13	4	0	0	0	0	0	0	0	0	0	0	17	9	234	197
SELF PAY	1	0	0	0	0	0	0	0	0	0	0	0	1	1	707	59
WORKERS COMP	1	5	0	0	0	0	0	0	0	0	0	0	6	3	216	229
Totals	36	30	0	0	0	0	0	0	0	0	0	0	66	33	1,236	1,033

Financial Class - Average Revenue per Case (last 12 months closed cases)

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024 Average	2023 Average
CONTRACTED	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897	\$33,897
MEDICARE	\$12,899	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,713	\$11,818	\$11,818
SELF PAY	\$2,429	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447	\$2,447
WORKERS COMP	\$5,908	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,904	\$3,856	\$3,856
Totals	\$53,133	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961	\$51,961

A/R Aging by Financial Class - as of EOM Summary *by DOS

	Current	61-90	91-120	121+	Total AR	% of total >90 days	% of total >120 days	Total AR %	Credits
CONTRACTED	\$100,589	\$12,880	\$16,788	\$3,200	\$133,357	44%	43%	65%	(\$2,760)
MEDICARE	\$4,079	\$0	\$0	\$0	\$4,079	8%	8%	1%	\$0
NON CONTRACTED	\$0	\$0	\$0	\$0	\$0	0%	0%	0%	\$0
SELF PAY	\$7,595	\$6,533	\$5,328	\$31,265	\$50,721	72%	62%	14%	(\$2,791)
WORK COMP	\$14,883	\$1,533	\$0	\$3,182	\$19,598	76%	5%	19%	\$0
WORKERS COMP	\$0	\$0	\$0	\$0	\$0	0%	0%	0%	\$0
Totals	\$139,551	\$22,008	\$23,321	\$57,897	\$342,777	54%	38%	100%	(\$5,251)

		Days in A/R Trend												2024	2023
Days in AR		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Average	Average
		57	64											61	76
CONTRACTED															
MEDICARE		3	6											5	5
WORKERS COMP		12	12											12	12
Overall Average		0	0											3	3
		3	6											6	6
Charge Lag Trend															
Days to Discharge		2	1											2	2
Days to Receipt / Bill		1	4											3	3
Total Charge Lag per HST		3	5											4	6
Denial and Clean Claim % Trend															
Denial Rate		0%	0%											0.0%	0.0%
Number of Denials		0	0											0	0
Clean Claim %		94%	100%											97%	97%
Other KPI's															
Average Revenue Per Case		\$2,906	\$2,909											2024 Average	2023 Average
Number of Open Accounts		184	140											\$2,908	167
Notes/Comments															

2024 Provider Production - YTD

Provider	Charges	Cases	Payments	Collection Ratio	Avg. Revenue per case	Avg. Charge per case
ALPERT, RICKI A	\$0	0	\$0	0%	\$0	\$0
BANY, TENILLE	\$0	0	\$0	0%	\$0	\$0
CONDON, DAVID	\$0	0	\$1,974	17%	\$2,547	\$0
DODD, JEFFREY S	\$410,229	22	\$78,314	18%	\$2,990	\$18,647
GANNAM, CAMILLE	\$0	0	\$3,696	70%	\$2,601	\$0
GANONG, ALISON	\$131,145	14	\$22,597	13%	\$1,351	\$9,368
GUSTAFASSON, MATTHEW H	\$7,548	2	\$6,610	46%	\$1,455	\$3,774
HAEDER, PAUL R	\$0	0	\$0	0%	\$0	\$0
HAGEN, JONATHAN T	\$174,100	8	\$138,431	18%	\$4,155	\$21,762
JERNICK, MICHAEL	\$272,944	8	\$35,207	19%	\$2,961	\$34,118
LAN, JIE	\$0	0	\$0	0%	\$0	\$0
LUSCOMB, THOMAS A	\$0	0	\$0	0%	\$0	\$0
NAFTULIN, BRIAN	\$18,743	3	\$2,143	27%	\$1,810	\$6,248
RINGNES, ANDREW P	\$260,745	6	\$44,042	20%	\$4,129	\$43,457
SAAREMETS, ALAR	\$0	0	\$0	0%	\$0	\$0
Salas, Michael	\$0	0	\$0	0%	\$0	\$0
TAYLOR, PETER J	\$22,050	3	\$347	0%	\$0	\$7,350
WAINSTEIN, MARK A	\$0	0	\$3,356	21%	\$1,299	\$0
WATSON, JEFFREY B	\$0	0	\$0	13%	\$1,320	\$0
Zissimos, Anthony	\$0	0	-\$1,844	0%	\$0	\$0
VOSS, JUSTIN C	\$0	0	\$0	0%	\$0	\$0
Grand Total	\$1,297,502	66	\$334,872	19%	\$2,908.71	\$19,659

Provider Production - Monthly Case Volume

Providers	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Total	2023 Total
ALPERT, RICKI A													0	-
BANY, TENILLE													0	5
CONDON, DAVID													22	132
DODD, JEFFREY S	13		9										22	7
GANNAM, CAMILLE													14	89
GANNON, ALISON	14												14	7
GUSTAFSSON, MATTHEW H	2												2	11
HADER, PAUL R													0	-
HAGEN, JONATHAN T	1		7										8	98
JERNICK, MICHAEL	2		6										8	45
LAN, JIE													0	-
LUSCOMB, THOMAS A													0	-
MALTULIN, BRIAN	1		2										3	20
RINGNES, ANDREW P	3		3										6	108
SAAREMETS, ALAR													0	-
SILTS, MICHAEL													0	-
TAYLOR, PETER J													3	1
WAINSTEIN, MARK A													0	11
WATSON, JEFFREY B													0	1
Zisimos, Anthony													0	-
VOSS, JUSTIN C													0	-
TOTALS	36	30											66	528

Provider Production - Monthly Charges

Providers	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Total	2023 Total
ALPERT, RICKI A	50	50											50	-
BANY, TENILLE	50	50											50	-
CONDON, DAVID	50	50											50	-
DODD, JEFFREY S	\$243,353	\$166,875											\$410,229	-
GANNAM, CAMILLE	50	50											50	-
GANNON, ALISON	\$131,145	50											\$131,145	-
GUSTAFSSON, MATTHEW H	\$7,548	50											\$7,548	-
HADER, PAUL R	50	50											50	-
HAGEN, JONATHAN T	\$46,012	\$128,088											\$174,100	-
JERNICK, MICHAEL	\$110,502	\$162,437											\$272,934	-
LAN, JIE	50	50											50	-
LUSCOMB, THOMAS A	50	50											50	-
MALTULIN, BRIAN	\$6,615	\$12,128											\$18,743	-
RINGNES, ANDREW P	\$124,778	\$135,969											\$260,745	-
SAAREMETS, ALAR	50	50											50	-
SILTS, MICHAEL	50	50											50	-
TAYLOR, PETER J	50	\$22,050											\$22,050	-
WAINSTEIN, MARK A	50	50											50	-
WATSON, JEFFREY B	50	50											50	-
Zisimos, Anthony	50	50											50	-
VOSS, JUSTIN C	50	50											50	-
TOTALS	669,956	627,546											\$1,297,502	-

Provider Production - Monthly Cash

Providers	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Total	2023 Total
ALPERT, RICKI A	50	50											50	811
BANY, TENILLE	50	50											50	611
CONDON, DAVID	\$1,974	50											\$1,974	12,113
DODD, JEFFREY S	\$51,343	\$26,971											\$78,314	426,000
GANNAM, CAMILLE	\$3,096	\$600											\$3,696	11,908
GANNON, ALISON	\$15,995	\$6,602											\$22,597	124,069
GUSTAFSSON, MATTHEW H	\$6,610	50											\$6,610	16,619
HADER, PAUL R	50	50											50	395,061
HAGEN, JONATHAN T	\$111,305	\$27,108											\$138,413	395,061
JERNICK, MICHAEL	\$7,122	\$28,085											\$35,207	190,465
LAN, JIE	50	50											50	(324)
LUSCOMB, THOMAS A	50	50											50	(890)
MALTULIN, BRIAN	\$557	\$1,586											\$2,143	33,863
RINGNES, ANDREW P	\$29,878	\$14,164											\$44,042	456,308
SAAREMETS, ALAR	50	50											50	186
SILTS, MICHAEL	50	50											50	825
TAYLOR, PETER J	50	\$347											\$347	3,009
WAINSTEIN, MARK A	\$3,386	50											\$3,386	9,503
WATSON, JEFFREY B	50	50											50	1,320
Zisimos, Anthony	50	\$1,844											\$1,844	1,675
VOSS, JUSTIN C	50	50											50	(324)
TOTALS	231,236	103,636											\$334,872	\$1,680,807

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Project Detailed Report

E/M Coding: Total Sample Size 0 codes

Findings	Count	%
E/M Level appears to be correct	0	0%
E/M Level appears to be over-coded	0	0%
E/M Level appears to be under-coded	0	0%
E/M Level appears to be Wrong Category	0	0%

CPT® / HCPCS II Coding: Total Sample Size 24 codes

Findings	Count	%
Code(s) appear to be correct	23	96%
Code(s) appear to be incorrect	1	4%
Additional code(s) supported	0	0%

ICD-10 CM Coding: Total Sample Size 40 codes

Findings	Count	%
Code(s) appear to be correct	31	78%
Code(s) appear to be incorrect	5	13%
Additional code(s) supported	4	10%

Organization

Organization Name	Organization ID	%
-	-	-

Coders

Coder Name	Organization Name	%
Coders,Truckee		-

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

Truckee Coders , 03-14-2024

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
1	7113	Patient 1	10-05-2023	55250 1	55250 1				1. Z30.2	1. Encounter for sterilization	1. Z30.2	1. Encounter for sterilization
1. CPT supported. 2. Diagnosis supported.												
2	1705	Patient 2	10-18-2023	26160 F7 1	26160 F7 1				1. M1A.9XX1	1. Chronic gout, unspecified, with tophus (tophi)	1. M1A.9XX1	1. Chronic gout, unspecified, with tophus (tophi)
1. CPT supported. 2. Diagnosis supported.												
3	7152	Patient 3	10-18-2023	29881 SG,LT 1	29881 SG,LT 1				1. S83.242A 2. M94.262 3. M67.52	1. Other tear of medial meniscus, current injury, left knee, initial encounter 2. Chondromalacia, left knee 3. Plica syndrome, left knee	1. S83.242A 2. M94.262 3. No Code	1. Other tear of medial meniscus, current injury, left knee, initial encounter 2. Chondromalacia, left knee 3.

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
1. CPT supported. 2. Modifier SG supported due to Work Comp Claim. 3. Diagnosis billed is not supported by the documentation. 4. External cause codes are not mandatory; documentation does support codes X50.3XXA, Y93.89 and Y99.0. Client to confirm policy regarding external cause code capture.												
4	4937	Patient 4	10-24-2023	26055 F2 1	26055 F2 1				1. M65.322	1. Trigger finger, left index finger	1. M65.322	1. Trigger finger, left index finger
1. CPT supported. 2. Diagnosis supported.												
5	1964	Patient 5	10-31-2023	29880 SG,LT 1	29880 SG,LT 1				1. S83.232A 2. S83.272A 3. M94.262 4. M23.42 5. Z98.890	1. Complex tear of medial meniscus, current injury, left knee, initial encounter 2. Complex tear of lateral meniscus, current injury, left knee, initial encounter 3. Chondromalacia, left knee 4. Loose body in knee, left knee 5. Other specified postprocedural states	1. S83.232A 2. S83.272A 3. M22.42 4. M23.42 5. Z98.890	1. Complex tear of medial meniscus, current injury, left knee, initial encounter 2. Complex tear of lateral meniscus, current injury, left knee, initial encounter 3. Chondromalacia patellae, left knee 4. Loose body in knee, left knee 5. Other specified postprocedural states

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
1. CPT supported. 2. Modifier SG supported due to Work Comp Claim. 3. Diagnosis billed is not supported by the documentation. 4. Documentation supports an additional diagnosis code not originally billed. 5. External cause codes are not mandatory; documentation does support code X50.0XXA. Client to confirm policy regarding external cause code capture.												
6	7139	Patient 6	10-31-2023	64721 RT 1	64721 RT 1				1. G56.01	1. Carpal tunnel syndrome, right upper limb	1. G56.01	1. Carpal tunnel syndrome, right upper limb
1. CPT supported. 2. Diagnosis supported.												
7	7182	Patient 7	11-10-2023	41899 1	41899 1				1. K02.9	1. Dental caries, unspecified	1. K02.9	1. Dental caries, unspecified
1. CPT supported. 2. Diagnosis supported.												

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
8	4324	Patient 8	11-15-2023	29827 LT 1 29826 LT 1 64415 59,LT 1	29827 LT 1 29826 LT 1 64415 59,LT 1				1. S46.012A 2. M75.52 3. M25.512 4. G89.18	1. Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter 2. Bursitis of left shoulder 3. Pain in left shoulder 4. Other acute postprocedural pain	1. S46.012A 2. M75.52 3. M25.512 4. G89.18	1. Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter 2. Bursitis of left shoulder 3. Pain in left shoulder 4. Other acute postprocedural pain
<p>1. CPT supported. 2. Diagnosis supported. 3. External cause codes are not mandatory; documentation does support codes X50.0XXA and Y93.89. Client to confirm policy regarding external cause code capture.</p>												
9	7219	Patient 9	11-15-2023	64483 LT 1 64484 LT,- 1	64483 LT 1 64484 53,LT 1				1. M54.16	1. Radiculopathy, lumbar region	1. M54.16	1. Radiculopathy, lumbar region
<p>1. CPT supported. 2. Added pricing modifier; 53 discontinued service. 3. Diagnosis supported.</p>												
10	7204	Patient 10	11-16-2023	55250 1	55250 1				1. Z30.2	1. Encounter for sterilization	1. Z30.2	1. Encounter for sterilization
<p>1. CPT supported. 2. Diagnosis supported.</p>												

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
11	6878	Patient 11	11-21-2023	29881 RT 1	29881 RT 1				1. M23.361 2. M94.261 3. M24.661	1. Other meniscus derangements, other lateral meniscus, right knee 2. Chondromalacia, right knee 3. Ankylosis, right knee	1. M23.361 2. M22.41 3. M24.661	1. Other meniscus derangements, other lateral meniscus, right knee 2. Chondromalacia patellae, right knee 3. Ankylosis, right knee
<p>1. CPT supported. 2. Diagnosis billed is not supported by the documentation. Diagnosis codes do not match operative report. 3. Documentation supports additional diagnosis codes not originally billed.</p>												
12	7223	Patient 12	11-22-2023	23515 LT 1 76000 1	23515 LT 1 76000 1				1. S42.032A	1. Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture	1. S42.032A	1. Displaced fracture of lateral end of left clavicle, initial encounter for closed fracture
<p>1. CPT supported. 2. Diagnosis supported. 3. External cause codes are not mandatory; documentation does support code V18.0XXA. Client to confirm policy regarding external cause code capture.</p>												
13	1111	Patient 13	11-22-2023	26055 F5 1	26055 F5 1				1. M65.311	1. Trigger thumb, right thumb	1. M65.311	1. Trigger thumb, right thumb
<p>1. CPT supported. 2. Diagnosis supported.</p>												

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
14	7035	Patient 14	12-06-2023	26055 F5 1	26055 F5 1				1. M65.311	1. Trigger thumb, right thumb	1. M65.311	1. Trigger thumb, right thumb
1. CPT supported. 2. Diagnosis supported.												
15	7175	Patient 15	12-07-2023	55250 1	55250 1				1. Z30.2	1. Encounter for sterilization	1. Z30.2	1. Encounter for sterilization
1. CPT supported. 2. Diagnosis supported.												
16	7234	Patient 16	12-12-2023	29881 LT 1	29881 LT 1				1. S83.232A 2. M17.12 3. M65.9 4. M94.262	1. Complex tear of medial meniscus, current injury, left knee, initial encounter 2. Unilateral primary osteoarthritis, left knee 3. Synovitis and tenosynovitis, unspecified 4. Chondromalacia, left knee	1. S83.232A 2. M17.12 3. M65.9 4. M22.42	1. Complex tear of medial meniscus, current injury, left knee, initial encounter 2. Unilateral primary osteoarthritis, left knee 3. Synovitis and tenosynovitis, unspecified 4. Chondromalacia patellae, left knee
1. CPT supported. 2. Diagnosis billed is not supported by the documentation. 3. Documentation supports an additional diagnosis code not originally billed.												

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
17	7244	Patient 17	12-12-2023	26055 FA 1	26055 FA 1				1. M65.312	1. Trigger thumb, left thumb	1. M65.312	1. Trigger thumb, left thumb
1. CPT supported. 2. Diagnosis supported.												
18	6823	Patient 18	12-20-2023	64721 - 1	64721 RT 1				1. G56.01	1. Carpal tunnel syndrome, right upper limb	1. G56.01	1. Carpal tunnel syndrome, right upper limb
1. CPT supported. 2. Added informational modifier; RT right laterality. 3. Diagnosis supported.												
19	7191	Patient 19	12-21-2023	55250 1	55250 1				1. Z30.2 2. N50.89	1. Encounter for sterilization 2. Other specified disorders of the male genital organs	1. Z30.2 2. N50.89	1. Encounter for sterilization 2. Other specified disorders of the male genital organs
1. CPT supported. 2. Diagnosis supported.												

Project Name: **Q4 2023 Review**
 Organization Reviewed: 1
 Report Run Date: 03-15-2024
 Number of Dates of Service Reviewed: 20

Audit Details

#	Patient ID	Patient Name	DOS	CPT Reported	CPT Audited	*EM Level	**Key Component	Time	ICD-10 Reported	ICD-10 Reported Description	ICD-10 Audited	ICD-10 Audited Description
20	7258	Patient 20	12-26-2023	28124 TA 1	28825 TA 1				1. M86.9 2. E11.42 3. Not Reported 4. Not Reported 5. Not Reported 6. Not Reported	1. Osteomyelitis, unspecified 2. Type 2 diabetes mellitus with diabetic polyneuropathy 3. 4. 5. 6.	1. No Code 2. E11.42 3. E11.69 4. M86.272 5. E11.621 6. L97.526	1. 2. Type 2 diabetes mellitus with diabetic polyneuropathy 3. Type 2 diabetes mellitus with other specified complication 4. Subacute osteomyelitis, left ankle and foot 5. Type 2 diabetes mellitus with foot ulcer 6. Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis

1. Incorrect CPT code; documentation does not support 28124 Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe. Code change to 28825 Amputation, toe; interphalangeal joint.
2. Sequencing of the billed diagnosis codes do not match the provider's assessment. Recommend diagnosis sequence; E11.69, M86.272, E11.621, L97.526, E11.42.
3. Diagnosis billed is not supported by the documentation.

- *E/M Level legend: C = Correct, W = Wrong Category +1 = over-coded 1 level, +2 = over-coded 2 levels, +3 = over-coded 3 levels, +4 = over-coded 4 levels, -1 = under-coded 1 level, -2 = under-coded 2 levels, -3 = under-coded 3 levels, -4 = under-coded 4 levels, Blank - not applicable
- ** When 2021/2023 guidelines were used to select the level of service the Key Components displays each element as follows; O for overall score, P for Problems Addressed; D for Data Analyzed; R for Risk. The Level of Services selected for each element is displayed as S for Straightforward, L for Low, M for Moderate and H for High.



Administrator Update for Board of Managers Q1 2024 Meeting

Operations & Service Lines

- October: 51 November: 50 December: 54 CY2023 Total: 528 Increase of 86 from CY2022
- Urology will begin scheduling additional procedures with us such as hydroceles, cystoscopies, stent removals, urolifts, rigid cystoscopies, bladder botox injections, circumcisions. They are interested in increasing to a full day block instead of a half day.
- IOVERA- Will not be done here unless volumes increase with commercial payors.
- ENT/Facial Plastics- First case scheduled on 3/14. Face and neck lift with earlobe reduction
- New RCM, Coding, and Transcription agreement with Nimble begins 4/1/2024. Surgical Notes will have a 60 day run down period.
- OAS CAHPS Patient Satisfaction Survey CMS final rule requires participation beginning CY 25 for ASCs. We will qualify for an exemption due to our Medicare claim volume being less than 240 a year. CY23 we had a total of 129 Medicare claims.

Facility and Equipment

- Ongoing issues with HVAC Controls. Plan to pursue updating the system this budget cycle.
- Ongoing issues with Medical Gas and Vacuum system. System has failed multiple times over the last couple of years. Patient safety risk if failure occurs when surgeries are taking place. Recent failure occurred during PT care but did not cause harm .Plan to pursue updating the system this budget cycle.
- Stryker Beach Chair, Arthrex Trimano Arm holder, SPD Containers, and Curtains have arrived
- Stryker Tourniquet were approved for Q2 FY 2024. CER will be submitted in Q2.
- New Mini C-arm arrived 3/8/2024
- Capital requests have been submitted for FY25-3 year plan.

Staff/HR

- No open positions
- SB-525 CA Minimum Wage Expansion will not have an impact on TSC.



SITUATION:

TFHD facilities department no longer shares facility records with the TSC Administrator. 2023 and 2024 records are incomplete.

BACKGROUND:

TSC is required to keep records of all preventative maintenance and repairs (This has been confirmed by 3 surveyors from ACHC). TSC maintains a copy on-site for information and ease of access to records. Records were regularly shared with TSC until early 2023. After many attempts to have all missing records sent to the Administrator, records were finally sent over in January 2024. Many records are still missing. The TSC Administrator has contacted the Director of Facilities at TFHD several times with no response. The TSC Administrator is responsible for the overall facility, including preventative maintenance and repairs. It is in the CMS conditions for coverage (interpretive guidelines 416.41 (a)) as well as written in the Administrator's job description and facility policies. TFHD Facilities has decided that they do not need to share facility/maintenance records with the Surgery Center. They have decided they will maintain records and bring them to the Surgery Center when a surveyor requests them. TSC references its maintenance and facility records on a routine basis. The TSC Administrator spends several hours with the surveyors reviewing these records throughout the duration of a 2 day survey.

ASSESSMENT:

The TFHD Facilities department is a contracted service for TSC. It is not a department of the surgery center. In accordance with CMS cfc interpretive guideline 416.41 (a), the TFH Facilities department is incorporated into the QAPI plan and evaluated and reported on as outlined in the interpretive guideline.

As a separate entity from TFHD, TSC must maintain a copy of its records. While the TFHD Facilities department handles almost all facility-related items, the TSC Administrator (ultimately the Governing Body) retains responsibility for all maintenance records and repairs, ensuring they happen correctly and within the designated time frames. It is a risk not to share such records with the surgery center Administrator.

RECOMENDATION or REQUEST:

TFHD Facilities is to provide the TSC Administrator with all facility records and PM records timely after completion. The records can be shared a number of ways; via the g drive, fax, interoffice mail, or email. If TFH staff is unable to print/upload/email/fax records that have been completed by TFHD Facilities, then access should be given to the Administrator to retrieve those records from the e-maint system.