



2022-09-19 Regular Meeting of the Truckee Surgery Center Board of Managers

Monday, September 19, 2022 at 12:00 p.m.

Pursuant to Assembly Bill 361 and Resolution 2022-04 approved by the Tahoe Forest Hospital District, the Regular Meeting of the Truckee Surgery Center Board of Managers for September 19, 2022 will be conducted telephonically through Zoom.

Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting.

Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/88602708426>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 886 0270 8426



2022-09-19 Regular Meeting of the Truckee Surgery Center Board of Managers

AGENDA

2022-09-19 Regular Meeting of Truckee Surgery Center
Board_Agenda.pdf

ITEMS 1-4: See Agenda

5. APPROVAL OF MINUTES

2022-06-15 Regular Meeting of Truckee Surgery Center Board_DRAFT
Minutes.pdf

6. ITEMS FOR BOARD ACTION

6.1. Annual Policy & Procedure Approval

6.1.1. TSC P&P LIST.pdf

6.2. New Policy Review

6.2.1. Amendment to Protected Health Information- HIM-2201-
Draft.pdf

6.2.2. Collection Policy- GOV-2202-Draft.pdf

6.2.3. Review of Accounts for Bad Debt- BO-2208-Draft.pdf

6.3. Policies with Significant Changes

6.3.1. Allograft Handling- Accepting- Storing- and Tracking TB-
1901-Changes.pdf

6.3.2. C-Arm Spacer Cone CA Exemption Use- DI-1902-
Changes.pdf

6.3.3. Clinical Laboratory Point of Care Testing Program- LAB-
1909.pdf

6.3.4. Clinical Laboratory Specimen Collection and Transport-
LAB-1914-Changes.pdf

6.3.5. Termination-Discharge of Patient Relationship- GOV-1910-
Changes.pdf

6.3.6. Life Safety Maintenance Program- EOC-1917-Changes.pdf

6.3.7. Release of Protected Health Information- HIM-1903-
Changes.pdf

6.3.8. Scope of Services- GOV-1912-Changes.pdf

6.3.9. Mission- Vision- Values- & Goals- GOV-1907-Changes.pdf

6.3.10. Procedure List- MS-1908-Changes (1).pdf

6.4. Policies to Retire

6.4.1. Point of Care Testing Program Overview- LAB-1910.pdf

6.4.2. Point of Care Licensure- LAB-1913.pdf

6.4.3. COVID-19- Facility Disinfection- IC-2003.pdf

6.4.4. Code of Ethics- BO-1906.pdf

6.4.5. Registered Nurse First Assistant -RNFA- NS-1932.pdf

6.4.6. Fire Staff Response- EOC-1912.pdf

6.5. Delineated Clinical Privilege Request Forms

6.5.1. PA Delineated Privilege Request- Edits.pdf

6.5.2. ORTHO- Delineated Privilege Request- Edits.pdf

6.5.3. GYN Delineated Privilege Request- Edits.pdf

6.6. Semi-annual contracted services eval 1.1.2022-6.30.2022.pdf

6.7. Orders for annual review.pdf

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

7.1.1. Balance Sheet Q4 FY22.pdf

7.1.2. Profit & Loss Q4 FY22.pdf

7.1.3. Unaudited FY22 TSC Financials.pdf

7.1.4. Surgical Notes Dashboard.pdf

7.2. Payor Contract Update

No related materials.

7.3. Fire and Disaster Drill Update

No related materials.

7.4. Facility/Equipment Update

No related materials.

7.5. Staffing Update

No related materials.

ITEMS 8-10: See Agenda

11. ADJOURN



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

AGENDA

Monday, September 19, 2022 at 12:00 p.m.

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Or join by phone:

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Public comment will also be accepted by email to mrochefort@tfhd.com. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the three minute time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

- 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 OF: 06/15/2022** ♦ ATTACHMENT
- 6. **ITEMS FOR BOARD ACTION** ♦
 - 6.1. **Annual Policy & Procedure Approval** ♦
Truckee Surgery Center Board of Managers will review the following:
 - 6.1.1. Policy & Procedure List ATTACHMENT
 - 6.2. **New Policy Review** ♦

Regular Meeting of the Truckee Surgery Center Board of Managers
September 19, 2022 AGENDA – Continued

Truckee Surgery Center Board of Managers will review the following new policies:

- 6.2.1. Amendment to Protected Health Information (HIM-2201) ATTACHMENT
- 6.2.2. Collection Policy (GOV-2202)..... ATTACHMENT
- 6.2.3. Review of Accounts for Bad Debt (BO-2208) ATTACHMENT

6.3. Policies with Significant Changes ◆

Truckee Surgery Center Board of Managers will review the following policies that have significant changes:

- 6.3.1. Allograft Handling – Accepting, Storing and Tracking (TB-1901) ATTACHMENT
- 6.3.2. C-Arm Spacer Cone CA Exemption Use (DI-1902) ATTACHMENT
- 6.3.3. Clinical Laboratory Point of Care Testing Program (LAB-1909)..... ATTACHMENT
- 6.3.4. Clinical Laboratory Specimen Collection & Transport (LAB-1914) ATTACHMENT
- 6.3.5. Termination/Discharge of Patient Relationship (GOV-1910) ATTACHMENT
- 6.3.6. Life Safety Maintenance Program (EOC-1917)..... ATTACHMENT
- 6.3.7. Release of Protected Health Information (HIM-1903) ATTACHMENT
- 6.3.8. Scope of Services (GOV-1912) ATTACHMENT
- 6.3.9. Mission, Vision, Values and Goals (GOV-1907) ATTACHMENT
- 6.3.10. Procedure List (MS-1908) ATTACHMENT

6.4. Policies to Retire ◆

Truckee Surgery Center Board of Managers will review the following policies to be retired:

- 6.4.1. Point of Care Testing Program Overview (LAB-1910) ATTACHMENT
- 6.4.2. Point of Care Licensure (LAB-1913) ATTACHMENT
- 6.4.3. COVID-19: Facility Disinfection (IC-2003) ATTACHMENT
- 6.4.4. Code of Ethics (BO-1906)..... ATTACHMENT
- 6.4.5. Registered Nurse First Assistant (NS-1932)..... ATTACHMENT
- 6.4.6. Fire Staff Response (EOC-1912)..... ATTACHMENT

6.5. Delineated Clinical Privilege Request Forms ◆

Truckee Surgery Center Board of Managers will review edits to the following privilege forms:

- 6.5.1. Delineated Clinical Privilege Request Form – Physician Assistant ATTACHMENT
- 6.5.2. Delineated Clinical Privilege Request Form – Orthopedic Surgery ATTACHMENT
- 6.5.3. Delineated Clinical Privilege Request Form – Gynecology ATTACHMENT

6.6. Semi-Annual Contracted Services Review ATTACHMENT

Truckee Surgery Center Board of Managers will conduct a semi-annual review of contracted services.

6.7. Annual Review of Preprinted Orders ATTACHMENT

Truckee Surgery Center Board of Managers will conduct an annual review of preprinted orders.

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

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

- 7.1.1. TSC Balance Sheet Q4 FY22 ATTACHMENT
- 7.1.2. TSC Profit & Loss Q4 FY22..... ATTACHMENT
- 7.1.3. FY22 Unaudited Financial Statement ATTACHMENT
- 7.1.4. Surgical Notes Dashboard..... ATTACHMENT

7.2. Payor Contract Update

Truckee Surgery Center Board of Managers will receive an update on payor contracts.

Regular Meeting of the Truckee Surgery Center Board of Managers
September 19, 2022 AGENDA – Continued

7.3. Fire and Disaster Drill Update

Truckee Surgery Center Board of Managers will receive an update on recent fire and disaster drills.

7.4. Facility/Equipment Update

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

7.5. Staffing Update

Truckee Surgery Center Board of Managers will receive an update on staffing.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes ◆

06/15/2022

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

Subject Matter: Second Quarter 2022 Infection Control Data Summary

Number of items: One (1)

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

Subject Matter: Second Quarter 2022 Quality Assurance Performance Improvement Data

Number of items: Five (5)

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

Subject Matter: 2022 Quality Assurance Performance Improvement Project Update

Number of items: One (1)

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

Subject Matter: Second Quarter 2022 Ambulatory Surgery Center Association (ASCA) Clinical Benchmarking Survey

Number of items: One (1)

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

Subject Matter: Annual Formulary Review

Number of items: One (1)

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

Subject Matter: Medical Staff Credentials Report

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

10. ITEMS FOR NEXT MEETING

11. ADJOURN

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

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

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



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

DRAFT MINUTES

Wednesday, June 15, 2022 at 12:00 p.m.

Pursuant to Assembly Bill 361 and Resolution 2022-04 approved by the Tahoe Forest Hospital District, the Regular Meeting of the Truckee Surgery Center Board of Managers for June 15, 2022 will be conducted telephonically through Zoom. Please be advised that pursuant to legislation and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 12:02 p.m.

2. ROLL CALL

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

Staff in attendance: Courtney Leslie & Heidi Fedorchak of Truckee Surgery Center; Jan Iida, TFHD Chief Nursing Officer; Martina Rochefort, Clerk of the Board

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 OF: 03/07/2022

ACTION: Motion made by Dr. Jeffrey Dodd, to approve Truckee Surgery Center Board of Manager meeting minutes of March 7, 2022 as presented, seconded by Judy Newland. Roll call vote taken.

Dodd – AYE

Ward – AYE

Betts – AYE

Weis – AYE

6. ITEMS FOR BOARD ACTION

6.1. Policy/Procedure Review

Truckee Surgery Center (TSC) Board of Managers reviewed the following policies and procedures:

6.1.1. Adult Modified Warning Score (MEWS)

6.1.2. Pediatric Early Warning Score (PEWS)

6.1.3. Resignation/Separation of Employment

- 6.1.4. Discipline and Discharge
- 6.1.5. Performance Improvement Plan
- 6.1.6. Pay and Differentials
- 6.1.7. Prompt Payment Discount
- 6.1.8. Intent to Proceed
- 6.1.9. Insurance Verification & Estimates
- 6.1.10. Receiving Payments
- 6.1.11. Credit Balance Refunds & Adjustments
- 6.1.12. Payment Plans

Courtney Leslie, TSC Administrator, noted a number of the policies were previously held by the former billing company. TSC Administrator felt it was important to adopt the policies since TSC has moved to a new billing company.

The Payment Plans policy will offer a six-month payment plan to keep the money at TSC.

Crystal Betts will follow up with TSC Administrator on the discount prior to collections as she sees this as an administrative decision.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve Truckee Surgery Center Board of Manager meeting minutes of March 7, 2022 as presented, seconded by Louis Ward. Roll call vote taken.

**Dodd – AYE
Ward – AYE
Betts – AYE
Weis – AYE**

6.2. Fiscal Year 2023 Budget

TSC Board of Managers reviewed and considered for approval the Fiscal Year 2023 Budget.

TSC Administrator noted the TSC budget was reviewed with Jaye Chasseur. TSC will need to bring in quite a bit of revenue to make budget. There has been an increase in supplies and facilities due to inflation.

TSC is working with a new broker on employee benefits. The new plan will save TSC approximately \$22,000 annually.

TSC has experienced some difficulty in bringing some providers over from the hospital. There are some equipment issues with ENT but some procedures could be done.

Ms. Betts noted TSC will need an additional \$330,000 in revenue to breakeven. Staffing and supplies would fluctuate with volume component.

Louis Ward stated TFHD is working on a perioperative optimization project and will include TSC as well.

Administration would like to understand why some providers think they cannot do procedures and dispel rumors.

Jan Iida, TFHD Chief Nursing Officer, commented the cost of renting two anesthesia machine is \$10,000 per month and to buy new ones is \$83,000. Harry Weis would like to further look into purchasing anesthesia machines. Karla Weeks put it in the budget for the year after next. The current rented machines are not the equipment that will be purchased.

ACTION: Motion made by Crystal Betts, to approve the Fiscal Year 2023 Budget as presented, seconded by Dr. Jeffrey Dodd. Roll call vote taken.

Dodd – AYE

Ward – AYE

Betts – AYE

Weis – AYE

6.3. Signature Approval for Payor Contracts

Truckee Surgery Center Board of Managers considered approving TSC Administrator to execute payor contracts. Discussion was held.

Ms. Betts stated Courtney Leslie is already acting in this capacity. CFO does participate in reviewing contracts. Mr. Weis requested Ms. Betts approve contracts before they are signed. TSC works with Kelly on payor contacts and approval by the TFHD CFO is already part of the process.

ACTION: Motion made by Louis Ward, to approve authority for Courtney Leslie, TSC Administrator, to execute payor contacts on behalf of Truckee Surgery Center, seconded by Dr. Jeffrey Dodd. Roll call vote taken.

Dodd – AYE

Ward – AYE

Betts – AYE

Weis – AYE

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

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

7.1.1. TSC Balance Sheet Q3 FY22

7.1.2. TSC Profit & Loss Q3 FY22

7.1.3. Medbridge Quarterly Report Q1 CY22

Medbridge had not fluctuated much between quarters. The new billing company will have reports available for the next meeting.

Louis Ward departed the meeting at 12:25 p.m.

TSC Administrator shared payors have not been willing to move much at all contracts. They do not want to reimburse for full cost on implant cases.

Mr. Ward rejoined the meeting at 12:27 p.m.

7.2. Fire and Disaster Drill Update

Heidi Fedorchak, TSC Nursing Supervisor, completed all mandated fire and disaster drills.

7.3. Facility/Equipment Update

TSC Board of Managers received an update on facility and equipment needs.

Temperature and humidity continue to be an issue in Sterile Processing.

Capital items submitted include new tower and cameras for ENT cases, Stryker power, containers, curtains and tourniquet machine.

TSC received the C-Arm from the hospital. It needs a new battery but they are backordered.

Currently, the facility does not have cooling. A request has been submitted for a replacement air handler. Repair may cause TSC to close for a week. TSC is hoping for a Friday through Monday install. Mr. Ward signed the Capital Expenditure Request (CER) and it is in process. Ms. Betts received the CER and will forward on to Mr. Weis.

7.4. Staffing Update

TSC Board of Managers received a staffing update:

- The full time Business Officer Coordinator position was filled.
- Sterile processing position was hired.
- The Pharmacy Consultant put in his resignation. Brittany Oliver will serve as replacement.
- Surgical tech will be going out on paternity leave.

Open Session recessed at 12:36 p.m.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes

03/07/2022

Discussion was held on a privileged item.

8.2. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2022 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: First Quarter 2022 Quality Assurance Performance Improvement Data

Number of items: Five (5)

Discussion was held on a privileged item.

8.4. Hearing (Health & Safety Code § 32155) ♦

*Subject Matter: First Quarter 2022 California Ambulatory Surgery Association (CASA)
Benchmarking Survey*

Number of items: One (1)

Discussion was held on a privileged item.

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

*Subject Matter: First Quarter 2022 Ambulatory Surgery Center Association (ASCA) Clinical
Benchmarking Survey*

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials Report

Discussion was held on a privileged item.

Open Session reconvened at 12:45 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

Item 8.1. Closed Session Minutes was approved on a 4-0 vote. There was no reportable action on items 8.2. through 8.5. Item 8.6. Medical Staff Credentials was approved on a 4-0 vote.

10. ITEMS FOR NEXT MEETING

Ms. Betts requested an updated on the new billing company.

Mr. Ward shared there may be a preliminary report on the surgical optimization project.

11. ADJOURN

Meeting adjourned at 12:47 p.m.

Truckee Surgery Center Policy & Procedure List

Anesthesia Informed Consent, AN-1901	Anesthesia
Anesthesia Responsibilities, AN-1902	Anesthesia
Patient Eligibility, AN-1903	Anesthesia
Scope of Anesthesia Services, AN-1904	Anesthesia
Accounts Payable & Accounts Receivable, BO-1901	Business Office
Admission Procedures, BO-1903	Business Office
Advance Directives, BO-1904	Business Office
Cancellation Policy, BO-1905	Business Office
Computer & Information Technology Standards of Practice, BO-1907	Business Office
Credit Balance Refunds & Adjustments, BO-2206	Business Office
Financial Policy, BO-1909	Business Office
Financial Reports, Monthly Liabilities, BO-1914	Business Office
Hours of Care, BO-1908	Business Office
Insurance Verification, Authorizations & Estimates, BO-2205	Business Office
Intent to Proceed, BO-2203	Business Office
Interpreter and Translation Services, BO-2101	Business Office
Medical Record Content, BO-1910	Business Office
Medical Record-Patient Access, BO-1913	Business Office
Notification of Significant Changes, BO-1915	Business Office
Patient Chart Alerts, BO-1916	Business Office
Patient Rights and Responsibilities, BO-1919	Business Office
Patient/Family Complaints/Grievance, BO-1917	Business Office
Payment Plans, BO-2202	Business Office
Payroll Liabilities (Taxes) Business Office, BO-1920	Business Office
Prompt Payment Discount, BO-2201	Business Office
Protocol for Sales Representatives, BO-1921	Business Office
Receiving Payments, BO 2204	Business Office
Record Retention & Destruction, BO-1911	Business Office
Review of Accounts for Bad Debt, BO-2208	Business Office
Scheduling Procedures, BO-1924	Business Office
Telephone Messages, BO-2001	Business Office
Title	Department
Abnormal Diagnostic Test Results Follow-up, DI-1901	Diagnostic Imaging
C-Arm Spacer Cone Exemption Use CA, DI-1902	Diagnostic Imaging
Fluoroscopy Use, DI-1903	Diagnostic Imaging
Interpretation of Fluoroscopic Images, DI-1904	Diagnostic Imaging
Lead Shield Monitoring, DI-1904	Diagnostic Imaging
Maintenance of Fluoroscopic Images, DI-1905	Diagnostic Imaging
Patient Shielding, DI-1906	Diagnostic Imaging
Pregnancy- Employee, NS-1928	Diagnostic Imaging
Radiation Exposure Monitoring, DI-1907	Diagnostic Imaging

Radiation Safety Control Measures- Equipment, DI-1908	Diagnostic Imaging
Radiological Services - Scope & Complexity, DI-1909	Diagnostic Imaging
Use of digital Xray by Dentist During Dental Procedures, DI-1911	Diagnostic Imaging
Alternate Life Safety Measures, EOC-1922	Environment of Care
Bomb Threat, EOC-1901	Environment of Care
Electrical Equipment Safety, EOC-1903	Environment of Care
Emergency Call Lights, EOC-1905	Environment of Care
Emergency Lighting Unit Maintenance, EOC-1906	Environment of Care
Emergency Operations Plan, EOC-1902	Environment of Care
Fire Alarm System, EOC-1908	Environment of Care
Fire Drills, EOC-1909	Environment of Care
Fire Safety, EOC-1910	Environment of Care
Fire Safety-Oxygen Enriched Atmosphere in the Operating Room, EOC-1911	Environment of Care
Fire Watch, EOC-1913	Environment of Care
Generator Inspections, EOC-1915	Environment of Care
Handling Hazardous Chemicals, EOC-1916	Environment of Care
Life Safety Maintenance Program, EOC-1917	Environment of Care
Maintenance & Testing of Fire/Smoke Dampers, EOC-1918	Environment of Care
Receptacle Testing, EOC-1919	Environment of Care
Smoke Detector Sensitivity Testing, EOC-1920	Environment of Care
Sprinkler System 5 Year Certification, EOC-1921	Environment of Care
Neglect, GOV-1901	Governance
Administration of Truckee Surgery Center, GO-2202	Governance
Against Medical Advice (AMA), GOV-1902	Governance
Approved Abbreviations, GOV-2201	Governance
Collection Policy, GOV-2202	Governance
Corporate Compliance Program, GOV-2203	Governance
Executor Signature, GOV-1903	Governance
HIPAA Security Confidentiality, GOV-1904	Governance
Informed Consent, GOV-1905	Governance
Long Term Plan, GOV-1906	Governance
Mission, Vision, Values and Goals, GOV-1907	Governance
Month-End Statistics, GOV-1908	Governance
Non-Discrimination, GOV-1909	Governance
Policies and Procedures, GOV-1923	Governance
Scope of Services, GOV-1912	Governance
Security and Belongings, GOV-1913	Governance
Smoke-Free Facility, GOV-1914	Governance
Transfer Agreement, GOV-1917	Governance
Transfer to a Higher Level of Care, GOV-1915	Governance
Visitors in Patient Care Areas, GOV-1916	Governance
Amendment to Protected Health Information, HIM-2201	Health Information Management
Release of Protected Health Information, HIM-1903	Health Information Management

Absenteeism and Tardiness, HR-1901	Human Resources
Alternative Workweek, HR-2102	Human Resources
California Paid Sick Leave, HR-2008	Human Resources
Cell Phone Reimbursement, HR-2006	Human Resources
Code of Conduct, HR-2001	Human Resources
Computer Based Education, HR-2005	Human Resources
Designated Holidays- HR-1914	Human Resources
Discipline and Discharge, HR-2203	Human Resources
Education Reimbursement, HR-2103	Human Resources
Employee Injury, HR-1902	Human Resources
Employee Insurance Benefits, HR-2004	Human Resources
Employee Treatment, HR-1903	Human Resources
Employment Categories, HR-2002	Human Resources
Hiring New Employees, HR-1910	Human Resources
Long Term Sick Leave, HR- 2007	Human Resources
Meal and Rest Periods, HR-1912	Human Resources
Name Tags, HR-1913	Human Resources
New Employee Orientation, HR-1905	Human Resources
Pay and Differentials, HR-2206	Human Resources
Pay Day and Pay Checks, HR-2101	Human Resources
Performance Evaluations, HR-1915	Human Resources
Performance Improvement Plan, HR-2204	Human Resources
Personal Leave (PTO)- HR 1916	Human Resources
Resignation/Separation of Employment- HR-2202	Human Resources
Retirement Plan, HR-2003	Human Resources
Staff Recruitment-Retention, HR-1906	Human Resources
Staff Right to Request to be Excused from Participation in an Aspect of Patient Care, HR-1907	Human Resources
Staffing Plan, HR-1908	Human Resources
Time Keeping, HR-1911	Human Resources
Time Off, HR-2009	Human Resources
Tuition Assistance, HR-2201	Human Resources
Work Place Health & Safety-Ergonomics, HR-1904	Human Resources
Workplace Violence Prevention, HR-1909	Human Resources
Antibiotic Intravenous Administration, IC-1902	Infection Prevention and Control
Asepsis, IC-1926	Infection Prevention and Control
Biohazardous Waste Definitions and Management Plan, IC-1903	Infection Prevention and Control
Blood & Body Fluid Spill Clean-Up, IC-1904	Infection Prevention and Control
Cleaning and Disinfection of the Sonosite Ultrasound System, IC-2005	Infection Prevention and Control
Cleaning of Patient Care Areas Between Cases, IC-2008	Infection Prevention and Control
Cleaning of Patient Care Equipment, IC-1905	Infection Prevention and Control
Communicable Diseases, IC-1906	Infection Prevention and Control
COVID-19 Vaccine Policy, IC-2100	Infection Prevention and Control
COVID-19: Screening of Patients, Employees, and Vendors, IC-2002	Infection Prevention and Control

Employee Health Program, IC-1939	Infection Prevention and Control
Employee Health Screening and Immunization, IC-1908	Infection Prevention and Control
Exposure Control Plan, IC-1909	Infection Prevention and Control
Exposure Control Program, IC-2001	Infection Prevention and Control
Facility Cleaning & Disinfection Schedule, IC-2009	Infection Prevention and Control
Hand Hygiene, IC-1910	Infection Prevention and Control
Housekeeping, IC-2007	Infection Prevention and Control
Infection Control Plan, IC-1914	Infection Prevention and Control
Isolation Precautions, IC-1915	Infection Prevention and Control
Latex Allergy, IC-1916	Infection Prevention and Control
Linen Management, IC-1925	Infection Prevention and Control
Maintaining Relative Humidity in the Operating Room Suites, IC-1917	Infection Prevention and Control
Medical Equipment Intended for Outside Vendors, IC-1918	Infection Prevention and Control
Medical Equipment Management Plan, IC-1919	Infection Prevention and Control
N-95 Masks: Fit Testing, Checking and Reprocessing, IC-2004	Infection Prevention and Control
Needlestick Protocol, IC-1921	Infection Prevention and Control
Personal Protective Clothing and Equipment (PPE), IC-1922	Infection Prevention and Control
Pest Management, IC-1923	Infection Prevention and Control
Post Exposure to Blood or Bodily Fluids Evaluation and Follow-up, IC-1924	Infection Prevention and Control
Respiratory Hygiene, IC-1927	Infection Prevention and Control
Review of Nosocomial Infections, IC-1928	Infection Prevention and Control
Rodent Management, IC-1929	Infection Prevention and Control
Safe Injection Practices, IC-1930	Infection Prevention and Control
Scotsman Ice Maker Cleaning, IC-1913	Infection Prevention and Control
SDS-Hazardous Substances, IC-1920	Infection Prevention and Control
Sharps Safety, IC-1931	Infection Prevention and Control
Surgical Clipper Use, IC-1933	Infection Prevention and Control
Surgical Hand Scrub, IC-1934	Infection Prevention and Control
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Origination N/A
Last Approved N/A
Last Revised N/A
Next Review N/A

Owner Courtney Leslie
Department Health Information Management
Applicabilities Truckee Surgery Center

Amendment to Protected Health Information, HIM-2201

PURPOSE:

- A. Under HIPAA, a patient (or that person's personal representative) has the right of access to inspect and obtain a copy of his or her protected health information (PHI) in a designated record set.
- B. HIPAA gives a patient the right to ask a provider to amend the information contained in the designated record set for as long as the PHI is maintained. Designated Record Set is defined by HIPAA as:
- C. A group of records maintained by or for a covered entity that is:
 - 1. The medical records and billing records about individuals maintained by or for a covered health care provider;
 - 2. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan;
 - 3. Used, in whole or in part by or for the covered entity to make decisions about individuals.
- D. The term record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity. [45 C.F.R. Section 164.501]

POLICY:

It is the policy of Truckee Surgery Center (TSC) to comply with the Privacy Rule and applicable state laws regarding a patient's request that TSC amend PHI about the patient in a Designated Record Set.

PROCEDURE:

An Amendment Request is a request made by the patient that TSC amend or correct PHI about the patient. This includes requests made by personal representatives of patients.

A. TIMELINE FOR RESPONDING

1. Respond to the patient's request for an amendment no later than 60 days after receipt of the request.
2. If unable to respond to requests within 60 days, extend the time to respond to the Amendment Request by no more than 30 days.

B. Properly notify the patient with a written statement of the reasons for the delay, and indicate the date TSC will respond to the request.

C. RESPONDING TO A REQUEST: There are five steps to responding to the Amendment Request. The following steps will be adhered to in the course of processing the Amendment Request:

1. Verify identity and authority of the person making the request
2. If request is made through oral presentation, it is the practice of TSC that an Amendment Request must be in writing.
3. Receive the Amendment Request.
4. Amendment Request will be filed in the patient record behind the HIPAA divider tab of the left side of the chart.

D. REVIEW REQUEST FOR AMENDMENT:

1. To determine if request contains a reason to support the proposed amendment.
2. If the request challenges the accuracy or completeness of a record maintained by TSC, determine whether the request contains sufficient information for TSC to evaluate whether TSC's records are accurate and complete.
3. Contact the patient to request any necessary additional information.
4. Discuss the Amendment Request with the creator of the record or the physician responsible for the patient's care, as appropriate, to determine if the PHI in the TSC patient record is accurate and complete.
5. Determine whether grounds for denial exist. See "Reasons for Denial of Amendment Records below in section 6.0".

E. GRANTING REQUESTS: If TSC decides to grant the request, either in whole or in part, the following will occur:

1. TSC will inform the patient that the amendment is accepted.
2. Make the appropriate amendment to the PHI or record that is the subject of the request. At a minimum, the TSC must identify the records in the designated record set that are affected by the amendment and append the amendment.
3. Obtain the patient's identification of and agreement to have TSC notify the relevant persons with which the amendment needs to be shared. The "Request to Amend PHI form", if properly completed by the patient, will fulfill this requirement.

4. Make reasonable efforts to inform and provide the amendment within a reasonable time to:
 - a. Persons identified by the patient as having received PHI needing the amendment; and
 - b. Persons, including business associates that the TSC knows has the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the patient.
(Notification of Amendment to PHI form)

F. DENYING REQUESTS – IF TSC denies the requested amendment, in whole or in part, TSC will provide the patient with a written denial letter that outlines clearly:

1. The basis for the denial. TSC shall state which of the four reasons below apply for the denial.
2. The patient's right to submit a "Statement of Disagreement" to TSC and how to file such a statement.
3. A statement that, if the patient does not submit a "Statement of Disagreement," the patient may request that TSC include the amendment request and the denial along with all future disclosures of the PHI that is the subject of the amendment request.
4. A description of how the patient may complain to TSC or to the Secretary of DHHS. The description of how to complain to TSC must include the name or title, and the telephone number of the contact person that is designated to receive complaints.
5. Place a copy in the patient's record, attached to the Designated Record Set.
6. Confirm Amendment Request Documentation.

G. REASONS FOR DENYING REQUESTS: There are four separate grounds that may permit TSC to deny an Amendment Request.

1. TSC may deny a patient's Amendment Request if it is determined that the PHI was not created by our Practice, unless the patient provides to us a reasonable basis to believe that the originator of the PHI is no longer able to act on the requested amendment.
2. TSC may deny a patient's Amendment Request if we determine that the PHI is not part of a Designated Record Set.
3. TSC may deny a patient's Amendment Request if we determine that the PHI is accurate and complete.
4. TSC may deny a patient's Amendment Request if we determine that the PHI would not be available for inspection under the patient's HIPAA right to inspect and copy PHI.

H. STATEMENT OF DISAGREEMENT:

1. TSC shall allow a patient to submit a written statement disagreeing with the denial and the basis of the disagreement.
2. TSC may reasonably limit the length of a statement of disagreement (*See form: Statement of Disagreement/Request to Include Amendment Request and Denial with*

Future Disclosures) that TSC may give to patients whose request to amend is denied.

I. REBUTTAL STATEMENT:

1. TSC may prepare a written rebuttal to the statement of disagreement. Whenever a rebuttal is prepared, TSC must give a copy to the patient.

J. SUBSEQUENT DISCLOSURES OF INFORMATION RELATED TO A DENIAL OF REQUEST TO AMEND:

1. TSC shall identify the record or PHI in the designated record set that is subject of the disputed amendment and append or otherwise link the request for amendment, the denial of the request, the statement of disagreement (if any) and rebuttal (if any), to the designated record set.
2. If a statement of disagreement has been submitted, TSC must include this information (or, at the election of the provider, an accurate summary thereof) with any subsequent disclosure of the PHI to which the disagreement relates. If a statement of disagreement has not been submitted, TSC must include the request for amendment and the denial (or, at the election of the provider, an accurate summary thereof) with any subsequent disclosure of the PHI, but only if the individual has requested that the provider do this.
3. If a subsequent disclosure is made using a standard transaction that does not permit the additional material to be included with the disclosure, TSC may separately transmit this material.

K. ACTIONS TO BE TAKEN UPON NOTIFICATION OF AN AMENDMENT BY ANOTHER COVERED ENTITY

1. If TSC receives a notice of amendment from another provider, a health plan or a clearinghouse, TSC must amend the PHI in the designated record sets by appending the amendment.

L. DOCUMENTATION REQUIREMENTS

1. TSC must document the titles of the persons or offices responsible for receiving and processing requests for amendments and retain the documentation for at least six years. All requests for amendments and all correspondence, forms, etc. relating thereto must also be retained for at least six years.

DEFINITIONS:

- A. "Addendum" is a term used in California law for the statement that a patient is permitted to add to his/her medical record to address information that the patient believes is incomplete or inaccurate.
- B. "Amendment" is a term used in HIPAA regulation for the information that TSC adds to a Designated Record Set (e.g. the medical record) at the request of a patient for the purpose of addressing information that the patient believes is incomplete or inaccurate. TSC may refuse to add an Amendment under certain circumstances.
- C. "Business Associate" means a third party with which TSC has executed a business associate agreement. A Business Associate relationship is created whenever TSC discloses PHI to a

third party in order for that party to perform a service for TSC.

- D. "Designated Record Set" means the medical, billing or other records that are used by TSC to make health care or payment decisions about a patient. Designated Record Sets may include information maintained by TSC's Business Associates. The Designated Record Set shall not contain any information compiled specially in anticipation for use in a civil, criminal, or administrative proceeding.
 - 1. The Designated Record Set shall be the completed paper chart and the following billing records (if obtained by TSC): charge detail; insurance information; guarantor information; payment/adjustment information; signed advance beneficiary notices; consents and authorizations.
- E. "DHHS" means the United States Department of Health and Human Services.
- F. "Disputed Information" means information that the patient feels is incorrect or incomplete and about which the patient is requesting an amendment.
- G. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §§1320d-1320d-8, and any applicable rules and regulations issued under its authority.
- H. "Patient" means any person who has registered and received services at a TSC facility without regard to date of service. Where appropriate, the term patient shall also include the patient's Personal Representative.
 - I. "Personal Representative" means a person who is legally authorized to act on behalf of a patient or a person whom the patient has designated to make decisions related to the patient's health care.
 - J. "Protected Health Information" ("PHI") means any information about a patient that has been received, created, or stored by the TSC and which includes information that may be used to identify the patient. PHI includes any such information whether in oral or recorded form (both electronic and written).

Attachments

[Amendment Request Review to MD template.docx](#)

[Amendment decision letter to patient 1.doc](#)

[Amendment NO decision letter to patient.doc](#)

Approval Signatures

Step Description

Approver

Date



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

Owner Courtney Leslie
Department Governance
Applicabilities Truckee Surgery Center

Collection Policy, GOV-2202

PURPOSE:

- A. Truckee Surgery Center (TSC) provides high quality care to patients for ambulatory surgery services. All patients or their guarantor have a financial responsibility related to services received at TSC and must make arrangements for payment to TSC either before or after services are rendered. Such arrangements may include payment by an insurance plan. Payment arrangements may also be made directly with the patient when a self-pay balance exists, subject to the payment terms and conditions of TSC.
- B. The Collection Policy establishes the guidelines, policies and procedures for use by TSC personnel and the TSC Billing Company personnel in evaluating and determining patient payment arrangements. This policy is intended to establish fair and effective means for collection of patient accounts owed to TSC.

SCOPE:

- A. The Collection Policy will apply to all patients who receive services at TSC. This policy defines the requirements and processes used by TSC when making payment arrangements with individual patients or their account guarantors. The Collection Policy also specifies the standards and practices used by TSC for the collection of debts arising from the provision of services to patients at TSC. TSC endeavors to treat every patient or their guarantor with fair consideration and respect when making payment arrangements.
- B. All requests for payment arrangements from patients, patient families, patient financial guarantors, physicians, staff, or others shall be addressed in accordance with this policy.

POLICY:

All patients who receive care at TSC must make arrangements for payment of any or all amounts owed for services rendered in good faith by TSC. TSC reserves the right and retains sole authority for establishing the terms and conditions of payment by individual patients and/or their guarantor, subject to requirements established under state and federal law or regulation.

GENERAL PRACTICES:

- A. TSC and the patient share responsibility for timely and accurate resolution of all patient accounts. Patient cooperation and communication is essential to this process. TSC will make reasonable, cost-effective efforts to assist patients with fulfillment of their financial responsibility.
- B. To facilitate financial arrangements for both those who are insured or uninsured, TSC provides the following assistance to patients as part of the routine billing process:
 - 1. For uninsured patients, a statement of charges for services rendered by TSC is provided which shows the patient a summary of all charges incurred for the date of service;
 - 2. Patients who have third party insurance will be provided a revenue code summary statement which identifies the charges related to services provided by TSC. Insured patients will receive a balance due from patient statement once TSC has received payment from the insurance payer;
 - 3. A written request that the patient inform TSC if the patient has any health insurance coverage, Medicare, or other form of coverage;
- C. The TSC Billing Company is primarily responsible for the timely and accurate collection of all patient accounts. The Billing Company works cooperatively with TSC, members of the Medical Staff, patients, insurance companies, collection agencies and others to assure that timely and accurate processing of patient accounts can occur.
- D. Accurate information provides the basis for TSC to correctly bill patients or their insurer. Patient billing information should be obtained in advance of services so that verification, prior authorization or other approvals may be completed prior to the provision of services. When information cannot be obtained prior to the time of service, TSC personnel will work with each patient or their guarantor to assure that all necessary billing information is received by TSC prior to the completion of services.

PROCEDURE:

- A. Once a patient account is sent to the Billing Company, the account details will be reviewed to assure accuracy and completeness of information necessary for the account to be billed.
- B. If the account is payable by the patient's insurer, the initial bill will be forwarded directly to the designated insurer. The Billing Company will work with the patient's insurer to obtain any or all amounts owed on the account by the insurer. This will include calculation of contracted rates or other special arrangements that may apply. Once payment by the insurer has been determined, any residual patient liability balance, for example a patient co-payment or deductible amount, will be billed directly to the patient. Any or all patient balances are due and payable within 30 days from the date of this first patient billing. Patients may dispute balances or charges within 120 days of the balances becoming patient responsibility.
- C. In compliance with the No Surprises Act, TSC does not balance bill patients whose insurance claims processed as Out of Network without first providing notice and obtaining consent from the patient or guarantor.
- D. If the account is payable only by the patient, it will be classified as a self-pay account. Patients with accounts in self-pay status may work with the Business Office to make payment

arrangements.

- E. TSC offers patients payment plan options when they are not able to settle the account in one lump sum payment. Payment plans are established on a case-by-case basis through consideration of the total amount owed by the patient to TSC and the patient's or patient family representative's financial circumstances. Payment plans generally require a minimum monthly payment of an amount such that the term of the payment plan shall span over three (3) months. A six (6) month payment plan may be offered if the patient is unable to pay the balance in three (3) months. Nine (9) month payment plans are considered only with Administrator review and approval. This minimum monthly payment amount shall be determined by dividing the total outstanding patient liability balance by the number of months the payment plan is set for. Payment plans are free of any interest charges or set-up fees. Once a payment plan has been approved, any failure to pay in accordance with the plan terms will constitute a plan default. It is the patient or guarantor's responsibility to contact TSC or the Billing Company if circumstances change and payment plan terms cannot be met. In addition, TSC works with an outside vendor if patients need payment plan terms that exceed nine (9) months. Payment plan terms are subject to vendor requirements.
- F. Patient account balances in self-pay status will be considered past due after 30 days from the balance becoming patient responsibility. Accounts are considered self-pay when there is no insurance or other coverage to bill or residual balances remaining after insurance has processed due to unmet insurance benefits (deductible, coinsurance, etc.). Accounts may be advanced to collection status according to the following schedule:
 - 1. Self-pay accounts, including those where there has been no payment within the past 180 days, may be forwarded to collection status when patients or guarantors have:
 - a. Received all required statements and have been notified the account will advance to collections without further action from the patient
- G. Patient accounts will not be forwarded to collection status when the patient or guarantor makes reasonable efforts to communicate with TSC and makes good faith efforts to resolve the outstanding account. The Billing Company and/or Business Office will determine if the patient or guarantor are continuing to make good faith efforts to resolve the patient account and may use indicators such as negotiation of a prompt payment discount or payment plan with TSC and other such indicators that demonstrate the patient's effort to fulfill their payment obligation.
- H. For all patient accounts where there is no 3rd party insurer, TSC will not report adverse information to a credit reporting agency or commence any civil action prior to 180 days after initial billing of the account. Furthermore, TSC will not send an unpaid bill for such patients to an external collection agency unless the collection agency has agreed to comply with this requirement.
- I. If a patient or guarantor has filed an appeal for coverage of services in accordance with Health & Safety Code Section 127426, TSC will extend the 180-day limit on reporting of adverse information to a credit reporting agency and/or will not commence any civil action until a final determination of the pending appeal has been made.
- J. TSC will only utilize external collection agencies with which it has established written contractual agreements. Every collection agency performing services on behalf of TSC must agree to comply with the terms and conditions of such contracts as specified by TSC. All

collection agencies contracted to provide services for or on behalf of TSC shall agree to comply with the standards and practices defined in the collection agency agreement; including this Collection Policy, and all legal requirements.

- K. TSC and/or its external collection agencies will not use wage garnishments or liens on a primary residence without an order of the court. Any or all legal action to collect an outstanding patient account by TSC and/or its collection agencies must be authorized and approved in advance, in writing by TSC.
- L. TSC, its collection agencies, or any assignee may use any or all legal means to pursue reimbursement, debt collection and any enforcement remedy from third-party liability settlements, tortfeasors, or other legally responsible parties. Such actions shall be conducted only with the prior written approval of the Administrator in consultation with legal counsel.

Approval Signatures

Step Description	Approver	Date
DRAFT		



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

Owner Courtney Leslie
Department Business Office
Applicabilities Truckee Surgery Center

Review of Accounts for Bad Debt, BO-2208

PURPOSE:

To establish a process for when Truckee Surgery Center sends accounts to collection agencies, when it is appropriate to cancel back, and when to write off noncollectable accounts.

POLICY:

Truckee Surgery Center will assign accounts to bad debt in a consistent, compliant, and considerate manner.

PROCEDURE:

A. In-House Collection Efforts

1. Truckee Surgery Center's contracted Billing Company will conduct third-party payer billing and follow-up activities as appropriate for each account before the guarantor's self-pay balance is determined if applicable.
2. Each statement sent out to the patient or guarantor after the self-pay balance is determined will explain how the patient or guarantor may make payment arrangements and who to contact if they need assistance paying for their bill.
 - a. The third statement sent out to the patient or guarantor will include information on how the patient can apply for HELP Financial.
 - b. The fourth statement sent out to the patient or guarantor will reference the account is severely past due and is at risk of being sent to collections if payment arrangements are not made.
 - c. The final statement that is sent out to the patient or guarantor will reference the account is severely past due and will be sent to collections after 30 days if payment is not received.

3. Each patient will receive 5 statements and 2 phone calls prior to being referred to a collection agency.
4. The Billing Company staff will conduct reasonable collection efforts on the self-pay balance for 180 days before referring the account to a collection agency.

B. Collection Agency Efforts

1. The Billing Company will review accounts for bad debt criteria when accounts have undergone the above process and a balance remains.
2. Eligible accounts will be sent to the Administrator for review/approval to send to collections.
3. Accounts will be deemed bad debt and referred to Truckee Surgery Center's collection agency after the above conditions are met unless the guarantor has made arrangements to resolve the balance, such as negotiating a payment.
 - a. Once a patient account is turned over to collections the Business office will mail a letter to the patient and place a copy in the patient's chart. The letter will include the account information and contact information for the collection agency.
 - b. The patient's HST (practice management system) account will be flagged using the scheduling alert and the account alert tool with a notation that the patient has been sent to collections, date of service and amount sent for, date the account was sent to collection, and not to schedule additional appointments.
4. If a patient files a dispute in regards to being sent to collections, The Administrator will be notified and the Billing Company will review the account and may resume collection activity once a determination is made and patient is notified of such determination.

C. Cancel Back Criteria:

1. The Administrator will approve all cancel back requests.
2. If it has been determined that the patient is to remain in collections, the patient will work directly with the collection agency to settle their debts.
3. Accounts with patient complaints may be placed on hold with the agency while the complaint is being worked.
 - a. Once the complaint is resolved, the account will either be canceled back or remain in collections depending on the outcome of the complaint.
4. Accounts may be canceled back if it is determined Truckee Surgery Center's process was not followed.

D. Bad Debt Write Off's:

1. If an account is recalled from a collection agency and is deemed noncollectable, the Billing Company will initiate a noncollectable Write-Off Account adjustment.

Definitions:

- A. Bad Debt: A self-pay balance that remains unpaid by a guarantor or third-party payer following reasonable collection efforts as defined in this policy.
- B. Collection Agency: A vendor contracted by Truckee Surgery Center to collect on bad debt accounts.
- C. Uncollectible Account: A bad debt account for which all collections attempts have failed and which will be written off.
- D. Self-Pay Balance: The portion of a guarantor's bill that the guarantor is responsible for paying. If the guarantor has insurance coverage, this may be the amount left over after the guarantor's insurer has paid its part of the claim. If the patient is uninsured, this amount may be the total charges billed.

Approval Signatures

Step Description	Approver	Date
DRAFT		



Origination 07/2019
Last Approved N/A
Last Revised 06/2022
Next Review 1 year after approval

Owner Heidi Fedorchak
Department Tissue Bank
Applicabilities Truckee Surgery Center

Allograft Handling- Accepting, Storing, and Tracking TB-1901

PURPOSE:

Truckee Surgery Center (TSC) will only accept allograft/tissue from source facilities that are licensed by the appropriate state agencies AATB certified and registered as a tissue establishment with the Food and Drug Administration. TSC will only transplant allografts/tissues ~~screen~~screened and found nonreactive by laboratory tests for evidence of infection with HIV, agents of viral hepatitis (HBV and HCV), human T lymphotropic virus-1 (HTLV-1), and syphilis.

POLICY:

The following standard protocols will be observed for the handling of surgical allografts. Such protocols will help ensure the proper handling and storage of the grafts, as well as appropriate follow-up when a tissue-induced infection is suspected.

PROCEDURE:

A. DEFINITIONS:

1. Allograft tissue: tissue intended for transplantation into another individual of the same species.
2. Autologous tissue: transfer of an organ or other tissue from one location to another in the same person.
3. Examples of tissue and cell products:
 - a. Autologous cells
 - b. Autologous tissue

- c. Bone
- d. Bone marrow
- e. Bone paste
- f. Bone powder
- g. Bone putty
- h. Cancellous chips
- i. Cartilage
- j. Chondrocytes
- k. Demineralized bone matrix
- l. Dermal matrix
- m. Dermis
- n. Fascia/Fascia lata
- o. Ligaments
- p. Meniscus
- q. Skin
- r. Stem cells
- s. Tendons
- t. Tissue
- u. Other cellular and tissue based transplant or implant products whether classified by the FDA as tissue or a medical device

B. ACQUISITION OF ALLOGRAFT TISSUE:

1. The Surgery Scheduler at TSC is notified by the surgeon's office to schedule an upcoming case that will require an allograft. The supply coordinator or nursing designee will obtain the necessary specifications for the allograft from the surgeon, ~~and request the allograft from the appropriate vendor.~~
2. The supply coordinator or nursing designee will order required allograft tissues according to TSC's established PAR levels and/or per the surgeon's request.
3. TSC follows the tissue suppliers' or manufacturers' written directions for transporting, handling, storing, and using tissue.
4. Documentation of the source facilities' licensure and a list of registered U.S. Food and Drug Administration (FDA) tissue establishments, ~~and~~ AATB accredited agencies shall be kept in the Allograft Tissue Binder.

C. RESPONSIBILITIES:

1. It is the responsibility of the Nurse Manager to ensure that allograft/tissue is maintained at the proper storage temperature prior to transplant, and to assure compliance with the policies and procedures as outlined by TSC.

D. DOCUMENTATION FOR RECEIVING AND STORING ALLOGRAFTS:

1. The supply coordinator or nursing designee will be responsible for logging in all allografts/tissue in the allograft log book as they come into the facility.
2. When tissues are received, the supply coordinator or nursing designee, verifies that package integrity was maintained.
3. The *required* information (see attachment for *Allograft Tissue Log*) that must be recorded at the time of delivery includes:
 - a. Time and date allograft received
 - b. Name of individual who ~~recieved~~received the allograft
 - c. Package and shipping container integrity and presence of dry ice. If dry ice is not present and or package not intact, RN will not use allograft and contact the vendor.
 - d. Package expiration date and time
 - e. Tissue description
 - f. Tissue serial number
 - g. Expiration date
4. The invoice/packing slips are then given to the ~~supply coordinator~~Administrator.
~~File a copy of the packing slip in the Allograft binder.~~
5. Frozen allografts are packaged by the supplier in dry ice and insulated containers in such a way that the package can remain at room temperature for a specified period of time (~~usually up to 48 hours~~), as long as the packaging is not disturbed. The label should clearly state how long the allograft can be held in its original packaging in this way. If the circumstances or timing of the case should change, so that the allograft will not be used before the expiration of the packaging, it must be returned to the supplier before this expiration time or placed in the freezer for storage.
6. Room temperature allografts are packaged by the supplier in a sealed package. These allografts will be recorded in the *Allograft Tissue Log* upon receipt.
7. Allograft storage:
 - a. Allografts will be placed into the allograft freezer immediately upon arrival to TSC.
 - b. The allograft freezer will maintain a temperature between -40°C and -80°C at all times. Allografts can be stored at this temperature until the package expiration date.
 - c. The allograft freezer will have continuous temperature monitoring and will alarm when the temperature is out of range.
 - d. Daily temperature monitoring will be recorded on TSC operating days.
 - e. The allograft freezer will be plugged into an emergency outlet with a backup power source.
 - f. The Nurse manager or Administrator will be notified immediately if the Freezer temperature has risen above -40°C.

g. Expired graft will be handled according to the suppliers recommendations.

E. GRAFTS/TISSUES WILL BE DETERMINED TO BE SAFE, STERILE AND APPROPRIATE FOR THE PATIENT PRIOR TO IMPLEMENTATION:

1. Because of the potential violation of sterility, a graft must not be used under any of the following conditions:
 - a. If the package seal is damaged, or not intact.
 - b. If the package has any physical damage.
 - c. If the package label or identifying bar code is severely damaged, not readable, or is missing.
 - d. If the vacuum inside the freeze-dried package is not intact when the reconstitution procedure is started.
 - e. If the freeze-dried container has been allowed to freeze or has otherwise been damaged by moisture or temperature.
 - f. If the expiration date shown on the package label has passed.
 - g. If any of the conditions exists or is suspected, the facility will sequester the suspected tissue and the distributor that sent the tissue will be notified, and the affected graft/tissue will be returned to the distributor.
2. Once the attending surgeon has requested the allograft/tissue and visually confirms the allograft, the OR circulating nurse or assigned designee will carefully examine the packaging before introducing the graft to the sterile field.
3. At the time of surgery, the surgical allograft will be aseptically removed from all packaging and placed onto the sterile field. The contents of the package, expiration date, and other pertinent information should be read back and verified before the tissue is dispensed onto the sterile field.
4. The surgical allograft will be processed per the manufacturer's instructions.
 - a. The technique used for reconstituting the allograft: Per manufacturer's instructions that accompany the allograft.
 - b. Per physicians at TSC: Antibiotics of choice (check patient allergies to antibiotics), or ~~1 liter of~~ NaCl will be used to thaw the graft.

F. DOCUMENTATION WILL BE COMPLETED BY THE CIRCULATING NURSE AT TIME OF IMPLEMENTATION:

1. The *Allograft Tissue Tracking* form (remains in patient chart) will be labeled and completed by the circulating RN, and added to the patient's chart.
2. The *Allograft Tissue Log* will be filled in appropriately/updated by the circulator during the case.
3. Tracking cards for tissue/allograft implantation will be completed by the circulating nurse and mailed or faxed to the manufacturer by the ~~Nurse Manager or~~ designee front office coordinator. One copy will remain in the chart.
4. On the day of surgery, by the direction of the surgeon, the allograft will be removed

from the packaging, ~~or freezer~~ and the Circulating RN will record the following information on the Allograft Tissue Tracking Form :

~~Type of tissue, and manufacturer's label if provided.~~

~~Use patient sticker or manually record patient name and Medical Record number~~

a. Affix the graft sticker to form. Be sure to include serial number and expiration date.

b. Place patient sticker on form.

c. Date and time the allograft was removed from transport/storage container. ~~or freezer~~

~~For frozen allografts: Document whether the dry ice is present in the packaging. If dry ice is **not** present and or package not intact, RN will not use allograft and contact the vendor.~~

d. ~~For room temperature allografts:~~ Document whether the package is intact.

e. The name of person preparing the graft.

f. Name of staff member who removed the allograft from the container/freezer and placed on the sterile field

g. Name of scrub receiving the graft.

h. The materials/solutions used to dilute, thaw and/or prepare the graft per manufacturer's instructions and the lot number and expiration date.

~~The lot number of the graft, if applicable~~

~~The expiration date of the tissue~~

5. The Circulating RN will affix the graft sticker and information to the Implant Sheet as part of the patients record.

~~In the event that an Allograft is not used, the vendor from which it was ordered from will be notified, and the Allograft will be returned to them in the same business day.~~

G. IT IS THE TRUCKEE SURGERY CENTER'S RESPONSIBILITY TO INVESTIGATE ANY ADVERSE REACTIONS ASSOCIATED WITH THE IMPLEMENTATION OF ALLOGRAFTS:

1. An adverse reaction for Human Cell and Tissue Products (HCT/P) is defined as a noxious and unintended response to any HCT/P for which there is a reasonable possibility that the HCT/P cause the response.

a. An adverse reaction may include disease transmission or other complications that are suspected of being directly related to the use of tissue.

b. Adverse events are communicated to the Nurse Manager or designee and/or Administrator, who is/are responsible for obtaining all information regarding the event, and who will notify the surgeon, Tahoe Forest Hospital's Risk Manager, and TSC's Infection Control and Quality Assurance Coordinator(s).

- c. In the event tissue is explanted, the tissue will be preserved, and will not be destroyed until all investigations are completed.
 - d. In the event that Truckee Surgery Center is notified by an allograft vendor of any reactive test result, a Notification/Occurrence Report will be filled out and the implanting surgeon will be notified immediately.
 - e. If a physician identifies a tissue allograft as the possible source of a postoperative infection, the Nurse Manager, Medical Director and/or Administrator, as well as the supplier of the allograft will be notified immediately. The Nurse Manager and/or Administrator will then be responsible for notifying Truckee Surgery Center's Infection Control and Quality Assurance Coordinator, as well as the Department of Health Services Tissue Bank Licensing Director.
2. The patient will be stringently monitored during the post-op course for continuing signs of infection or graft rejection by the surgeon.

H. TISSUE RECALL NOTIFICATION:

1. In the event a supplier recalls Human Cell and Tissue Products (HCT/P), the Nurse Manager or designee will review the tissue inventory to ascertain if any of the recalled tissue has been received by the hospital.
2. In the event recalled tissue has been implanted, the Clinical Manager or designee and/or Materials Manager will immediately notify Tahoe Forest Hospital's Risk Manager, as well as Truckee Surgery Center's Infection Control and Quality Assurance Coordinator. The operative surgeon will also be notified immediately ~~be notified~~.
- a. A Notification/Occurrence Report will be completed by the Nurse Manager, Administrator, or Infection Control and Quality Assurance Coordinator.
3. The following information will be provided:
 - a. Patient's name
 - b. Recalled tissue information
 - c. Reason for recall of tissue
4. Notification of the patient in regard to the recall, and any further action to be taken, is the responsibility of the implanting surgeon.
5. Any unused recalled tissue will be handled according to suppliers' recommendations.

References:

Tahoe Forest Hospital, AORN Perioperative Standards & Recommended Practices, 2011 Edition
Effective: July 2012, Revised: November 2012, December 2012, September 2013, February 2015

Attachments

[ALLOGRAFT TISSUE LOG.docx](#)

[ALLOGRAFT TISSUE TRACKING FORM.docx](#)

Approval Signatures

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

COPY



Origination 07/2019
Last Approved N/A
Last Revised 09/2022
Next Review 1 year after approval

Owner Heidi Fedorchak
Department Diagnostic Imaging
Applicabilities Truckee Surgery Center

C-Arm Spacer Cone CA Exemption Use, DI-1902

PURPOSE:

C-Arm Spacer Cone Exemption & Use

PROCEDURE:

- A. Regulatory Exemption
- B. California Code of Regulations, title 17, Section 30307 (a)(8)(A) mandates a source to skin distance of not less than 30 cm. The c-arm spacer cone, when attached, is designed for adherence to this regulation. However, the RHB recognizes that operation of the C-Arm with the spacer cone in place compromises the ability for its use. Therefore, the RHB has granted exemption to this regulation, operating at a source to skin distance of **not less than 20 cm**, in which use of the cone is contraindicated or compromises the procedure. The RHB will allow this exemption to remain in effect provided the following criteria are met.
- C. The C-Arm is used for the following procedures:
 - 1. Pain Management Procedures
 - 2. Orthopedic Procedures
- D. The C-Arm user manual shall remain accessible. Published precautions with respect to the spacer cone shall be maintained for reference.
- E. The spacer cone shall be reinstalled upon completion of the procedure(s) for which removal is authorized.

Effective: June 2018, Revised: June 2018

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	09/2022

COPY



Origination 09/2019
Last Approved N/A
Last Revised 07/2022
Next Review 1 year after approval

Owner Heidi Fedorchak
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 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 troubleshooting 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	Pending
	Heidi Fedorchak: Nurse Manager	07/2022

COPY



Origination 09/2019
Last Approved N/A
Last Revised 08/2022
Next Review 1 year after approval

Owner Heidi Fedorchak
Department Laboratory
Applicabilities Truckee Surgery Center

Clinical Laboratory Specimen Collection and Transport, LAB-1914

PURPOSE

The purpose is to standardize microbiology specimen collection and transport to the laboratory.

PRINCIPLE

The following procedure summarizes instructions for the collection of specimens and for transport to the laboratory. These instructions are intended to help healthcare personnel charged with the responsibility of collecting microbiology specimens. Laboratory personnel will ensure that only specimens placed into appropriate containers, labeled and transported to the laboratory within the appropriate time, are analyzed. Computerized order entry, with special attention to describe the source and site of the specimen, is also addressed in this procedure. Lastly, expected turnaround time is noted on each microbiology order.

PROCEDURE

A. SAFETY PRECAUTIONS:

1. PPE personal protective equipment, gloves, gowns or lab coats should be worn when collecting all microbiology specimens.
2. Face protection should be worn when there is a danger of a splash.
3. Appropriate masks should be worn when a patient is coughing.

B. TFH MICROBIOLOGY SPECIMEN COLLECTION:

1. Cultures:

- a. **Anaerobic/Aerobic Culture with Gram Stain Collection--Responsibility:**

Providers

- i. Order includes both aerobic culture and anaerobic culture of the same source. Anaerobic cultures are not ordered without an aerobic culture.
- ii. Gram stain is included.
- iii. Obtain tissue as to avoid contamination of normal flora through disinfected site. Place into sterile cup.
- iv. Collect fluid aspirated via needle and syringe through disinfected site. Expel into sterile cup. **Do not expel fluid into swab containers.**
- v. Swabs can be used if pus or fluid cannot be obtained. Swab to obtain specimen from base of decontaminated ulcer, avoiding contact with skin. For the anaerobic culture, use Gel swabs. Use 2 swab culturette for the aerobic/gram stain part of the culture.
- vi. Please see below for appropriate anatomical sites for anaerobic cultures.
- vii. Containers/Transport Time (DO NOT REFRIGERATE)
 - a. Purulent fluid, tissue, or gel swabs/aerobic swabs: to lab within 4-8 hr. Clear fluids transport to lab immediately.
- viii. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 5 days
 - c. **Order: Lab 1821 Anaerobic/Aerobic Culture w Gram Stain**
- ix. Specimen types:
 - a. Abscess
 - b. Amniotic Fluid
 - c. Aspirate
 - d. BAL
 - e. Body Fluid
 - f. Brushings
 - g. Hardware/Foreign Body/Implants
 - h. Lesion/Drainage/Fluid
 - i. Synovial Fluid
 - j. Tissue
 - k. Upper Respiratory

I. Washings

Numerous specimen sources are available. For more complex descriptions, select "Other" and enter appropriate specimen in the comment field. See below for appropriate source for anaerobic cultures.

x.	Anatomic Source	Appropriate for Anaerobic Cx	Not Accepted Anaerobic Cx
	Pulmonary	Transtracheal aspirate Protected bronch brushing Aspirates of lung fluids and abscess	Coughed sputum Tracheal tube secretion Unprotected bronch washing NP throat or mouth
	Urinary	Suprapubic aspirates Bladder urine	Voided or cath urine
	Abdominal	Peritoneal fluid Abscess contains	Large bowel contents Ileostomy or colostomy effluents
	Genital	Endometrial suction or protected collector Tissue biopsy	Cultures via the vagina other than protected Vaginal or cervical swab
	Other	Bone biopsy or aspiration CSF, biopsy, joint fluid	Any material adjacent to mucous membrane that is not decontaminated

Blood Specimens

- b. **Blood Cultures – Responsibility: Phlebotomists, trained CLSs, trained nurses**
 - i. Remove the plastic flip top from two blood culture bottles, one aerobic and one anaerobic bottle or a single pediatric bottle. Disinfect the top of the culture bottles with 70% isopropyl alcohol and allow to air dry. Do not use iodine.
 - ii. After palpitation, the venipuncture site should be cleansed with 2% chlorhexidine gluconate and 70% isopropyl alcohol combination formula (ChloraPrep). Vigorously scrub in a circular motion with the ChloraPrep sponge for 30 to 60 seconds. For

unusually soiled sites, use a second ChloroPreop sponge. Allow to air dry.

- iii. **Do not use ChloroPrep sponges on newborn and infants under 2 years. clean the arm with an in-to-out circular motion with one 70% isopropyl alcohol swab. Use a new alcohol swab and again clean the arm with a circular motion in-to-out. Allow the alcohol to dry.**
- iv. Do not touch the venipuncture site again. If it is necessary to palpate the site after disinfecting, use ChloroPrep to disinfect a gloved finger, which also must dry thoroughly before retouching the site.
- v. Use a BD Safety-Lok Blood Collection Set (butterfly) attached to a blood culture transfer device. Attach the transfer device and have the culture bottles in close proximity before the venipuncture is performed. Once the vein is accessed, depress the blood culture transfer device onto the stopper of the first bottle and then the second. Each aerobic and anaerobic bottle should receive 5-10 mL (target is 10 mL). Pediatric bottles should have 1 to 4 mL. See guide to bottle selection below. **Note: a butterfly collection set with a blood culture transfer device is the preferred method for collection.** If blood is collected into a syringe, either directly or through a butterfly set, the safety feature of the needle should be immediately activated upon removal from the vein, removed from the syringe and discard the needle into a sharps container. Attach the syringe to the blood culture transfer device and inoculate the bottles
- vi. When both bottles are filled to recommended volume, rotate bottles gently to mix.

vii. **GUIDE TO BOTTLE SELECTION**

Adult	5 - 10 mL in Aerobic Bottle (Green) 5 - 10 mL in Anaerobic Bottle (Orange)
Adult Short Draw (< 10 mL)	Aerobic Bottle Only (Green)
Pediatric (1 - 4 mL)	Pediatric Bottle Only (Yellow)

DO NOT use Pediatric Bottles for Adult Draws unless it is absolutely necessary for EXTREMELY difficult draws!

- viii. Blood specimens for culture should not be collected through indwelling intravenous or intra-arterial lines unless specifically ordered by the physician. A nurse or physician will wear sterile gloves or disinfected gloves to access the site. The site should

be cleaned with 70% isopropyl alcohol and allowed to dry. A 20 mL syringe is necessary to obtain the proper 5 - 10 mL blood for each bottle. The target is 10 mL per bottle. After collection the syringe is attached to the blood culture transfer device. This device is then placed on the bottle.

- a. **Note in the LIS that the culture was obtained through a line.**
- ix. Discard all used equipment properly. Needles, syringes and transfer devices should go into sharps containers.
- x. Transfer bottles to the laboratory as soon as possible. Bottles should never be chilled or refrigerated.
- xi. When multiple blood cultures are ordered, they should be drawn from two different sites. Blood culture sets should never be drawn from the same site at the same time. If it is necessary to use the same site, a 30 minute wait is recommended before collecting the second set from the same site such as the same arm, same antecubital site.
- xii. Blood for culture can be obtained at the time of an IV start using the above method. The second culture will be obtained from a venipuncture.
- xiii. Special Requests:
 - a. When Brucella, Listeria, Pasteurella, Yersinia or Subacute Bacterial Endocarditis (SBE) are suspected, a notation should be made in "Order Comments" so that the bottles may be given special attention by the lab and held longer than the usual five day period. Bottles for slow growing bacteria will be held for 10 days unless specified from the provider.

Containers/Transport:

- a. ~~Aerobic and anaerobic blood culture bottles~~
- b. ~~Pediatric aerobic blood culture bottle~~
- c. ~~Bottles can be entered into blood culture instrument within 24 hours. However, the goal is to place bottles into the blood culture instrument as soon as possible.~~
- xiv. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 5 days
 - c. **Order: Lab 462 Culture, Blood one set, or 030050 Blood Culture panel two sets**
- xv. Specimen type: Blood

xvi. Possible Sources:

a. Peripheral

Line

Gord

b. For IV start collections, select peripheral and enter IV start in the comment field to the right

~~CSF Culture, Spinal Fluid w Gram Stain – Responsibility: Physicians~~

~~i. Skin is decontaminated before specimen is obtained~~

~~ii. Ideally 2 or more cc are put into tube #2 for culture.~~

~~iii. Tubes #1, #3, #4 are used for cell counts and chemistries~~

~~iv. CSF specimens are treated as a Stat and are transported to the lab immediately~~

~~v. CSF specimens for culture are never refrigerated~~

~~vi. A STAT Gram Stain is included~~

~~vii. Containers/Transport time = sterile plastic test tubes go to lab immediately~~

~~a. Do not refrigerate~~

~~viii. Turn around time:~~

~~a. Gram stain performed STAT:~~

~~i. Preliminary = 24 hours~~

~~ii. Final = 72 hours~~

~~b. Order: Lab 1822 Culture, Spinal Fluid w Gram Stain~~

~~ix. Specimen type: Cerebrospinal fluid~~

~~x. Source: CSF~~

c. IV Catheter Culture - Responsibility: Physicians and nursing staff

i. Nursing staff, along with physicians, will decide to remove a central line if patient clinical condition and central line site meets certain criteria to suggest possible infection.

ii. Approximately 1 to 2 inches of the line is placed in a sterile cup

iii. Gram stains are not performed on cath tips as manipulation may cause contamination of culture

iv. Containers/Transport time = sterile cup to lab immediately

v. Turn around time:

a. Preliminary = 24 hours

b. Final = 72 hours

c. Order: Lab 224 IV Catheter Culture

- vi. Specimen type: IV Cath Tip
- vii. Sources: Numerous catheter tip sources are available for selection

d. Ear Culture -Responsibilitiy: Providers

- i. Culturettes containing 2 swabs are usually used in obtaining culture
- ii. Decontaminate the skin around the exterior of ear and take care not to touch skin when obtaining culture
- iii. Gram stain are not routinely performed but can be performed upon request
- iv. Container/Transport time = culturette with 2 swabs to lab in 4 - 6 hours
- v. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 1010 Culture, Ear**

- vi. Specimen type: Ear
- vii. Source: Various sources pertaining to ear are available for selection

Environmental Cultures - Responsibility: CLSs (laboratory H2O), Infection Control, Pharmacist (pharmacy sterile cabinets)

- i. **Known only to Laboratory Information System**
- ii. ~~Usually performed on deionized H2O from laboratories~~
- iii. ~~Run H2O for a few seconds before obtaining H2O in sterile cup~~
- iv. ~~Can be performed on sites requested from Infection Control~~
- v. ~~For deionized H2O, the patient is "Environmental, IVDIH2O" or "Environmental, TFHDIH2O"~~
- vi. ~~For pharmacy or IC samples, the patient is "Environmental, Other"~~
- vii. ~~Containers/Transport:~~
 - a. ~~Sterile cup to lab within 2 hours. Can be refrigerated up to 8 hours.~~
 - b. ~~Culturette swabs requested from IC to lab 4 - 6 hours.~~
- viii. ~~Turn-around time:~~
 - a. ~~Final = 72 hours~~

b. **Order: Lab 1020**

ix. **Specimen type: Environmental**

x. **Sources:**

a. **TFH Lab-DI H2O**

b. **IVCH Lab-DI H2O**

c. **Other, including free-text**

e. **Eye Culture w Gram Stain –Responsibility: Providers**

- i. Culturettes containing 2 swabs are usually used in obtaining culture
- ii. Decontaminate the skin around the exterior of the eye and take care not to touch skin when obtaining culture
- iii. Two swabs must be received from Gram Stain to be performed
- iv. Container/Transport = culturette with 2 swabs to lab 4 - 6 hours
- v. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 1828 Culture, Eye w Gram Stain**
- vi. Specimen type: Eye
- vii. Sources:
 - a. Right and left
 - b. Various sources pertaining to eye are available for selection

f. **MRSA Surveillance Culture**

- i. Order per physician or Infection Control
- ii. Never perform on wound cultures
- iii. Gram stains are not performed
- iv. To be used to screen for carriers
- v. Swab nose both anterior nares. One swab can be used for both nares.
- vi. Lab accepts one swab or two swabs
- vii. Containers/Transport time: 2 or 1 swab culturette to lab within 4 to 24 hours
- viii. Turn around time:
 - a. Final = 24 hours
 - b. **Order: Lab 2338 Culture, MRSA active surveillance**

c. Source: Nares

g. Genital Culture –Responsibility: Providers

- i. Uncontaminated endocervical secretions collect with 2 swab culturette
- ii. Surgical tissues or aspirates, transport in sterile cup
- iii. Decontaminate skin for penile lesions or discharge. Obtain with 2 swabs, culturettes
- iv. Gram stains are not routinely performed but can be performed upon request
- v. Containers/Transport time:
 - a. Culturette transport swabs within 2 - 4 hours or immediately if GC is suspected
 - b. Sterile Cups from OR transport immediately
- vi. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 1013 Culture, Genital**
- vii. Specimen type: Genital
- viii. Sources:
 - a. Cervix (default)
 - b. Cyst
 - c. Endocervix
 - d. Endometrium
 - e. IUD
 - f. Labia
 - g. Lochia
 - h. Other, specify
 - i. Penis
 - j. Scrotum
 - k. Urethra
 - l. Vagina

Group B Strep Screen Culture (Prenatals) – Responsibility: Providers

- i. ~~Cervical/Rectal swabs as per physician's protocol~~
- ii. ~~Culturette 2 swabs~~
- iii. ~~Gram stains are not included~~

- iv. Containers/Transport time: 2 or 1 swab culturette to lab within 4 to 24 hours
- v. Turn around time:
 - a. Final = 48 to 72 hours
 - b. **Order: Lab 502 Prenatal (Broth Enriched) Group B Strep Detection**
- vi. Specimen type: Genital
- vii. Sources:
 - a. Vaginal
 - b. Vaginal/Rectal

h. **MRSA Surveillance Culture – Responsibility: Nurses, trained CLSs, Providers**
Nasal Culture

Order per physician or Infection Control

Never perform on wound cultures

- i. Use thin, flexible flock swab culturette to obtain nasopharyngeal specimens
- ii. Gram stains are not performed
 To be used to screen for carriers
 Swab nose both anterior nares. One swab can be used for both nares.
 Lab accepts one swab or two swabs
- iii. Containers/Transport time: 2 or 1 swab culturette to lab within 4 to 24 hours
 - a. Thin, flexible flock swab culturette to lab within 4 - 24 hours
 - b. Can be refrigerated overnight
- iv. Turn around time:
 - a. ~~Final~~ Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 2338229 Nasal Culture, MRSA active surveillance**
- v. Specimen type: Surveillance Upper Respiratory
- vi. ~~Source: Nares~~ Sources:
 - a. Nares
 - b. Nasopharynx

i. **Nasal Culture – Responsibility: Physicians, Nurses, Respiratory**

Therapists Sputum Culture

Use thin, flexible flock swab culturette to obtain nasopharyngeal specimens

- i. Patient should be requested to produce sputum from deep cough. The patient should cough directly into a sterile cup.
- ii. RT may obtain a good sputum sample. The laboratory does not refuse specimens obtained by Respiratory Therapy.
- iii. If sputum samples appear to be saliva (as noted from Gram Stain), a better specimen may be requested.
- iv. Gram stains are ~~not~~ performed on all sputum cultures
- v. Containers/Transport ~~time~~;
 - a. ~~Thin, flexible flock swab culturette to lab within 4 - 24 hours~~ Sterile cup to lab within 1 hours
 - b. Can be refrigerated overnight
- vi. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 229 Nasal 1824 Culture, Sputum**
- vii. Specimen type: ~~Upper Respiratory~~ Sputum
- viii. Sources:
 - a. ~~Nares~~
 - b. ~~Nasopharynx~~

Sources:

- a. Expectorated
- b. Induced
- c. Suctioned

Placenta Culture w Gram Stain – Responsibility: Providers

- i. ~~Uncontaminated placental tissue~~
- ii. ~~Selected tissue transport in sterile cup~~
- iii. ~~Use culturette for certain areas of the placenta~~
- iv. ~~Do not send whole placenta to the microbiology lab~~
- v. ~~Includes a Gram Stain~~
- vi. Containers/Transport time:
 - a. ~~Culturette swabs transport immediately~~
 - b. ~~Sterile cups transport immediately~~

- vii. Turn-around-time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 1830 Culture, Placenta w Gram Stain**
- viii. Specimen type: Tissue
- ix. Source: Placenta

Respiratory Culture w Gram Stain – Responsibility: Physicians, Nurses, Respiratory Therapists

- i. Not to be used for sputum or throat cultures. Do not use for cystic fibrosis cultures
- ii. Transtracheal aspirates are commonly obtained by RT or nurses and are brought to the lab in appropriate sterile tubes
- iii. Lung biopsy or lung fluid may be obtained by OR or Diagnostic Imaging and put in sterile cup. Care should be taken to prep skin if needle and syringe is being used.
- iv. When Bordetella pertussis or C.diphtheria is suspected, order Miscellaneous Send-out test
- v. Gram stains are included
- vi. Containers/Transport time: fluids, aspirates or tissue in sterile tube or cup to lab within 1 hour
- vii. Turn-around-time:
 - a. Preliminary = 24 hours
 - b. Final = 48 hours
 - c. **Order: Lab 1829 Culture, Respiratory w Gram Stain**

- viii. Specimen types:
 - a. Aspirates
 - b. BAL
 - c. Brushings
 - d. Washings

- ix. Sources:
 - a. BAL
 - b. Lung selections
 - c. Trachea
 - d. Other, specify

Respiratory Culture, Cystic Fibrosis Patient – Responsibility: Physicians, Nurses, Respiratory Therapists

- i. Transtracheal aspirates are commonly obtained by RT or nurses and are brought to the lab in appropriate sterile tubes
- ii. Lung biopsy or lung fluid may be obtained by OR or Diagnostic Imaging and put in sterile cup. Care should be taken to prep skin if needle and syringe is being used.
- iii. A more specific order for B.cepacia culture only will be sent to a reference laboratory.
- iv. Gram stains are included
- v. Containers/Transport time:
 - a. Culturette transport swabs immediately
 - b. Fluids, aspirates or tissue in sterile tube or cup: to lab within 1 hour
- vi. Turn-around time:
 - a. Preliminary = 24 hours
 - b. Final = 72 hours
 - c. **Order: Lab 1699 Culture, Respiratory Cystic Fibrosis Patient**
- vii. Specimen types:
 - a. Aspirate
 - b. BAL
 - c. Brushings
 - d. Sputum
 - e. Upper Respiratory
 - f. Washings
- viii. Sources:
 - a. BAL
 - b. Lung selections
 - c. Sputum selections
 - d. Throat
 - e. Trachea
 - f. Other, specify

Sputum Culture – Responsibility: Providers, Nurses

- i. Patient should be requested to produce sputum from deep cough. The patient should cough directly into a sterile cup.
- ii. RT may obtain a good sputum sample. The laboratory does not refuse specimens obtained by Respiratory Therapy.

- iii. If sputum samples appear to be saliva (as noted from Gram Stain), a better specimen may be requested.
- iv. Gram stains are performed on all sputum cultures
- v. Containers/Transport;
 - a. Sterile cup to lab within 1 hours
 - b. Can be refrigerated overnight
- vi. Turn around time:
 - a. Preliminary – 24 hours
 - b. Final – 48 hours
 - c. **Order: Lab 1824 Culture, Sputum**
- vii. Specimen type: Sputum
- viii. Sources:
 - a. Expecterated
 - b. Induced
 - c. Suctioned

Stool Culture w Shiga Toxin – Responsibility: Patients

- i. **Instructions to patient: Nurses, Lab Assistants**
- ii. Instruct patient to collect specimen in clean stool container
- iii. With small childre, a rectal swab put into a culturette may be obtained
- iv. Outpatients may be given 2 Cary Blair media, if stool sample will be longer than 1 hour in transport. The patient will be shown the fill line on the container. Please note that growth of possible Campylobacter and Shigella may diminish with transport times greater than 1 hour. One Cary Blair must be refrigerated for Shiga Toxin testing. One Cary Blair is kept at room temperature for culturing.
- v. Fresh samples should be 1 gram (walnut size) or approximately 2 mL liquid
- vi. Routine stool cultures should not be performed on patients hospitalized for greater than 3 days.
- vii. Shiga Toxin testing is included on all stool culture orders
- viii. Gram Stains and Wright Stains for WBCs must be ordered separately. Because of dilution with media, samples delivered in Cary Blair may not have enumeration of WBCs.
- ix. If the patient has had a barium enema, do not culture for at least 24 hours

- x. Gastric aspirates obtained with special procedures should be collected in sterile collection tubes, usually from Ambulatory Surgery
- xi. Containers/Transport time:
 - a. Stool cup fresh stool to lab within 2 hours
 - b. Inpatients fresh stool to lab within 1 hour
 - e. Stool submitted in Cary Blair media:
 - i. One Cary Blair is refrigerated
 - ii. One Cary Blair is room temp
 - d. Ambulatory surgery specimen tubes to lab within 1 hour
- xii. Turn-around time:
 - a. Preliminary = 24 hours
 - b. Final = 72 hours
 - c. **Order: Lab 223 Culture, Stool**

xiii. Specimen type: Stool

xiv. Source: Stool

Streptococcus Group A Culture - Responsibility: Providers, Nurses, Trained CLSs

- i. Reflexes on all negative Rapid Strep A tests performed at TFHD locations
- ii. Can be ordered separately clients that perform Rapid Group A Strep tests
- iii. The swab from the Rapid Strep A test should already be discarded
- iv. See throat culture for swab collection
- v. Container/Transport: one swab in culturette to lab within 24 to 48 hours
- vi. Turn-around time:
 - a. Final = 24 to 48 hours
 - b. **Order: Lab 236 Culture, Strep**
- vii. Specimen type: Upper Respiratory
- viii. Source: Throat

Throat Culture - Responsibility: Providers, Nurses, Trained CLSs

- i. Swab tonsillar area and/or posterior pharynx. Avoid tongue and uvula.

- ii. Place swabs in culturette.
- iii. Gram Stains are not performed on Throat Swabs.
- iv. Please note in order comments if GC culture is required. Processor will notify CLS as not to miss this order.
- v. Containers/Transport time:
 - a. 2 or 1 swab culturette to lab 2 to 24 hours
 - b. Do not refrigerate
- vi. **Order: Lab 228 Culture, Throat**
- vii. Specimen type: Upper respiratory
- viii. Source: Throat

Blood Bank Culture (Transfusion Reaction) Lab Use Only - Responsibility: CLSs

- i. Laboratory order only
- ii. Following Blood Bank procedure Blood Bank Bag will be cultured if necessary
- iii. Following Blood Bank procedure Platelet Pheresis will be cultured if necessary
- iv. Following Blood Bank procedure FFP will be cultured if necessary
- v. Aseptically open available port. Use syringe to extract 1 to 2 mLs
- vi. Blood product can be refrigerated
- vii. Containers/Transport time: Blood product to lab immediately
- viii. Turn-around time:
 - a. Preliminary = 24 hours
 - b. Final = 72 hours
 - c. **Order: Lab 3193**
- ix. Specimen type: Blood Bank Unit
- x. Source:
 - a. Cryoprecipitate
 - b. Fresh Frozen Plasma
 - c. Platelet
 - d. PRBC
 - e. QC, Platelet

j. Urine Culture - Responsibility: Providers, Nurses, Lab Assistants Urine Culture

- i. It is best to obtain early morning specimens because of the opportunity of bacteria to grow overnight in the bladder.
- ii. Urines must be received in sterile cups
- iii. Urines are never collected from urinals or bed pans
- iv. Urines may be aseptically drawn from a cath using a 21 gauge needle
- v. Suprapubic specimens are collected by physicians
- vi. Clean catch urines are collected as follows:
 - a. Females:
 - i. The patient's hands are washed thoroughly with soap and water, rinsed and dried on disposable paper. The patient spreads her labia with one hand and holds them continuously apart until the area is cleansed and the urine is voided. Disposable wipes are used for cleansing. The patient should pass a small amount of urine to flush and then collect urine in the container provided.
 - b. Males:
 - i. The hands are washed as in the procedure for females. Retract the foreskin if the patient is uncircumcised. The top of the penis is cleaned with a disposable wipe. The patient then urinates a small amount of urine to flush the urethra and then the urine is collected in the container provided.
- vii. Containers/Transport time:
 - a. Sterile urine cup to lab within 1 hour
 - b. Culture within 2 hours of collection or refrigerate up to 24 hours
 - c. BD Vacutainer C&S tube can remain at room temperature up to 48 hours
- viii. **Order: Lab 239 Culture, Urine**
- ix. Specimen type: Urine
- x. Sources:
 - a. Clean catch
 - b. Indwelling folew cath
 - c. Indwelling suprapubic cath
 - d. Nephrostomy

- e. Pediatric bag
- f. Straight In/Out cath
- g. Suprapubic aspirate
- h. Surgically collected
- i. Unspecified source

k. **Wound Culture w Gram Stain - Responsibility: Providers and Trained Nurses**

- i. Thoroughly clean the skin surface surrounding the wound with 70% alcohol. Allow the alcohol to dry. Aspirate pus or fluid using a syringe with plastic catheter. Expel fluid into steril cup.
- ii. Swabs may be used if pus or fluid cannot be aspirated. Care should be taken to decontaminate the skin surrounding the infected site. See set a. Use a 2 swab culturette. Remove one swab and insert deep into the infected site without touching the surrounding skin. Place swab back into the culturette. Repeat with the second swab.
- iii. Soft tissue wound cultures are screened for anaerobes with one reduced media. It is not necessary to order an anaerobic culture on soft tissue wounds unless the provider is suspicious of an anaerobic infection.
- iv. Source and site should be described. Wound is a type of culture and is generally not considered a source. If computerized type/ source is not available, enter source in order comments.
- v. Gram Stains cannot be performed if only one swab is received.
- vi. Containers/Transport time:
 - a. Off site collection in culturettes to lab 2 to 24 hours
 - b. Purulent fluids in sterile cup to lab 2 to 8 hours
 - c. Do not refrigerate
- vii. Turn around time:
 - a. Preliminary = 24 hours
 - b. Final = 72 hours
 - c. **Order: Lab 1826 Culture, Wound w Gram Stain**
- viii. Specimen types:
 - a. Abscess
 - b. Aspirate
 - c. Calculus
 - d. Lesion/Drainage fluid

e. Wound

ix. Source: Numerous sources available for selection

2. **Rapid Testing Performed at TFH**

a. **C. Difficile**

i. **Instructions to patients: Nurses, Lab Assistants**

ii. Fresh stool should be received within 2 hours of collection. Sample must be liquid.

iii. Fresh untreated stool specimens should be refrigerated and tested within 72 hours. If testing cannot be performed within 72 hours, specimens can be frozen and tested within 2 months. Stool collected in Cary Blair should not be used.

iv. Tests can be ordered STAT on severely ill patients, not as rule outs.

v. Containers/Transport time:

a. Stool container, no preservatives to lab within 2 hours, then refrigerated

b. Store in the refrigerator

vi. Turn-around time:

a. Testing is performed daily

b. Can be ordered STAT on all 3 shifts

c. **Order: Lab 1043 Clostridium Difficile Detection**

vii. Specimen type: Stool

viii. Source: Stool

b. **Giardia IA**

i. **Instructions to patients: Nurses, Lab Assistants**

ii. Fresh stool specimens should be received within 2 hours of collection

iii. Untreated stool specimens can be refrigerated up to 48 hours

iv. Stool specimens collected in Cary Blair should come to lab within 2 hours at room temperature and then can be refrigerated up to 5 days.

v. Containers/Transport time:

a. Fresh stool cup to lab within 2 hours

b. Collected in Cary Blair to the lab within 2 hours and then refrigerated up to 5 days

vi. Turn-around time:

- a. Testing is performed daily
- b. Test can be ordered STAT
- c. **Order: Lab 259 Giardia Antigen**

vii. Specimen type: Stool

viii. Source: Stool

e. **Cryptosporidium IA**

i. **Instructions to patients: Nurses, Lab Assistants**

ii. Fresh stool specimens should be received within 2 hours of collection

iii. Untreated stool specimens can be refrigerated up to 48 hours

iv. Stool specimens collected in Cary Blair should come to lab within 2 hours at room temperature and then can be refrigerated up to 5 days

v. Containers/Transport time:

a. Fresh stool cup to lab within 2 hours

b. Collected in Cary Blair to the lab within 2 hours and then refrigerated up to 5 days

vi. Turn around time:

a. Testing is done daily

b. Can be ordered STAT

c. **Order: Lab 1024 Cryptosporidium Antigen**

vii. Specimen type: Stool

viii. Source: Stool

d. **H. Pylori Stool Antigen**

i. **Instructions to patients: Nurses, Lab Assistants**

ii. Fresh stool specimen in air tight container, kept refrigerated. Can be at room temperature for 30 minutes or less for transport.

iii. Testing delayed for greater than 72 hours, sample must be frozen

iv. Containers/Transport time:

a. Fresh stool or refrigerated stool to the lab within 30 minutes

b. Collected in Cary Blair to the lab within 2 hours and then refrigerated up to 5 days

v. Turn around time:

a. Testing is done daily

b. Order: Lab 397 Helicobacter pylori, antigen stool

- vi. Specimen type: Stool
- vii. Source: Stool

e. Influenza Rapid A, B PCR Detection – Responsibility: Providers, Nurses

- i. It is recommended that specimens be collected early in the course of the illness.
 - ii. Acceptable specimens are nasal washes and nasal swabs
 - iii. Cannot use calcium alginate swabs. Flocked NP swabs are used.
 - iv. Freshly collected specimens can be run immediately
 - v. Samples received in transport media can be refrigerated and tested within 72 hours
 - vi. Acceptable transport media: 0.5 mL sterile saline, M6, M5, M4.
 - vii. Containers/Transport time:
 - a. Nasal washings to lab immediately
 - b. NP flocked swabs (placed in sterile tube or cup) to lab immediately
 - c. NP flocked swabs in M4, M5, M6 refrigerated to lab within 72 hours (preferred)
 - viii. Turn-around time:
 - a. Testing is performed daily
 - b. Can be ordered STSAT
- e. Order: Lab 3511 Influenza A, B PCR Detection**

- ix. Specimen type: Upper Respiratory
- x. Source: Nasopharynx

f. Strep A Screen w Reflex Culture – Responsibility: Providers, Nurses, Trained CLSs

- i. Polyester or rayon tipped swabs with plastic shafts
- ii. Swab both tonsils, the posterior pharynx and any areas of inflammation
- iii. Two swab culturettes are okay to use if they have liquid Stuart's or Amies media
- iv. All negative results will reflex to a Strep Group A Culture
- v. Containers/Transport time: 2 swab culturette can be stored up to 4 hours at room temperature and up to 4 hours if refrigerated
- vi. Turn-around time:

- a. Testing is performed daily
- b. Can be ordered STAT
- c. **Order: Lab 1925 Rapid Strep Screen with Reflex Culture**
- vii. Specimen type: Upper Respiratory
- viii. Source: Throat

g. RSV-- Responsibility: Providers and Nurses

- i. Nasopharyngeal washes with 2–4 mL of saline. If a physician orders a nasal washing to be obtained by laboratory personnel, notify your supervisor. Washings are obtained by trained nurses and providers (preferred).
- ii. Nasopharyngeal flocked swabs placed in 0.75 to 1.0 mL of saline
- iii. Add 0.75 to 1.0 mL of sterile saline into sterile transport clonical tube
- iv. Use two (2) flexible flocked NP swabs. Do not use calcium alginate swabs
- v. Take one swab and gently swab the back portion of one nasal cavity, rotating several times and withdraw. Place swab in the sterile sube containing the sterile saline.
- vi. Take the second swab and gently swab the other nasal cavity in the same manner. Place this swab in the same sterile tube with saline.
- vii. Both swabs should be submerged in the saline so they will not dry out
- viii. Label and deliver the sample as soon as possible to the laboratory
- ix. Alternately flocked swabs placed in M5 or M6 media are acceptable.
- x. Containers/Transport time:
 - a. Preferred: NP washings to lab immediately
 - b. Alternately: NP flocked swabs in saline, M5, or M6 media.
 - c. Refrigerate specimen up to 48 hours
- xi. Turn around time:
 - a. Testing is performed daily
 - b. Can be ordered STAT
 - c. **Order: Lab 1050 RSV Antigen**

- xii. Speciment type: Upper Respiratory
- xiii. Source: Nasopharynx

h. Wet Mount Genital R/O Yeast and Trichomonas – Responsibility: Providers and Nurses

- i. Place one mL of sterile saline into a clean clonical test tube
- ii. Obtain vaginal discharge with one sterile tipped swab
- iii. Place the swab intot he prepared test tube containing the saline
- iv. Break off the top portion of the swab so that the test tube top can be secured
- v. Label appropriately and bring to laboratory
- vi. Containers/Transport:
 - a. Sterile swab transported in one mL saline to lab immediately
 - b. Do not refrigerate
- vii. Turn around time:
 - a. Testing is performed daily
 - b. Can be ordered STAT
 - c. **Order: Lab 252 Wet Prep Genital**
- viii. Specimen type: Genital
- ix. Sources:
 - a. Vaginal
 - b. Other, specify

i. KOH Prep for Fungus – Responsibility: Providers and Nurses

- i. Place clinical specimen such as skin scrapings, finger or toe nail fragments in sterile cup
- ii. Decribe source in comments
- iii. Label appropriately and bring to laboratory
- iv. Container/Transport time:
 - a. Sterile cup to lab within 1 hour
 - b. Do not refrigerate
- v. Turn around time:
 - a. Testing is performed daily
 - b. Can be ordered STAT
 - c. **Order: Lab 2333 KOH Prep (hair, skin, nail)**
- vi. Specimen type: hair, skin, nail

vii. ~~Source: Numerous sources are available for selection~~

C. PROCEDURAL NOTES:

1. The general practice is for ~~provider and~~ provider and nurse caring for the patient to obtain microbiological specimens
2. For outpatient convenience, trained CLSs may be asked to obtain simple throat swabs or anterior nares swabs (MRSA Screen)
3. Cultures received in syringes can easily leak into the Biosafety transport bag. This can contaminate the culture and put staff at risk for possible exposure.
 - a. A culture comment is entered if possible contamination has occurred.
 - b. A Quality Report is documented. The Laboratory Supervisor or designee will notify the provider not to send cultures in syringes.

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	08/2022



Origination 07/2019
Last Approved N/A
Last Revised 08/2022
Next Review 1 year after approval

Owner Courtney Leslie
Department Governance
Applicabilities Truckee Surgery Center

Termination/Discharge of Patient Relationship, GOV-1910

PURPOSE:

To identify situations that may prompt consideration of termination and outline processes for termination of patients at Truckee Surgery Center. Common causes of termination include non-payment, excessive missed or canceled appointments, failure to follow agreed upon treatment plans or the refusal of a patient to maintain acceptable behavior.

CONSIDERATIONS:

- A. Evaluate whether all options have been tried to salvage the relationship.
 - 1. For "patient non-compliance", facilitate a face-to-face conversation with the patient to clearly communicate expectations. Allow the patient to voice their understanding and expectations. Clarify any misunderstanding or misconceptions. Facilitate a mutual agreement to a plan. Provide the patient with a copy of the written agreement.
- B. Review the documentation in the patient record to determine if the relationship with the patient can be terminated.
- C. If the patient is in a protected class or disabled, consult an attorney to determine if the termination is prohibited.
- D. Termination should not be pursued if:
 - 1. The same type of medical care cannot be found within a reasonable geographic area.
 - 2. The patient has an urgent or emergent condition or is being treated for an acute condition.

POLICY:

- A. Discharge of a patient from Truckee Surgery Center may occur when one or more of the following conditions are met:
1. The patient/family/friend/caregiver/support person with the patient exhibits behavior that is disruptive, abusive, aggressive, or uncooperative to the extent that it negatively impacts the delivery of care to the patient or other patients in the surgery center.
 2. The patient/family/caregiver/support person is unwilling to comply with the plan of care and consistently acts in a way that compromises the standard of care.
 3. The patient/family/friend/caregiver/support person with the patient causes providers, staff, or other patients in the surgery center to fear for their safety.
 4. The patient/family/caregiver or the provider requests discharge.

PROCEDURE:

- A. ~~When proceeding with termination:~~
- ~~1. Author a termination letter that contains the following:~~
 - ~~a. Notification that the physician patient relationship is being terminated.~~
 - ~~b. A deadline for the end of coverage, from the date of the termination letter usually 30 days unless longer may be necessary based on patient circumstances.~~
 - ~~c. Threats of violence, actual violence or criminal acts (i.e stealing prescription pads) may necessitate verbal and immediate termination. Follow-up verbal dismissal with a termination letter.~~
 - ~~d. Clarify that the physician is available to provide care during the transfer period.~~
 - ~~e. Provide resources to assist in locating another physician/facility of like specialty.~~
 - ~~f. From the patient with an authorization for release of records and a statement that the office will facilitate a transfer of records at the patients request.~~
 - ~~g. The physician with whom the relationship is being terminated should sign the letter.~~
 - ~~h. When appropriate, the physician should discuss termination with the patient prior to processing the letter to foster acceptance and understanding of the reasons for ending the relationship.~~
 - ~~2. Send the written termination letter via certified mail, with a return receipt requested.~~

- a. ~~If the certified letter is rejected and returned, resend it in a plain envelope with no return address.~~
 - b. ~~The second letter will serve as proper notice.~~
 - c. ~~The letter may also be hand delivered during a visit.~~
3. ~~Document a full account of the termination process in the patient's record. Include copies of letters sent or hand delivered, receipts received and letters returned.~~
 4. ~~Inform the staff at TSC that the patient has been sent a termination letter. Advise staff not to schedule the patient after the effective termination date. Create a scheduling alert in HST.~~
 5. ~~Consider alerting the patient's other healthcare providers, such as specialists and the patient's primary care provider, that you are no longer treating the patient.~~
- B. ~~When a Patient Dismisses a Physician:~~
1. ~~When a patient dismisses a physician/facility, send a letter to the patient to confirm that the relationship has been terminated.~~
- C. ~~To address workplace violence please refer to the TSC Policy and Procedure Manual and policy on "Workplace Violence Prevention".~~
- A. In situations where front line staff are involved, staff should excuse themselves and escalate their concerns immediately to the Administrator or Nurse Manager. This will enable leadership to attempt to address the concerns of the patient and if possible, resolve the behavior. Note that if staff feel threatened or are concerned for the safety of their provider they are encouraged to call Security at extension 6666 or the Truckee Police Department by dialing 911.
- B. An occurrence report will be completed and a safety event should be entered by all involved or who witnessed the behavior. Leadership should notify the patient's physician, if they are not already aware. Leadership and the physician can then determine together the following:
1. The patient can be given a warning regarding their behavior, advised of what is expected of them to continue as a Truckee Surgery Center patient, and put on notice that not following the behavioral expectations can result in discharge, or
 2. The patient behavior was of such a threatening or abusive degree that for the safety of providers, staff, and other patients, they must be discharged from the surgery center.
- C. If there is indecision or disagreement among leadership and the physician, the Medical Director and/or Medical Executive Committee and Board of Managers will be consulted to determine the recommended disposition of the patient.
- D. If it is determined that a patient should be given a warning with behavioral expectations, Leadership will reach out to the patient via telephone to advise them of this. They will then mail a letter to the patient and place a copy in the patient's chart. The patient's chart should be noted that contact was made and a confirmation letter sent. If the patient does not honor the behavioral expectations set, return to B above or move on to E below.

- E. If it is determined that a patient must be discharged, the Administrator or Medical Director, will confirm with the physician seeking discharge that indeed the patient is to be discharged from the Surgery Center. Upon confirmation, the Administrator or Medical Director, will contact the patient regarding the discharge via telephone and then mail the patient a discharge letter to confirm.
- F. If the patient's behavior meets the description of B.2. above, the patient can be discharged immediately. If the patient has only sought out a consultation, has only made an appointment, or has not been able to receive care from the physician yet due to his behavior, the patient can be discharged immediately.
- G. If the patient's behavior is such that it does not meet the description of B.2. above and the patient has been receiving services, the patient, per regulatory and legal guidelines, must be given a 30 day notice within which he or she can continue to seek services with the provider as needed per the provider's schedule. No special accommodations need to be made in the schedule. The Surgery Center does not have to find another provider for the patient unless the patient has been receiving services that if discontinued abruptly, would endanger the life of the patient (such as chemotherapy).
- H. If the physician determines that the patient should be discharged based on non-compliance, patient request, or physician request, then the physician should reach out to the Administrator or Medical Director in initiating and completing the discharge process per policy. Note that the 30 day policy outlined above may apply.
- I. This 30 day period can sometimes be challenging. Please contact the Administrator, Nurse Manager, Tahoe Forest Hospital's Risk Manager/Director of Quality & Regulations, or offer peer support as needed.
- J. The patient's HST account will be flagged using the scheduling alert and the account alert tool with a notation that the patient has been discharged from the Surgery Center and not to schedule additional appointments.
- K. Truckee Surgery Center Leadership will work with Tahoe Forest Hospital District Risk Management or their Director of Quality & Regulations for assistance when discharging a patient.

Effective: July 2014

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	08/2022



Origination 07/2019
Last Approved N/A
Last Revised 07/2022
Next Review 1 year after approval

Owner Courtney Leslie
Department Environment of Care
Applicabilities Truckee Surgery Center

Life Safety Maintenance Program, EOC-1917

POLICY:

- ~~A. In order to ensure that Truckee Surgery Center is safe for staff, patients and visitors the following is in place:~~
- ~~1. Electrical Safety and Safety Policies are in place.~~
 - ~~2. A Fire and Emergencies Manual exists and is required reading on the first day of employment.~~
 - ~~3. The generator is inspected weekly and is under a preventative maintenance agreement which includes a load test monthly.~~
 - ~~4. The fire alarm system, smoke detectors, chimes, strobes, and fire pulls checked annually.~~
 - ~~5. Fire extinguishers are checked monthly and serviced annually.~~
 - ~~6. Electrical outlets are checked annually and in wet areas, semi-annually.~~
 - ~~7. Fire sprinkler system is checked quarterly and serviced every 5 years. Coordinated by CAMCO.~~
 - ~~8. Staff is trained on first day and re-educated annually with emergency systems.~~
- ~~B. Note: Life Safety Checks are conducted by Dept of Health Services every 5 years or as needed.~~

The Life Safety Maintenance program is designed to provide a safe environment for staff, patients and visitors.

PROCEDURE:

- A. The Life Safety Maintenance program consists of processes for the following:

1. Protecting patients, personnel, visitors, and property from fire, smoke, and other products of combustion.
2. Maintaining compliance with Life Safety NFPA 101. Environment of Care rounds are conducted on a regular basis. Any deficiencies are reported to the Administrator/ Safety Officer and a work order is submitted as needed for correction.
3. Inspecting, testing, and maintaining fire alarm systems, including annual preventative maintenance of components of the fire alarm system. Inspecting, testing, and maintaining the fire detection and alarm system that minimizes smoke transmission by controlling designated fans and dampers and transmits the fire alarm to the 24 hour alarm monitoring company who contacts the fire department. Inspection and testing is completed in accordance with NFPA 101-2012 and NFPA 72-2010.
4. Inspection and testing of emergency lighting in accordance with NFPA101-2012.
5. Inspecting, testing, and maintaining all automatic fire sprinklers in accordance with NFPA 13-2010.
6. Inspecting, testing, and maintaining the generator in accordance with NFPA 110-2010
7. Managing portable fire extinguishers, including monthly inspection, annual maintenance, and identification of placement and use in accordance with NFPA 10-2010.
8. Maintenance of fire rated door assemblies in accordance with NFPA 80-2010.
9. Inspecting and maintaining medical gas systems and equipment in accordance with NFPA 99-2012.
10. Maintenance of a Facility Demographic Report (FDR) in accordance with NFPA 101-2012.

B. PREVENTATIVE MAINTENANCE"

1. Preventative Maintenance is performed as follows:

<u>PM</u>	<u>Frequency</u>
<u>Fire Extinguishers</u>	<ul style="list-style-type: none"> : <u>Monthly inspection</u> : <u>Annual Maintenance</u>
<u>Fire Doors</u>	<ul style="list-style-type: none"> : <u>Annual Testing/ Inspection</u>
<u>Exit Lamps/Emergency Lighting</u>	<ul style="list-style-type: none"> : <u>Monthly testing</u> : <u>Annual 90 minute testing</u>
<u>Fire Alarm System including panel sensitivity testing, smoke detectors, fire</u>	<ul style="list-style-type: none"> : <u>Annual Fire Alarm</u>

PM	Frequency
<u>pulls, chimes, and strobes</u>	<ul style="list-style-type: none"> Testing : <u>Semi-Annual visual inspection of all fire alarm devices</u> : <u>Annual Transmittal of signal to off site monitoring company</u>
<u>Fire Sprinklers (completed by CAMCO)</u>	<ul style="list-style-type: none"> : <u>Quarterly Inspection</u> : <u>5-year testing</u>
<u>Generator</u>	<ul style="list-style-type: none"> : <u>Weekly Inspection includes battery electrolyte-specific gravity readings</u> : <u>Monthly Load Testing</u> : <u>3-year Load Testing</u> : <u>Annual Fuel Quality Testing</u>
<u>Recepticle Testing</u>	<ul style="list-style-type: none"> : <u>Annual testing</u> : <u>Semi-Annual in wet areas</u>
<u>Fire and smoke dampers</u>	<ul style="list-style-type: none"> : <u>4-year testing</u>
<u>Fire Drills</u>	<ul style="list-style-type: none"> : <u>Quarterly</u>
<u>Medical Gas System & Equipment</u>	<ul style="list-style-type: none"> : <u>Semi annual testing/ inspection</u>
<u>Facility Demographic Report (FDR)</u>	<ul style="list-style-type: none"> : <u>Annually updated</u>
<u>Life Safety Drawing</u>	<ul style="list-style-type: none"> : <u>Updated after any renovation or construction activities are completed</u>

These PMs are part of the Fire/Life Safety Maintenance Program. Any system

failures must be reported to the Administrator and/or have a facilities work order placed for correction.

Testing and inspections are to be documented and kept in the preventative maintenance generator, and fire & emergencies binders in the front office.

C. TRAINING:

1. Fire and Life Safety training is a part of the initial orientation and annual orientation/ education program. Orientation addresses the employee roles and responsibilities for personnel who must participate in the fire plan, use of the fire alarm system, roles and responsibilities for evacuation, fire extinguishers and building compartmentalization procedures for containing smoke and fire.
2. A Fire and Emergencies Manual exists and is required reading on the first day of employment.

D. Note: Life Safety Checks are conducted by Dept of Health Services every 5 years or as needed.

Effective: August 2003 Revised July 2019

Approval Signatures	COPY	
Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	07/2022



Origination 07/2019
Last Approved N/A
Last Revised 07/2022
Next Review 1 year after approval

Owner Courtney Leslie
Department Health Information Management
Applicabilities Truckee Surgery Center

Release of Protected Health Information, HIM-1903

PURPOSE:

For the purpose of maintaining privacy and confidentiality of Protected Health Information (PHI), and Individually Identifiable Information in whatever form, Truckee Surgery Center will comply with California statutes, Health Insurance Portability and Accountability Act (HIPAA) of 1996 [45 C.F.R. parts 160 and 164] as well as the Health Information Technology for Economic and Clinical Health (HITECH) Act [42 U.S.C. Section 17921 et seq.].

POLICY:

- ~~A. Truckee Surgery Center will be responsible for responding to all requests for patient access to medical records.~~
- ~~B. Requests must be in writing and must provide sufficient information to identify the patient.~~
- ~~C. Records will be reviewed prior to permitting inspection or providing copies to ensure:
 - ~~1. Integrity of the record~~
 - ~~2. Completeness of the record~~
 - ~~3. Removal of any portion of the record relating to someone other than the patient~~
 - ~~4. Appropriateness of request for minor patients~~
 - ~~5. Consideration of possible adverse determination on records of minor patients, psychiatric records or alcohol and/or drug abuse records~~
 - ~~6. Removal of any correspondence and copies of records from another health facility~~~~
- ~~D. Personnel will not attempt to explain or interpret anything in the medical record. The patient or patient's representative will be referred to the physician or responsible health care professional for any necessary assistance in understanding the information contained in the medical~~

record.

- E. Inspection may be carried out during normal business hours Tuesday through Thursday and some Friday's, by appointment only.
- F. Inspection will be carried out in the designated area under the direct visual supervision of designated personnel.
- G. A reasonable effort to establish the identity of the patient or patient's representative will be made, prior to the beginning of inspection or provision of copies. Persons requesting access as guardian or conservators of the person must present evidence of appointment. Psychiatric conservator's evidence of an appointment must show a current date (within 1 year).
- H. Records will be made available for inspection by patient or patient's representative within five (5) working days of receipt of written request.
 - I. Copies will be sent by certified mail within seven (7) calendar days of receipt of valid written request. Request must specify which record is desired.
 - J. Records will be held for a period of 21 days after the initial five (5) day period to permit late inspection. If the patient or representative has not reported for inspection or for requested copies by that time, the chart will be returned to the file.
 - K. The physician is responsible for dictating the summary within three (3) working days of request. Transcription will be performed by authorized personnel.
 - L. The responsible practitioner will be notified promptly (first working day after receipt) of any request by a patient representative to inspect or receive copies of records for minor patient, except where the minor has the right of access. The responsible practitioner will notify Truckee Surgery Center no later than the third (3rd) working day after receipt, if he/she is requesting denial; otherwise, access will be permitted as requested.
- M. In the event that the Administrator has a question regarding potential danger to the patient or to personnel in the department, if access is provided, and this question cannot be resolved promptly with the responsible practitioner or designated employee, the question shall be referred to the Medical Director, who will make such determination. Legal counsel will be consulted before denying access in this situation.
- N. One individual may accompany the patient or representative during the inspection. The attending physician may elect to participate in the inspection.
- O. Documentation of each request and the response to the requests will be kept in the patients chart.

It is the policy of Truckee Surgery Center (TSC) to release protected health information (PHI) contained within a patient's medical record in accordance with California State law and applicable Federal laws. The latest edition of the California Consent Manual serves as the guide for this policy. The Business Office will be responsible for responding to all medical record requests.

PROCEDURE:

A. GENERAL PRINCIPLES

1. Under normal circumstances, the patient's written authorization will be required before the release of any patient identifiable health information. If the patient is a

minor, the release must be signed by a parent. A minor may release their own information under specific circumstances. The identity of the person requesting PHI and their authority must be verified prior to the release of information.

2. A response to request for medical records will occur within five (5) business days after the presentation of the written authorization. This time may vary due to the nature of the request; and or if special circumstances are involved.
3. The patient's treating health care provider may receive records without the patient's written authorization for continuum of care (Implied Consent). A fax indicating requested documents/ information will be required prior to the release.
4. If a release is made under number 1-3 above, the person releasing the information shall confirm via personal knowledge, verification of valid identification, return telephone call, or receipt of executed and valid "Authorization for release of medical records", or other reasonable method, that the caller is, in fact, a physician or physician's office. All efforts will be made to facilitate release of pertinent medical information in the event of a medical emergency.
5. Records will be reviewed prior to permitting inspection or providing copies to ensure:
 - a. Integrity of the record
 - b. Completeness of the record
 - c. Needs to removal of any portion of the record relating to someone other than the patient
 - d. Appropriateness of request for minor patients
 - e. Consideration of possible adverse determination on records of minor patients, psychiatric records or alcohol and/or drug abuse records
 - f. Removal of any correspondence and copies of records from another health facility
 - g. Redaction requirements of sensitive information that requires special consent
6. TSC personnel will not attempt to explain or interpret anything in the medical record. The patient, patient's representative, or surrogate will be referred to the physician or responsible health care professional for any necessary assistance in understanding the information contained in the medical record.
7. Records will be held for a period of 21 days after the initial five (5) day period to permit late inspection. If the patient or representative has not reported for inspection or for requested copies by that time, the chart will be returned to storage.
8. TSC personnel will consult with legal counsel prior to responding or completing any requests that they are unclear about.

B. EMPLOYEES AND FAMILY MEMBERS

1. As an employee, the viewing of one's own medical record (or the records of family members) is prohibited. Employees are required to follow the same process of obtaining a copy of their medical record as any other patient. If an employee wishes to obtain a copy of their medical record, please complete a "Authorization for release

of medical records" form and return to the Business Office.

2. Documenting within your own medical record is absolutely prohibited; employees entering such documentation will be subject to disciplinary action. Any additions, changes, deletions to your medical record must be addressed by filing an Amendment to the Medical Record request. These requests must be submitted in writing and sent to the Business Office.

C. PATIENT ACCESS

1. A patient, patient representative, or surrogate may request their medical records by completing a "Authorization for release of medical records" form.

D. SPECIAL AUTHORIZATION

1. Special Authorization is required when a patient's health record contains sensitive information, such as sexually transmitted diseases, treatment for drug and or alcohol abuse, or Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS).
 - a. A valid authorization to disclose HIV test results or any sensitive information must be in writing and must include to whom the disclosure will be made.
 - b. A general authorization by a patient to release medical records is not sufficient to disclose sensitive information.
2. Failure to obtain special consent to release sensitive information will require information to be redacted from the copies prior to the release.

E. SUBPOENAS

1. Valid subpoenas (10 days before the date records are to be produced in person) will be accepted and processed in accordance with State law as specified in the California Consent Manual.
2. All subpoenas for PHI must be personally served and accepted by personnel authorized to accept subpoenas. **Personal service is not required for Federal Court subpoenas.**
3. Subpoenas requesting health information must be reviewed by the Business Office for validity, appropriateness, and completeness of request prior to release of any PHI. A copy of all subpoenas must go to the Privacy Officer or designee.
4. Subpoenas issued by attorneys must be personally signed (pen-on-paper) by the appropriate attorney, clerk or judge.
5. A subpoena will not be accepted if it is indicated as "signature on file", "/s ____", or other such designations.
6. Copying & Inspection of Records:
 - a. Copying will be carried out during normal business hours Monday through Thursday and some Friday's, by appointment only in the designated area under the direct visual supervision of designated personnel.
 - b. Records will be made available for copying & inspection within five (5)

working days of receipt of written request.

- c. If TSC staff is copying and preparing the records, a fee will be charged. The fee will be \$0.25/page. The invoice will be included with the copy of the records.
- d. Where the attorney or deposition officer, including, a licensed copyist, performs copying at the Surgery Center with their own copy equipment, there will be no copying fee.

E. RECORDS FROM OTHER FACILITIES

1. When a subpoena or other request is received specifying all medical records, meaning the entire chart, staff will copy only those records from other health care facilities (re-disclosure) that are part of the patient's record used for medical decision making and now under the control of TSC. Unless the subpoena specifically requests all outside facility records to be included, those not used for medical decision making will not be released.
2. Drug and alcohol abuse and mental health records from another provider, will not be re-disclosed without specific written authorization of the patient.

G. BILLING REQUESTS

1. In accordance with State and Federal laws, the TSC Business Office will provide to the contracted Billing Company, copies of protected health information required to substantiate the services rendered to the patient in support of the bill process. The Billing Company will be responsible for sending a written request to the Business Office specifying the patient's name, medical record number, date of service and specific information required.

H. DISCLOSURE OF RECORDS TO LAW ENFORCEMENT OFFICERS

1. Law enforcement officers investigating an alleged crime, child abuse report, elder abuse report, legal BA's, etc. may review a medical record upon presentation of executed authorization. California law does not appear to be as broad as HIPAA in this instance. Providers are advised to consult with legal counsel prior to releasing medical information in such situations.

I. DECEASED PATIENTS

1. Only the patient's beneficiary or personal representative may release or obtain a deceased patient's PHI. Such individual is normally the executor of the estate, the heir of the decedent or someone appointed by the court to perform this function (CA Health & Safety Code 123110(a); Civ. Code 56.11(c) (4). At the least, the requestor must provide a signed affidavit specifying the type of personal representative or beneficiary the requestor is, or presents a copy of the Death Certificate demonstrating beneficiary or next of kin. All questionable requests are to be referred to the Administrator and, if necessary, involve the legal counsel.

J. FUNERAL DIRECTORS

1. Disclosure to a funeral director is necessary for the funeral director to carry out its duties with respect to the decedent.

K. MINORS

1. Minors are all persons under 18 years of age [Family Code Section 6500]. Under California law, parents have a legal obligation to provide the necessities of life for their minor children, including medical care [Penal Code Section 270].
2. Unmarried pregnant minors have the authority to consent to treatment related to their reproductive care.
3. Minors with married parents, either parent has the legal authority to consent. If there is a disagreement between the parents of a minor where one parent opposes treatment, treatment should not be provided until the conflict is resolved. If the parents consent to treatment but the minor objects, the case should be referred to an attorney.
4. Minors of divorced parents who disagree with treatment of the minor, a copy of the court's order pertaining to the custody of the minor should be obtained to determine which parent has the authority to make health care decisions for the child. The copy of the court order should be placed in the minor's medical record.
 - a. **Sole Legal Custody** - If one parent has sole legal custody, then that parent has the right and responsibility to make health care decisions for the child [Family Code Section 3006].
 - b. **Joint Legal Custody** - If parents have joint legal custody, either parent has the right and responsibility to make health care decisions for the child unless the court has specified, in its custody order, that the consent of both parents is required [Family code Sections 3003 and 3083].
 - c. **Stepparent** - who has not legally adopted a minor, does not have the authority to consent to treatment on the minor's behalf without written authorization from the natural parent or guardian or a valid Caregiver's Authorization Affidavit.
 - d. **Adoption** – Minors who have been legally adopted (by order of the court), the adoptive parents have the same right to consent to medical care on behalf of the minor as would birth parents.
 - e. **Minors Born Out of Wedlock** – The mother has the legal authority to consent to medical treatment for the minor. The father also has the legal authority to consent to medical treatment for the minor. If there is reason to doubt the status of someone claiming to be a child's father, the provider should require a copy of a court judgment or order determining the existence of the father-child relationship.
 - f. **Noncustodial Parent(s)** - Access to records and information concerning a minor child, including medical and dental records, is not to be denied to a parent because that parent is not the child's custodial parent [Family Code Section 3025].
 - g. **Registered Domestic Partner Parent(s)** – California state laws give registered domestic partners (or former or surviving registered domestic partners) the same rights and obligations as are granted spouses in a marriage. Becoming the spouse of a parent is not the same as becoming a

parent, even for legally married heterosexual couples. Stepparents do not have the authority to consent to treatment on the minor's behalf without written authorization from the natural parent or a valid Caregiver's Authorization Affidavit.

- i. The registered domestic partner must have legally adopted the child;
- ii. The registered domestic partner must provide a signed third-party authorization form giving that registered domestic partner the ability to consent to medical care for the child.
- iii. The registered domestic partner must complete a valid Caregiver's Authorization Affidavit.

L. LEGAL COUNSEL FOR DEPENDENT MINORS

1. Under Welfare and Institutions Code Section 317(f), legal counsel appointed to represent a minor who has been adjudged to be a dependent child of the court, under Welfare and Institutions code Section 300 at a detention hearing before the juvenile court, must be given access to records concerning the child maintained by hospitals and other medical practitioners. This is permissible under HIPAA's provision for disclosure when required by law.

M. FOSTER PARENT

1. A foster parent's right of access to a foster child's medical records generally depends upon whether the child has been placed with the foster parent:
 - a. By court order or with the consent of the child's legal custodians; or
 - i. Under state law, persons licensed to provide residential foster care to a child placed with them pursuant to court order or with the voluntary consent of the person(s) having legal custody of the child may give consent for ordinary medical and dental treatment of such child, including immunizations, physical examinations and X-rays [Health and Safety Code Section 1530.6].
 - ii. Ask to see a copy of the court's order placing the child with the foster parents, to whether there are any limitations on the right of the foster parent(s) to consent to treatment on the minor's behalf. Foster parents seeking access to the medical records of a foster child should be able to provide hospitals with evidence of their right to such information (e.g., a copy of a court order of the consent of the child' parent or legal guardian) and a copy of this should be placed in the child's medical record.
 - iii. Foster parent requests for records in order to obtain treatment for the child from another provider may receive general medical information concerning the patient to other health care facilities and professionals for the purpose of diagnosis and treatment of the patient, even without the authorization of the patient or the patient's legal guardians. Mental health records and information

may also be disclosed between qualified professionals having responsibility for the patient's medical or psychological care without authorization by the patient or the patient's legal guardians.

- b. On a temporary basis before a detention hearing has been held.
 - i. Foster parents who have custody of a child on only a temporary basis prior to the detention hearing and court ordered placement are not covered by Health and Safety Code Section 1530.6. They do not have the right to consent to medical treatment for the child or the corresponding right of access to the child's medical records under that provision.

N. FAXED RECORDS

- 1. Records will be sent via facsimile under the following circumstances:
 - a. To another hospital if the patient is being actively treated or
 - b. To a physician's office if the patient has an appointment the same day as the request is made.
 - c. Records will not be faxed for non-patient care reasons, and will not be faxed to a personal residence.

O. ADVANCE DIRECTIVES

- 1. An adult having capacity may execute an advance health care directive, which may include the following:
 - a. The designation of an "agent" to make health care decisions on behalf of the patient [Probate Code Section 4671(a)].
 - b. Individual health care instructions [Probate Code Section 4671(a)].
 - c. **Authority of Agent:**
Generally, an agent has the same authority as a patient and specifically may make requests to receive and review medical records and information, and authorize the release of medical records and information to the extent necessary for the agent to fulfill his or her duties as agent. This authority covers HIV test results (Health and Safety Code Section 121020) . However, the right of the agent is subject to any limitations that might exist on the right of the principal to obtain his or her own medical records (Right to Access Protected Health Information.) [Probate Code Section 4690].

SPECIAL SITUATIONS:

- A. RECORD LOST: When the medical record, to which access is requested, cannot be located, a thorough search shall be made immediately. If this search is not successful:
 - 1. Notify the requesting party that the record cannot be found and request a temporary extension of time. This is appropriate, if there is reason to believe the problem is temporary and the record will be located in a reasonable time.

2. Reconstruct the record to the extent possible, by obtaining copies of ancillary reports available from various departments; notify requesting party of the problem and indicate that access will be provided after all available information has been gathered. If the record is located at a later time, notify the patient or representative and permit access, if still desired.
- B. RECORD INCOMPLETE: If the record is incomplete, because of recent discharge, no extension of time is allowed, except where the summary alternative is used. Completion shall be expedited if at all possible. If it is necessary to allow inspection or provide copies before the record is complete, the patient or patient's representative shall be made aware of that fact and it shall be noted on the request filed with the medical record.
- C. PATIENT ADOPTED: The right to access is not modified in any way by the fact that the patient may have been adopted. The practical concern here will center on the need to verify very carefully the identity of the person requesting access. Special attention is to be given about not releasing information about another person. Information released does not include that of natural mother. The record shall be reviewed carefully to determine if there is information relating to someone other than the patient, such as the names of the natural parents. Any material on the natural parents is removed unless it is clear from the request that the patient already has the information.

~~CORRECTIONS OR AMENDMENTS: If the patient or representative discovers something in the record which is believed to be an error in fact or interpretation, correction shall be handled as follows:~~

- ~~1. Attach the request to the medical record, with a notation at the point of the original entry indicating that a correction request has been filed.~~
- ~~2. Notify the attending physician about the request for correction.~~
- ~~3. If correction is allowed by the attending physician, it is added to the chart as an amendment. Nothing in the chart will be removed, erased or crossed off. The amendment will identify that section of the chart that is being corrected, and will be dated and signed by person(s) making the correction.~~

References:

[ACHC Standard 08.01.01](#)

Effective: May 2003, Revised: June 2013

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending

COPY



Origination 07/2019
 Last Approved N/A
 Last Revised 07/2022
 Next Review 1 year after approval

Owner Courtney Leslie
 Department Governance
 Applicabilities Truckee Surgery Center

Scope of Services, GOV-1912

POLICY:

- ~~A. Truckee Surgery Center has written scope of services and assessment policies.~~
- ~~B. Truckee Surgery Center will conform to the scope of procedure designated by the individual licensure/certification as well as applicable state laws.~~
- ~~C. In addition, competencies must be demonstrated for defined populations and specialty areas.~~

Truckee Surgery Center has written Scope of Services, Scope of Anesthesia, and Patient Assessment policies approved by the Board of Managers. The Scope of Services provided will include demographics, physical facility, services provided including age restrictions and ASA classification, specialties, staffing, competencies, and support services.

Demographics:

The Truckee Surgery Center is a freestanding ambulatory surgery center located at 10770 Donner Pass Road Suite 201, Truckee, CA 96161

Hours of Operation: Normal hours of operation are:

<u>Business Office</u>	<u>Clinical</u>
<u>Monday 09:00 am - 05:00 pm</u>	<u>Tuesday-Thursday 06:30 am- 06:00 pm or until the last surgery is completed and the patient is recovered and discharged.</u>
<u>Tuesday - Thursday 08:00 am - 05:00 pm</u>	<u>Fridays, variable</u>
<u>Fridays, variable</u>	<u>The center provides accommodations for extended stay patients of up to 23 hours and 59 minutes on a prescheduled basis.</u>

Physical Facility:

The facility consists of a registration/lobby, business office, pre-operative area, two operating rooms, and a PACU area with three beds.

- : The pre-op area consists of two bays where the patient is prepared for surgery, the pre-operative assessment is performed, and the patient is interviewed by the Anesthesiologist, if procedure includes anesthesia.
- : The operating rooms (OR) suite/procedure rooms are furnished with appropriate equipment for services provided at the facility.
- : The Post Anesthesia Care Unit (PACU) consists of an acute area for immediate post-operative assessment, with three bays. In the PACU, fluids are encouraged, discharge planning is conducted, patient and family teaching is done, and the patient is prepared for discharge.

Services:

Patient admission to the facility is scheduled through physicians who are credentialed members of the medical staff with admitting privileges. Physicians desiring to perform medical/surgical procedures within the scope of service at the facility must meet the requirements outlined in the bylaws. The Credentialing process will be followed to demonstrate compliance with the Facility Bylaws, Medicare, CMS requirements, and the Accreditation Commission for Healthcare (ACHC). Our Medical Director is responsible for overseeing the quality of medical care.

Patient Population:

- : The patient population served ranges from 2 years old and up.
- : Factors to be considered in selecting patients for outpatient surgery include physical status, surgical procedure, length of procedure, and ASA classification.
- : ASA Classification I, II, and III will be a candidate for surgery at this facility.
- : Special patient requirements or needs will be assessed on an individual basis and decision made if the facilities scope of care can meet the patient's complete needs. This will be a joint decision by the physician, anesthesia and the facility leadership.
- : Anesthesiologists provide general anesthesia, monitored anesthesia care (MAC), and regional anesthesia. Anesthesiologists perform preop assessment of their patients and provide continuity of care throughout the patient's stay at the center. Our anesthesiologists are Board Certified or Board Eligible. See: [Scope of Anesthesia Services, AN-1904](#)
- : Each patient is given discharge instructions for their follow-up care which include activity, diet, medications, and dressing care, follow up visit information, and physician contact phone number. These instructions also reflect that the facility does not provide emergency care.

Specialties:

The facility provides services in the following specialties:

- : Orthopedics, Pain Management, Podiatry, Pediatric Dentistry, Gynecology, Anesthesia, ENT,

General Surgery, and Urology.

- : The most common procedures performed at our facility are Orthopedics and Pain Management services.

A list of approved procedures is maintained and revised/updated periodically. See: [Procedure List, MS-1908](#)

Staffing:

- : Patient care is provided by RNs with assistance from Patient care Techs under the supervision of an RN.
- : Surgical technicians, Sterile processing technicians, and X-ray technicians are utilized
- : All nursing staff is licensed by the state and are BLS, ACLS, and PALS certified
 - There will be a PALS certified nurse present in the building when a pediatric patient is present.
- : Non-clinical staff includes business office personnel, scheduler, and support personnel such as EVS.
- : See: [Staffing Plan, HR-1908](#)

Staffing will be maintained at a level of competency to meet standards of care and patient's needs. It is also adjusted based on patient acuity, the number of cases, types of procedures, and employee's experience. Each staff member goes through a general orientation and then an area specific orientation. Inservices are provided throughout the year to maintain competency and skills. Performance appraisals are performed annually.

Internal communication with the staff is done through staff meetings and minutes of these meetings are maintained. Communication is also provided through memos and our communication books. External communication is done through email, memos, and outside publications.

Support/Other Services:

Support services for individual patient requirements will be provided through community services and resources.

Additional services are either provided directly by the center or contracted service.

Providers of these services include, but are not limited to:

- : Biomedical
- : Biohazardous waste
- : Equipment maintenance
- : Fire, security, and safety
- : Fluoroscopy
- : Housekeeping

- : [Laboratory \(the facility only performs CLIA waived testing\)](#)
- : [Linen](#)
- : [Medical Records](#)
- : [Pathology](#)
- : [Pharmacy](#)
- : [Radiation Physicist](#)
- : [Radiology](#)
- : [Transcription & Coding](#)
- : [Revenue Cycle Management](#)

REFERENCES:

[ACHC 01.01.04](#)

Effective: May 2003

Approval Signatures

Step Description

Approver

Date

Courtney Leslie: Administrator

Pending

Heidi Fedorchak: Nurse
Manager

07/2022



Origination 07/2019
Last Approved N/A
Last Revised 09/2022
Next Review 1 year after approval

Owner Courtney Leslie
Department Governance
Applicabilities Truckee Surgery Center

Mission, Vision, Values, & Goals, GOV-1907

MISSION:

The mission of Truckee Surgery Center is to provide high quality personalized care for individuals requiring non-emergency, same-day health care 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 health care services.

VISION

Truckee Surgery Center serves the community by striving to provide the best Ambulatory Surgery Center health care to our region by achieving and maintaining high levels of quality, access and affordability.

VALUES

- : QUALITY – holding ourselves to the highest standards, and having personal integrity in all we do.
- : UNDERSTANDING – being aware of the concerns of others, caring for and respecting each other as we interact.
- : EXCELLENCE – doing things right the first time, on time, every time; and being accountable and responsible.
- : STEWARDSHIP – being a community steward in the care, handling and responsible management of resources while providing quality health care.
- : TEAMWORK – looking out for those we work with, finding ways to support each other in the jobs we do.

GOALS:GOALS

- ~~A. To provide skilled, professional, individualized high quality same-day care to patients regardless of race, color, religion or creed.~~
- ~~B. To coordinate ambulatory and continuing care needs to facilitate healing and return to health or a state of self-care.~~
- ~~C. To develop and implement treatment plans designed to meet patient and therapeutic goals~~
- ~~D. To provide physical and emotional support to patients and their families.~~
- ~~E. To provide patient and family pre and post-procedure education to facilitate self-care and integration into the community.~~
- ~~F. To evaluate the effects of care through existing performance improvement activities.~~
- ~~G. To collaborate with other relevant personnel in decision-making.~~
- ~~H. To develop and maintain staff through continuing education programs that are work related and approved by the manager or designee.~~
- ~~I. To treat each individual with extremely personalized care, calling them by name with each encounter.~~
- : 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.
- : 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.
- : 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
- : Provide physical and emotional support to patients and their families.
- : Provide patient and family pre and post-procedure education to facilitate healing and return to health or a state of self-care.
- : Evaluate the effects of care through existing performance improvement activities.
- : 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.
- : 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.
- : Maintain a level of profitability to support the growth of the Facility and to support the ongoing needs of the community.

: Increase case volume of current and future service lines. Maximize the use of the facilities operating rooms.

Effective: May 2003 Revised: 8/7/2019

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	09/2022

COPY



Origination 07/2019
Last Approved N/A
Last Revised 08/2022
Next Review 1 year after approval

Owner Courtney Leslie
Department Medical Staff
Applicabilities Truckee Surgery Center

Procedure List, MS-1908

PURPOSE:

To establish a list of procedures that can be safely ~~done as performed on~~ an outpatient ~~procedure basis~~ for patients who meet the criteria for admission.

POLICY:

~~A. The following procedures may be performed on suitable patients on an outpatient basis:~~

- ~~1. Abdominoplasty~~
- ~~2. Adnoidectomy~~
- ~~3. Alimentary Tract Procedures~~
- ~~4. Amputation, Digits~~
- ~~5. Abscess, I & D~~
- ~~6. Achilles Tendon Repair~~
- ~~7. Anchovie Procedure~~
- ~~8. Anesthesia including local, sedation, general, nerve and bier blocks~~
- ~~9. Ankle Fusion~~
- ~~10. Ankle Reconstruction and Repair~~
- ~~11. Arthroscopy~~
 - ~~a. Ankle~~
 - ~~b. Elbow~~
 - ~~c. Knee~~
 - ~~i. Arthroscopic ACL Reconstruction~~

- ii. Arthroscopic AGL Repair
- iii. Arthroscopic Lateral Release
- iv. Arthroscopic Meniscal Repair
- v. Arthroscopic Meniscectomy
- vi. Arthroscopic Microfracture Procedure
- vii. Arthroscopic PCL Repair/ Reconstruction
- viii. Arthroscopic VMO Advancement
- ix. Arthroscopy with Arthrotomy for Osteochondral Transplant

d. Shoulder

- i. Arthroscopic Mumford Distal Clavicle Resection
- ii. Arthroscopy with Arthroscopic Repair
- iii. Arthroscopy with Open Repair
- iv. Arthroscopy with SAD

12. Axillary Dissection

13. Bakers Cyst Excision

14. Bankart Repair

15. Biceps Tendon Repair

16. Biopsies-general

17. Bone Cyst Excision

18. Bone Graft

19. Brachioplasty

20. Breast Augmentation

21. Breast Biopsy

22. Breast Reduction

23. Brow Lift

24. Bunionectomy

25. Bunionectomy with Osteotomy

26. Bursectomy

27. Carpal Tunnel Release

28. Casting

29. Cholecystectomy (with or without cholangograms)

30. Choledochoscopy

31. Circumcision

32. Closed Complex Reduction with Fixation



33. Closed-Complex Reduction without Fixation (and Pinning)
34. Colpocentesis
35. Common bile duct exploration
36. Complete Oral Dental Rehabilitation
37. Cyst Excision
38. Cystoscopy
39. Delayed Primary Closure
40. Dequervain Release
41. Dilatation & Curettage for spontaneous or missed abortion
42. Distal Ulna or Radius Excision (Darrach Procedure)
43. Drainage procedure for anorectal abscess
44. Endocrine Procedures (Outpatient)
45. Endometrial Ablation
46. Exostosis Removal
47. External Fixator
48. Extracorporeal Shockwave Lithotripsy
49. Facelift
50. Fasciotomies
51. Finger/Toe-nail Removal
52. Fistula Repair
53. Foreign Body Removal
54. Foreign Body Removal, Complicated
55. Ganglion Excision
56. Gynecologic laparoscopy
57. Hammertoes with Tenotomies and Resection of Bones
58. Hardware Removal
59. Hemorrhoidectomy
60. Hernia Repair-Inguinal/Femoral
61. Hernia Repair-Umbilical
62. Hernia Repair-Ventral
63. Hernia Repair-Incisional
64. Herniorraphy
65. Hysteroscopy
66. Incision and Drainage

67. Incision and Drainage of abscess
68. Incision and Drainage of Bartholin's cyst with marsupialization
69. Irrigation and Debridement
70. Knee, Open Blowout Repair
71. Labial Reduction
72. Laparoscopic biopsy
73. Laryngoscopy
74. Lip & Tongue surgery
75. Lipoma Excision
76. Liposuction
77. Manipulation of Joints (with or without X-Ray)
78. Mallet Finger Repair
79. Mammoplasty
80. Mastectomy, radical and modified-radical
81. Mastopexy
82. Metatarsal Osteotomy
83. Mini-Lap Tubal ligation
84. Mumford Distal Clavicle Resection
85. Myringotomy
86. Nasal Fracture Closed Reduction
87. Nasal Fracture Open Reduction
88. Nerve Repair
89. Nirschl Release
90. Occult Blood Testing
91. Orchiectomy
92. Orchiopexy
93. ORIF Ankle
94. ORIF Elbow
95. ORIF Fibula
96. ORIF Foot
97. ORIF Hand
98. ORIF Heel
99. ORIF Humerus
100. ORIF Patella

101. ORIF Thumb
102. ORIF Ulna/Radius
103. ORIF Wrist
104. Pain Management Procedures*
105. Parathyroidectomy
106. Patellar Tendon Realignment
107. Patellar Tendon Repair
108. Plastic and Reconstructive Outpatient Procedures
109. Pilonidal Cystectomy
110. Port-a-cath Insertion
111. Prostate Biopsy
112. Repair and excision of benign skin lesions with simple and complex sutures
113. Repair of rectal prolapse
114. Rhinoplasty
115. Rotator Cuff Repair
116. Skin lacerations/ split thickness skin grafts
117. Scar Revision
118. Septoplasty
119. Sinus treatment
120. Skin Grafting
121. Skin Lesion Excision
122. Sphincterectomy/sphincteroplasty
123. Stapedectomy
124. Tendon Repair
125. Thigh Lift
126. Thyroidectomy
127. Thyroglossal ducts
128. Tonsillectomy
129. Transurethral Resection of Bladder
130. Transurethral Resection of Prostate
131. Trigger Finger Release
132. Turbinate Reduction
133. Tympanoplasty
134. Tympanostomy

135. UCL Repair
136. Ulnar Nerve Transposition
137. Ureteroscopy
138. Vascular Procedures (Outpatient)
139. Vasectomy

B. Assistants for procedures are determined and arranged by the surgeon at his discretion.

C. *Pain Management Procedures:

1. Botox Injections
2. Discectomy
3. Discography
4. Epidurals
5. Ganglion Blocks
6. IDET
7. Joint and Facet Injections
8. Medial Branch Blocks
9. Nerve Blocks
10. Intrathecal Pain Pump Placement
11. Radiofrequency Neurolysis
12. Sympathetic Blocks
13. Trigger Point and Muscle Injections
14. Spinal Cord Stimulator Trial and permanent

The Procedure List is reviewed and approved by the Medical Executive Quality Committee and the Board of Managers.

The following procedures have been approved to be performed at Truckee Surgery Center:

1. Abdominoplasty
2. Abscess, I & D
3. Achilles Tendon Repair
4. Adenoidectomy
5. Alimentary Tract Procedures
6. Amputation
7. Anchovy Procedure
8. Anesthesia including local, sedation, general, nerve and Bier blocks
9. Ankle Fusion
10. Ankle Reconstruction and Repair

11. Anorectal procedures
12. Arthrodesis
13. Arthroscopic repairs, reconstruction, or diagnostic
 1. Ankle
 2. Elbow
 3. Hip
 4. Knee
 5. Shoulder
14. Arthrotomy, ligament prepair/reconstruction of joints
15. Axillary Dissection
16. Bakers Cyst Excision
17. Bankart Repair
18. Bartholin's Cystectomy/Marsupialization
19. Biceps Tendon Repair
20. Biopsies- general
21. Bladder repair
22. Bladder suspension including MMK, Bruch, tangho
23. Bone Cyst Excision
24. Bone Graft
25. Brachioplasty
26. Breast Augmentation
27. Breast Biopsy
28. Breast Reduction
29. Brow Lift
30. Bunionectomy
31. Bunionectomy with Osteotomy
32. Bursectomy
33. Carpal Tunnel Release
34. Casting
35. Cholecystectomy (with our without cholangograms)
36. Choledochoscopy
37. Circumcision
38. Closed Complex Reduction with Fixation
39. Closed Complex Reduction without Fixation (and Pinning)

- [40. Colposcopy](#)
- [41. Common bile duct exploration](#)
- [42. Complete Oral Dental Rehabilitation](#)
- [43. Cone Biopsy](#)
- [44. Culdocentesis](#)
- [45. Cyst Excision](#)
- [46. Cystoscopy](#)
- [47. Delayed Primary Closure](#)
- [48. Dental implant surgery](#)
- [49. Dequervain Release](#)
- [50. Dilatation & Curettage](#)
- [51. Distal Ulna or Radius Excision \(Darrach Procedure\)](#)
- [52. Drainage procedure for anorectal abscess](#)
- [53. Endocrine Procedures \(Outpatient\)](#)
- [54. Endometrial Ablation](#)
- [55. Exostosis Removal](#)
- [56. External Fixator](#)
- [57. Extracorporeal Shockwave Lithotripsy](#)
- [58. Facelift](#)
- [59. Fasciotomies](#)
- [60. Finger/Toe-nail Removal](#)
- [61. Fistula Repair](#)
- [62. Foreign Body Removal](#)
- [63. Foreign Body Removal, Complicated](#)
- [64. Ganglion Excision](#)
- [65. Genitourinary procedures](#)
- [66. Gynecologic laparoscopy](#)
- [67. Hammertoes with Tenotomies and Resection of Bones](#)
- [68. Hardware Removal](#)
- [69. Hemorrhoidectomy](#)
- [70. Hernia Repair- Incisional](#)
- [71. Hernia Repair- Inguinal/Femoral](#)
- [72. Hernia Repair- Umbilical](#)
- [73. Hernia Repair- Ventral](#)

- [74. Herniorraphy](#)
- [75. Hydrocelectomy](#)
- [76. Hysteroscopy](#)
- [77. Incision and Drainage](#)
- [78. Incision and Drainage of abscess](#)
- [79. Incision and Drainage of Bartholin's cyst with marsupialization](#)
- [80. Irrigation and Debridement](#)
- [81. Jaw- open or closed reduction of fractures](#)
- [82. Knee, Open Blowout Repair](#)
- [83. Labial Reduction](#)
- [84. Laparoscopic biopsy](#)
- [85. Laparoscopic hysterectomy](#)
- [86. Laparoscopy- general operative](#)
- [87. Laryngoscopy](#)
- [88. Lip & Tongue surgery](#)
- [89. Lipoma Excision](#)
- [90. Liposuction](#)
- [91. Mallet Finger Repair](#)
- [92. Mammoplasty](#)
- [93. Manipulation of Joints \(with or without X-Ray\)](#)
- [94. Mastectomy, radical and modified radical](#)
- [95. Mastopexy](#)
- [96. Maxillofacial surgery](#)
- [97. Metatarsal Osteotomy](#)
- [98. Microdissection](#)
- [99. Mini Lap Tubal ligation](#)
- [100. Minor oral surgery](#)
- [101. Mumford Distal Clavicle Resection](#)
- [102. Myringotomy](#)
- [103. Nasal Fracture Closed Reduction](#)
- [104. Nasal Fracture Open Reduction](#)
- [105. Nerve Repair](#)
- [106. Nirschl Release](#)
- [107. Occult Blood Testing](#)

- [108. Oophorectomy](#)
- [109. Orchiectomy](#)
- [110. Orchiopexy](#)
- [111. ORIF Ankle](#)
- [112. ORIF Elbow](#)
- [113. ORIF Fibula](#)
- [114. ORIF Foot](#)
- [115. ORIF Hand](#)
- [116. ORIF Heel](#)
- [117. ORIF Humerus](#)
- [118. ORIF Patella](#)
- [119. ORIF Thumb](#)
- [120. ORIF Ulna/Radius](#)
- [121. ORIF Wrist](#)
- [122. Osteotomy](#)
- [123. Ovarian cystectomy](#)
- [124. Pain Management Procedures](#)
- [1. Botox Injections](#)
 - [2. Discectomy](#)
 - [3. Discography](#)
 - [4. Epidural Steroid Injections](#)
 - [5. Ganglion Blocks](#)
 - [6. IDET](#)
 - [7. Joint, Bursa, and Facet Injections](#)
 - [8. Medial Branch Blocks](#)
 - [9. Nerve Blocks](#)
 - [10. Intrathecal Pain Pump Placement](#)
 - [11. Radiofrequency Neurolysis](#)
 - [12. Spinal tap](#)
 - [13. Sympathetic Blocks](#)
 - [14. Trigger Point and Muscle Injections](#)
 - [15. Spinal Cord Stimulator- Trial and permanent](#)
- [125. Parathyroidectomy](#)
- [126. Patellar Tendon Realignment](#)

- [127. Patellar Tendon Repair](#)
- [128. Periodontal surgery](#)
- [129. Pilonidal Cystectomy](#)
- [130. Plastic and Reconstructive Outpatient Procedures](#)
- [131. Port-a-cath Insertion](#)
- [132. Prostate Biopsy](#)
- [133. Repair and excision of benign skin lesions with simple and complex sutures](#)
- [134. Repair of rectal prolapse](#)
- [135. Restorative Dental Surgery](#)
- [136. Rhinoplasty](#)
- [137. Rotator Cuff Repair](#)
- [138. Salivary glands](#)
- [139. Salpingectomy](#)
- [140. Scar Revision](#)
- [141. Scrotal surgery](#)
- [142. Septoplasty](#)
- [143. Simple Vulvar surgery](#)
- [144. Sinus treatment](#)
- [145. Skin Grafting](#)
- [146. Skin lacerations/ split thickness skin grafts](#)
- [147. Skin Lesion Excision](#)
- [148. Sphincterectomy/sphincteroplasty](#)
- [149. Stapedectomy](#)
- [150. Supra-pubic cystostomy](#)
- [151. Surgical therapy for ectopic pregnancy](#)
- [152. Tendon Repair](#)
- [153. Tenotomy](#)
- [154. Thigh Lift](#)
- [155. Thyroglossal ducts](#)
- [156. Thyroidectomy](#)
- [157. Tonsillectomy](#)
- [158. Transurethral Resection of Bladder](#)
- [159. Transurethral Resection of Prostate](#)
- [160. Trigger Finger Release](#)

- 161. [Tubal ligation](#)
- 162. [Turbinate Reduction](#)
- 163. [Tympanoplasty](#)
- 164. [Tympanostomy](#)
- 165. [UCL Repair](#)
- 166. [Ulnar Nerve Transposition](#)
- 167. [Ureteroscopy](#)
- 168. [Urethral surgery](#)
- 169. [Urogynecologic procedures](#)
 - 1. [Burch procedure \(non laparoscopic\)](#)
 - 2. [TVT Procedure](#)
 - 3. [TOT Procedure](#)
 - 4. [Sacrospinous vaginal vault suspension](#)
 - 5. [Sacrocolpopexy](#)
 - 6. [Placement, removal or revision of vaginal mesh or sub-ureteral slings](#)
- 170. [Uterine myomectomy](#)
- 171. [Uterine suspension](#)
- 172. [Vaginal repair- Anterior and Posterior](#)
- 173. [Vascular Procedures \(Outpatient\)](#)
- 174. [Vasectomy](#)
- 175. [Wound repair- minor and major](#)

Effective: April 2003, Reviewed: May 2005, July 2006, Revised: Sept 2003, Sept 2008, June 2014

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending
	Heidi Fedorchak: Nurse Manager	08/2022



Origination 09/2019
Last Approved 08/2021
Last Revised 08/2020
Next Review 07/2022

Owner Heidi Fedorchak
Department Laboratory
Applicabilities Truckee Surgery Center

Point of Care Testing Program Overview, LAB-1910

PURPOSE

- A. The purpose of this overview is to delineate the Tahoe Forest Health System (TFHS) POCT program. This program establishes a uniform set of policies and procedures to meet the patient care needs in satellite **practice sites** (locations) by facilitating service and treatment options in the appropriate clinical situations. All practice sites performing laboratory testing are regulated under the Clinical Laboratory Improvement amendments of 1988 (CLIA). The current approved POCT menu indicates acceptable use and the utilization criteria and is further defined within individual POCT procedures.
- B. This POCT program is designed for CLIA designated "Waived" and "Provider Performed Microscopy (PPM)" levels of test complexity performed outside of the traditional Clinical Laboratory setting and is integrated with the same standards and with the defined quality requirements of CLIA, CAP, COLA, HFAP and JCAHO standards as appropriate.
- C. **Transcutaneous bilirubin, transcutaneous hemoglobin, forensic drug / alcohol screening and patient self testing are CLIA exempt and excluded from the TFHS POCT program.**

POLICY

D. POCT Oversight

1. POCT Oversight consists of the **POCT Medical Group** composed of CLIA designated site medical directors (POC.S0112) and the Clinical Laboratory Medical Director who functions as the group chair.
2. The **POCT Team** is a multidisciplinary team aimed at evaluating, developing and implementing components of the POCT Program as directed by the Clinical Laboratory Medical Director and includes the Clinical Laboratory POCT Coordinator, Core Laboratory Supervisor and the Practice Site Managers for all the POCT locations within Tahoe Forest Health System.
3. The practice site managers are responsible for ensuring that the testing personnel are following POCT policies and procedures and that the practice site quality

monitor is submitting the required month quality documents.

E. POCT Regulatory Requirements

1. Each POCT testing site will maintain its own state licensure and CLIA "Certificate of Waiver" or "PPM Certificate". Electronic copies of CLIA certificates for POCT are kept in a folder on G: drive.

F. POCT Privileges

1. Requesting POCT capability or addition of new tests to a practice site requires each practice site manager to submit a request to begin an onsite POCT program or request to add an additional testing on to the current POCT test menu. New POCT not performed with in the TFHS will be required to go through a rigorous investigation, approval and implementation process.
2. Site waived testing personnel must be **licensed** as a MD, Midlevel Practitioner, RN, CLS, RT and in a physician office setting an MA. Provider Performed Microscopy testing personnel must be **licensed** as a MD, Midlevel Practitioner, DO or other qualified individual approved by the medical staff at each site.

G. POCT Testing Personnel

1. POCT personnel requirements are outlined in CLIA and State law. A list of active POCT personnel is maintained at each location.
2. POCT personnel will maintain safe work behaviors including hand hygiene and single use testing devices which contact patients.
3. Waived Testing Personnel must have a diploma or equivalent document with training and competency for testing they perform.
4. Provider Performed Microscopy testing will be limited to physicians and mid level practitioners.

H. POCT Specimen Handling

1. POCT testing personnel must follow the positive patient identification process utilizing 2 identifiers when patient is present and labeled when specimens are collected in secondary containers or directly on the test cartridge. See PHL-S0030.

I. POCT Training & Competency

1. The POCT Team will prepare appropriate materials to be used in staff training on new testing and annual competency for existing POCT. The training and competency challenges will be setup by the POCT Coordinator in conjunction with the practice site manager.
2. POCT sites are responsible for training new employees on POCT procedures to be performed. Documentation, review and record retention are the responsibility of the POCT site.
3. Annual competency tests are prepared in conjunction with the Bi-annual Competency Program. These tests are distributed to the POCT sites.
 - a. The POCT sites are responsible for making sure all staff performing POCT complete the competency testing. They are also responsible for the review

and retention of documentation for competency testing.

- b. Each site will maintain ongoing training and competency records for at least 3 years from date of origination
4. Physician-performed waived testing that does not require an instrument doesn't require documentation of competency when the test is a logical part of the physician's practice and the hospital has specifically privileged him or her for that test within TFHS.
5. Staff are authorized to perform testing upon successful completion of training and ongoing competency assessments. The staff must identify themselves for tests that they have run by initialing the test log, or along with results entry in the patient chart.

J. POCT Documentation Requirements

1. POCT documents are developed by the POCT Team. Documents are preliminarily approved by the consensus of the POCT Medical Group and signed by the Clinical Laboratory Medical Director as final approval. The Clinical Laboratory document control guidelines will be followed.
2. POCT technical procedures must adhere to the manufacturer's instructions for performing the test. All technical procedures will be co-signed by the site CLIA medical director when put into use for the procedures relevant to their practice site.
3. POCT orders and billing at each practice site will be based on the appropriate item master (charge master) number and associated CPT code. Extra documentation may be required for POCT designated as screening or diagnostic for reimbursement.
4. Reporting of POCT results will be done by documentation on the worksheet log and by charting in the medical record. No results will be reported until satisfactorily QC results are obtained
5. To meet regulatory requirements, audit results, temperature logs and patient/QC results logs must be retained for 2 years. All POCT records are stored at the corresponding practice site.

K. POCT Supply Procurement

1. Supplies obtained through hospital site lab:
 - a. UA reagent strips, pH paper, test kits and etc.
 - b. Supplies sent are recorded on the POCT Supplies log. Once a month this form is sent to the Accounting Department so supplies can be billed to the POCT site.
2. No POCT kits or other testing supplies are to be obtained from TFHS Purchasing or directly from the manufacturer/distributor or a sales representative.

L. POCT Quality Control

1. Follow specimen collection requirements for POCT.
2. Quality Control is performed as listed in individual test procedures.
3. Semiannual Method Validation for instrumented POCT testing. Intersite Analytical

Method Parallel (JCAHO Method Validation)".

REFERENCES

1. College of American Pathologists, Point of Care Testing Checklist AP POCT Checklist 2013.
2. Clinical Laboratory Standards Institute, Selection Criteria for Point of Care Devices POCT9-A
3. Joint Commission, HR.3.10 in the Comprehensive Accreditation Manual for Laboratory and Point-of-Care Testing.

SUPPLEMENTAL ATTACHMENTS-N/A

FLOW DIAGRAMS & CARD INDEXING SYSTEM- N/A

Version	Minor (1) Major (2)	CHANGE 1= Cosmetic, Typo/Correction, Change QC, Logistics 2= New, Method, Instrument, Manufacturer, Regulatory	Date
1215	2	New	12/4/2015
1215	1	Updated for TSC	7-24-19

RETIREED

Approval Signatures

Step Description

Approver

Date

Courtney Leslie: Administrator

08/2021

Heidi Fedorchak: Nurse
Supervisor

08/2021



Origination 09/2019
Last Approved 09/2022
Last Revised 09/2022
Next Review 09/2023

Owner Heidi Fedorchak
Department Laboratory
Applicabilities Truckee Surgery Center

Point of Care Licensure, LAB-1913

PURPOSE:

- A. To ensure Truckee Surgery Center (TSC), a CLIA waived testing site performing Point Of Care Testing (POCT), is in compliance with ACHC standards and regulations in the State of California.
- B. To provide timely, consistent, and effective assistance in matters related to laboratory testing performed at the point of patient care throughout the surgery center.
- C. To ensure that Point-of-Care (decentralized) laboratory testing is high quality, cost-effective and contributes to optimal patient care at TSC.

POLICY:

- 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. All POCT testing requested by TSC must initially be evaluated and setup by TFHD Clinical Laboratory before patient testing can begin. A **manufacturer's sales representative must be directed to TFHD Clinical Laboratory if the Medical Director would like the test evaluated for implementation**.
- D. Each POCT site 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.
- E. 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.

- F. POCT sites are provided technical oversight 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
 5. Support POCT sites in troubleshooting quality control and instrument problems

INSTRUCTIONS:

- A. The Medical Director of TSC will undertake the POCT location responsibilities as required by CLIA and the state health department.
- B. The CLIA medical director will determine the testing menu for their site.
- C. TSC POCT will be supported by the Tahoe Forest Hospital District Clinical Laboratory.
- D. TFHD Clinical Laboratory will provide a Clinical Laboratory POCT Coordinator and/or CLS designee to help manage the technical element.
- E. The POCT site will apply for a CLIA waived Certificate.
1. The TSC POCT program only supports waived tests.
 - a. Waived tests include test systems cleared by FDA for home use and low-risk tests categorized as waived under CLIA.
 - b. An approved list of waived tests is available at <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/waivetbl.pdf>

INITIAL APPLICATION:

- A. TSC will apply to the State Agency for licensure and a CLIA certification. The applicable instructions and forms are outlined below.
1. **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.
 2. **State of California** - <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/ClinicalLaboratoryFacilities.aspx>
 - a. 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

- b. **Original signatures** must be on all forms where signatures are required. No photocopied or faxed images will be accepted.
- B. Pay Registration Fee- for Fee Lookup- <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/CDPH%20Document%20Library/A-License-FeeSchedules.pdf>
 1. 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
 2. Safest to send registered mail, return receipt write in the CLIA # and CA # where check are indicated.
- C. 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.
- D.

RENEWALS:

- A. The TSC Administrator will track and renew CLIA and State documents and/or complete paper work as provided from the various agencies.
 1. The Administrator will set a reminder in HST or other calendar to alert impending expirations.
 2. Renewal Frequency
 - a. State of California = Annually(Invoice sent 60 days prior to expiration)
 - b. CMS/CLIA = Biennially(Invoice sent 180 & 90 days prior to expiration)

PROCEDURAL NOTES:

- A. **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.
- B. **Procedural Limitations**
 1. Orientation, training and annual competencies are required for all employees doing POCT testing, for each separate test.
 2. Orientation and competency assessment must be completed prior to beginning patient testing.
 3. A completed Monthly Quality Review form will be signed by the medical director and sent to lab at the end of each month.

REFERENCES:

1. California Business and Professions Code, Division 2, Chapter 3, Section 1200 to 1322.
2. California Administrative Code, Title 22, Chapter 1, Section 70243 to 70249.
3. California Administrative Code, Title 17, Chapter 2, Subchapter 1, Group 2, Sections 1030 to 1057.
4. Nevada Administrative Code, NAC-652 Revised Date: 11-13, NAC 652.170, .200, .235 .342, .344, .346
5. Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578 (CLIA 88).
6. MMWR, Good Laboratory Practices for Waived Testing Sites, Nov 11, 2005/Vol 54/No. RR-13

Approval Signatures

Step Description

Approver

Date

Courtney Leslie: Administrator

09/2022

Heidi Fedorchak: Nurse
Manager

07/2022





Origination 06/2020
Last Approved 07/2021
Last Revised 08/2020
Next Review 07/2022

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

COVID-19: Facility Disinfection, IC-2003

POLICY:

As a result of the COVID-19 pandemic, the cleaning and disinfection protocols throughout the facility have intensified and all means possible will be utilized to reduce the level of exposure to patients and employees. Any individual within the facility, to include patients, visitors, employees, or vendors, should be considered a potential asymptomatic carrier of the virus, therefore all areas of contact should be considered contaminated until disinfected. Cleaning and disinfection of high touch surfaces throughout the building will have greater emphasis due to the potential spread of the virus via contact transmission.

PROCEDURE:

Patient Care Areas

1. Magazines normally provided for patients and visitors will be removed from and prohibited in the waiting areas.
2. All sitting areas of the waiting room will be wiped down using facility approved disinfecting wipes after use by the patient/visitor once the space has been vacated. This includes the area where the initial administrative check-in occurs. This area will be wiped down after admission of each patient to include desk area, chair (esp. arms of the chair, pens or clipboards used by the patient/visitor, etc.). Front desk staff should sanitize their hands before and after each patient encounter.
3. Patient clinical areas will be disinfected per the usual protocol after the space has been occupied by a patient or more often as necessary. Special attention will be given to high touch areas including but not limited to bedside tables and chairs, monitors and cables, thermometers, blood pressure cuffs, storage drawers and handles, gurneys and side rails, light switches, stethoscopes, clinical equipment, wheelchairs, pens, chart binders, dividers, and ring mechanisms.

General Facility Cleaning and Disinfection

1. Daily deep cleaning/disinfection of the facility, regardless of patient census, has been reinforced with housekeeping and all staff. Emphasized training on high touch items throughout the facility has been provided. These general high touch items include door handles and framing, automatic door plates, telephones, general use computers, multi-use pens, break room appliances, faucet handles in bathrooms, etc.

2. Administrative staff have been instructed to disinfect their work station including key board, mouse, phone, arm rests, desk, etc. upon arrival to work as well as at the end of their shift.

REFERENCE(S):

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

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

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	07/2021
	Heidi Fedorchak: Nurse Supervisor	07/2021

RETIRED



Origination 06/2019
Last Approved 07/2021
Last Revised 08/2020
Next Review 07/2022

Owner Courtney Leslie
Department Business Office
Applicabilities Truckee Surgery Center

Code of Ethics, BO-1906

POLICY:

- A. The mission of this organization and subsequent policies shall be consistent in the support and protection of the rights of patients in all aspects of their healthcare, regardless of their source of payment.
- B. Marketing efforts shall not mislead the public or misrepresent Truckee Surgery Center as to the types or quality of services available. Should the patient require or request services not available or inconsistent with the facility's mission, transfer to a facility prepared to fulfill this need will be offered.
- C. Routine audits will be performed to monitor the financial stability of the organization; the accuracy and timeliness of the billing process shall also be included in the quality improvement efforts of the organization.
- D. Contracted providers of health care services must meet the quality and ethical standards of Truckee Surgery Center as part of their contractual responsibilities. Contracted services will be evaluated on a semi-annual basis.

Effective: May 2003, Reviewed: June 2014

Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Supervisor	07/2021
	Courtney Leslie: Administrator	07/2021



Origination 07/2019
Last Approved 07/2022
Last Revised 07/2022
Next Review 07/2023

Owner Heidi Fedorchak
Department Nursing Services
Applicabilities Truckee Surgery Center

Registered Nurse First Assistant (RNFA), NS-1932

PURPOSE:

To ensure the safety and welfare of the patient by assisting the surgeon in performing a safe operation with optimal results. The intra-operative practice of the RNFA is under the direction of the surgeon. The practice of an RNFA must be based on documented knowledge and skills acquired after specialized preparation, formal instruction, and supervised practice.

POLICY:

A. Requirements:

1. Current Registered Nurse License (California)
2. Documented completion of RNFA course and internship that meets the criteria set out in the AORN recommended educational standards for RNFA program.
3. Employee of Truckee Surgery Center and/or Allied Health status
4. Possess and maintain (CNOR) certification
5. Possess current professional liability insurance
6. Possess and maintain BCLS- annually
7. Three (3) years Perioperative-nursing experience
8. Meets the Medical Staff Allied Health credential requirements

B. Definition:

1. The RNFA collaborates with the surgeon during the patient's intra-operative experience.

2. The RNFA practices operative nursing and must have acquired the necessary specific knowledge, skills and judgment.
3. The RNFA practices under the direction of the surgeon during the operative experience.
4. The surgical procedure that a RNFA may assist on is left to discretion of the surgeon.
5. The RNFA does not concurrently function as a scrub nurse
6. The RNFA adheres to the policies of Truckee Surgery Center and must remain within the scope of Practice as stated by the Nurse Practice Act of the State of California and this standardized Procedure.
7. The RNFA may perform the following technical functions under the surgeons direction:
 - a. Positioning, prepping, draping:
 - i. Assist or perform these independently, if so directed by the surgeon.
 - b. Provide retraction by:
 - i. Closely observing the operative field at all times.
 - ii. Demonstrating stamina for sustained retraction.
 - iii. Placing manually controlled retractors in the appropriate position with regard to surrounding tissue.
 - c. Provide hemostasis as directed by the surgeon:
 - i. Aspiration and sponging of blood and other fluids from the operative site
 - ii. Applying clamps and tying and/or electrocoagulation of vessels.
 - iii. Placing suture ligatures
 - iv. Placing hemoclips or other ligating device.
 - d. Use instrumentation to:
 - i. Expose and retract tissue
 - ii. Clamp and sever tissue
 - iii. Grasp and fixate tissue
 - iv. Drill, ream and modify tissue
 - v. Cauterize and approximate tissue
 - e. Perform knot tying by:

- i. Tying knots firmly to avoid slipping
 - ii. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
 - f. Provide wound closure by:
 - i. Correctly approximating the layers under the direction of the surgeon
 - ii. Demonstrating a knowledge of different types of closure.
- 8. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the O.R due to an emergency; the responsibility of the RNFA is to:
 - a. Maintain homeostasis, according to the approved standardized procedure.
 - b. Keep the surgical site moistened, as necessary, according to the type of surgery.
 - c. Maintain the integrity of the sterile field.
 - d. Remain scrubbed in the appropriate attire (gown, gloves, mask and cap).
 - e. Remain at the field while a replacement surgeon is being located. (The RN circulator will initiate the procedure for obtaining a surgeon in any emergency).
- 9. RNFAs may inject local anesthetics, narcotics, and anti-inflammatory agents under the supervision of a licensed Medical Staff Member.
 - a. Confirm the medications, dose, and rate with the surgeon and anesthesiologist.
 - b. Verify that the patient has no known allergy to the drug and/or combination of drugs.
 - c. Confirm by aspiration that the needle is non-intra-vascular.
 - d. Administer the medication, per the surgeons order.
 - e. Observe the patient for any side effects in the perioperative setting and report to the surgeon.
- 10. Annual Review shall consist of:
 - a. A minimum of two (2) surgeons reviews for Allied Health providers.
 - b. Completion of 200 hours as an RNFA per year (hours may be obtained at other Facilities).
 - c. Thirty (30) continuing education units requirements for respective

certifications with at least 50% of those hours in perioperative related courses, as identified by the National Certification board.

Effective: May 2011

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	07/2022
	Heidi Fedorchak: Nurse Manager	07/2022

RETIRED



Origination 07/2019
Last Approved 07/2021
Last Revised 08/2020
Next Review 07/2022

Owner Courtney Leslie
Department Environment of Care
Applicabilities Truckee Surgery Center

Fire Staff Response, EOC-1912

POLICY:

A. In a fire situation, the most important response is to make sure that all people are safe and accounted for.

1. R =Remove or Rescue
2. A =Alarm
3. C =Confine or Contain
4. E =Extinguish

PROCEDURE:

A. The person noting the fire will:

1. Sound the Alarm
2. Evacuate the Area
3. Fight Fire if Appropriate

B. Sound the Alarm:

1. The fire pulls are located next to the entrance of the front lobby door and the back receiving door.
2. If safe, the person should page the fire on "all call" to alert people to its location.

C. Evacuate the Area

1. Doors should be closed as people are leaving the areas. Do not reenter the building to close doors.
2. All personnel that are not directly involved in patient care should report to the front desk person who will be in the lobby or outside the building (depending on the

location of the fire).

3. All visitors & family members will be asked to evacuate.
4. Ambulatory patients should evacuate the area.
5. Patients unable to ambulate will be pushed outside on a gurney. Portable oxygen and suction is available and should be taken outside if safe.
6. If the weather is inclement, patients can be brought to either Dr. Joseph's office (dentist in next building) or the Tahoe Forest Hospital Center for Health and Sports Performance.

D. Fight Fire if Appropriate with Fire Extinguishers

1. Fire Extinguishers are located by the front lobby door, the entrance to the operating rooms, by the staff female locker room and within the staff lounge area.
2. All extinguishers are to remain free from obstruction. The top of the fire extinguishers will not exceed more than 5' above the floor.
3. Staff should grab extinguisher, pull pin, aim at base of fire and squeeze handles.

E. To ensure that all persons are accounted for, the front desk personnel will note the locations of people by area.

1. Front desk personnel will be responsible for the following people:
 - a. front desk personnel
 - b. anyone upstairs
2. Operating Nurses will be responsible for the following people:
 - a. operating room nurses
 - b. SPD personnel
 - c. sales reps/visitors in the operating rooms
3. Pre-Post Nurses will be responsible for the following people:
 - a. pre-post op nurses
 - b. pre-post op patients
 - c. families/visitors in the pre-post op areas
4. Medical staff will be responsible for the following people:
 - a. medical staff in the building

Effective: September 2008, Revised: August 2017

Approval Signatures

Step Description

Approver

Date

Heidi Fedorchak: Nurse Supervisor 07/2021

Courtney Leslie: Administrator 07/2021

RETIRED

TRUCKEE SURGERY CENTER Delineated Clinical Privilege Request

SPECIALTY: Physician Assistant

NAME: _____

Check one: Initial Change in Privileges Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Basic Education, Training, Licensure, and Experience	<p>Physician Assistant:</p> <ul style="list-style-type: none"> • Completion of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant including 2,000 hours of supervised clinical practice. • Current California license in good standing. • PA First Assist — three years' experience as PA in Operating Room
Certification:	Physician Assistant: NCCPA state certification, current CPR (must submit copy)
Clinical Competency References: 2	<p>Initial and Reappointment: At least one peer reference should have the same licensure as the applicant. Other references should include physicians with whom the applicants have worked and/or been employed.</p> <p>Reappointment: At least one reference from a supervising physician, if applicable.</p>
Proctoring/Evaluation:	See "Proctoring New Applicant" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring/evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) • Ability to participate in federally funded program (Medicare or Medicaid) • Provide Delegation of Services Agreement with Supervisory Physician(s) • Will function under defined standardized procedures or protocols.

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence. Any practitioners who hold the following privileges prior to the revision date are grandfathered for those privileges; however, all practitioners must meet any new criteria defined for maintaining privileges if applicable (at reappointment).

TRUCKEE SURGERY CENTER

Name: _____

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number patients seen/treated during the past 24 months.

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

(R)	(A)	GENERAL PRIVILEGES Please check the appropriate "basic privileges" for your practice area	Estimate # of patients seen in last 24 months	Setting	Proctoring New applicants	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>OUTPATIENT Basic privileges include:</p> <ul style="list-style-type: none"> • History documentation and physical examinations. • Emergent Care such as respiratory arrest, cardiac arrest following approved protocols. • Following approved protocols basic privileges include; collecting, ordering, and interpreting lab work and diagnostic studies, ordering therapies as part of treatment plans such as, physical therapy, psychological counseling, medication management with physician consultation, specialty consultation with physician when level of competence exceeded per approved protocols. <p>Procedures and minor surgery including:</p> <ul style="list-style-type: none"> • Casting, simple • Incision and drainage of non-facial abscess less than 5 cm in size • Suture non-facial laceration less than 5 cm in size • Wart removal with cryotherapy • Toenail removal • Excision and Biopsy • Joint Injections • 	_____	TSC, LLC	<p>Three cases proctored</p> <p>Quarterly reviews through random chart review and physician feedback</p>	<p>Actively seeing patients (minimum of 100 in two years)</p> <p>On going quarterly chart review (10% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>PA/FIRST ASSIST – OPERATING ROOM Basic privileges include:</p> <p>Under direct supervision of the surgeon, assisting in the perioperative role in the surgical treatment of the patient to include:</p> <ul style="list-style-type: none"> • Positioning, prepping and draping the patient • Manipulation tissue/bone • Providing retraction • Providing hemostasis • Performing knot tying • Providing closure of tissue layers with suture, staples, or steristrips • Affixing and stabilize drains • Reduction of fractures/dislocations • Removal of external fixators • Joint/tissue injections • Obtain consent • Applying dressings and splints or casts 	_____	TSC, LLC	<p>Three Cases Proctored</p> <p>Quarterly review and evaluation of care by surgeons and surgical supervisor through chart review</p>	<p>Actively assisting surgeons (minimum of 5 in two years) with annual review and favorable competency evaluations</p> <p>On going quarterly chart review(10% of charts) by Medical Director or Supervising Physician); special review when exceptional conditions exist</p>

TRUCKEE SURGERY CENTER

Name: _____

privileges as requested privileges with modifications (see attached description of modifications) do not recommend (explain)

BOARD OF MANAGERS: _____ (date of Board review/action)

privileges as requested privileges with modifications (see attached description of modifications) do not recommend (explain)

TRUCKEE SURGERY CENTER, LLC
Department of Surgery

Delineated Clinical Privilege Request

SPECIALTY: ORTHOPEDIC SURGERY **NAME:** _____

Please print

Application for privileges at Truckee Surgery Center, LLC (TSC, LLC)

Check One: **Initial** **Change in Privileges** **Renewal of Privileges**

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Basic Education:	MD or DO
Minimum Formal Training:	Successful completion of an ACGME or AOA-approved residency training program in Orthopedic Surgery.
Board Certification:	Board qualification required (or AOA equivalent Board - ABOS); or attain Board Certification within five years of completion of training program. Once Board Certification is obtained, Board recertification is at the option of the applicant.
Required Previous Experience: (required for new applicants)	<ul style="list-style-type: none"> • Applicant must be able to document that he/she has managed orthopedic care for 100 orthopedic surgery cases in the past 24 months. • Recent residency or fellowship training experience may be applicable. • If training has been completed within the past 5 years, documentation shall be requested from the program director attesting to your competency in the privileges requested including residency/fellowship log. • If training has been completed greater than 5 years ago, documentation will be requested from the chairman of the department at the facility where you have maintained active staff privileges attesting to your competency in the privileges requested. <p>Applicants have the burden of producing information deemed adequate by TSC, LLC for a proper evaluation of current competency, and other qualifications and for resolving any doubts.</p>
Clinical Competency References: (required for new applicants)	Training director or appropriate department chair from another facility where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competency, ethical character and ability to work with others. At least one peer reference must be an orthopedic surgeon. <u>The Business Medical Staff</u> Office will request information.
Proctoring Requirements:	See "additional criteria" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring and evaluation may be required if a minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA. • Malpractice insurance in the amount of \$1m/\$3m. • Current, unrestricted DEA certificate (approved for all drug schedules). • Ability to participate in federally funded programs (Medicare or Medicaid).

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competency.

Any applicants who held the following privileges prior to the revision date are grandfathered for those privileges; however, all applicants must meet any new criteria defined for maintaining privileges (at reappointment) including Board maintenance or recertification for those applicants who have been on the medical staff less than 15 years.

TRUCKEE SURGERY CENTER, LLC

Department of Surgery – Orthopedic Surgery Name: _____

Applicant: Place a check in the (R) column for each privilege Requested. Initial applicants must provide documentation of the number and types of cases treated during the past 24 months. **Privileges are available at TSC, LLC and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

Recommending individual/Committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	GENERAL PRIVILEGES – ORTHOPEDIC SURGERY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>Basic privileges in Orthopedic Surgery:</p> <ul style="list-style-type: none"> • History and Physical examinations. • Admitting privileges for patients related to orthopedic procedures, including swing admissions. • Basic privileges in orthopedic surgery include the ability to admit, work-up, and provide nonsurgical and surgical <u>preoperative, operative, and postoperative</u> care to patients of all ages to correct or treat various conditions, illnesses, injuries, and disorders of the musculoskeletal system, its articulations and associated structures, including joints, ligaments, and tendons, and the provision of consultation. Basic privileges also include the performance of procedures in the following areas: <ul style="list-style-type: none"> • Amputation • Arthrodesis • Arthroplasty • Arthroscopy • Arthrotomy, ligament repair and/or reconstruction of joints (ankle, knee, hip, shoulder, elbow, wrist, hand) • Casting • Closed reduction • Excision of ganglion/mass • Foreign body removal • Hardware Removal • Incision and Drainage • Irrigation and Debridement • Joint Aspiration/Injection • Laceration repair • Management of benign and malignant tumors • Manipulation of joints • Metastatic disease • Microdissection • Open reduction internal fixation of fractures • Orthotics and prosthetics • Osteotomy • Peripheral nerve surgery • Repair of tendons, primary or secondary • Simple and complex suture repair and excision of benign skin lesions • Skin grafting • Tenotomy • Wounds, <u>minor and major</u> 	_____	TSC, LLC	First case proctored and four additional cases proctored of various procedures	50 cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Surgical Assist Only				

TRUCKEE SURGERY CENTER, LLC

Department of Surgery – Orthopedic Surgery Name: _____

<input type="checkbox"/>	<input type="checkbox"/>	REMOVAL FROM BASIC PRIVILEGES: Should applicant's current practice limitations or current competency exclude performance of any privileges specified in the list of basic privileges, please indicate here. Applicant and/or the Medical Executive Committee (MEC) must document reasons for exclusion. _____ _____ _____				
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REQUESTED	APPROVED	SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Intravenous Procedural Sedation – see attached criteria. Successful completion of conscious sedation written exam.	NA		Take and pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	Spinal procedures – cross out any procedures not applied for: <ul style="list-style-type: none"> • Anterior endoscopic spine surgery • Discectomy • Fusion with or without instrumentation • Laminectomy • Scoliosis surgery • Spinal decompression • Outpatient spine surgery Documentation of one year fellowship in spinal surgery with documentation provided by training director (or program completion documentation if over 5 years) and/or current competency references from the facility where procedures are currently being performed. Minimum of 100 procedures performed within past two years.	_____	TSC, LLC	First case to be proctored and evaluated Plus 4 additional cases	50 assorted cases/2 years
<input type="checkbox"/>	<input type="checkbox"/>	Kyphoplasty Documentation of completion of spine fellowship program in spinal surgery and completion of Kyphon Inc. training course including <ul style="list-style-type: none"> • Indications, techniques, outcomes, complications • Anatomy • Hands on laboratory experience (provide documentation of course) Provide documentation of performing at least 10 cases with acceptable success and complication rates submitted in case listing. Letter of reference will be obtained from director of program and department chair where applicant most recently practiced.		TSC, LLC	First 2 cases proctored	5 cases/2 years or additional proctoring required

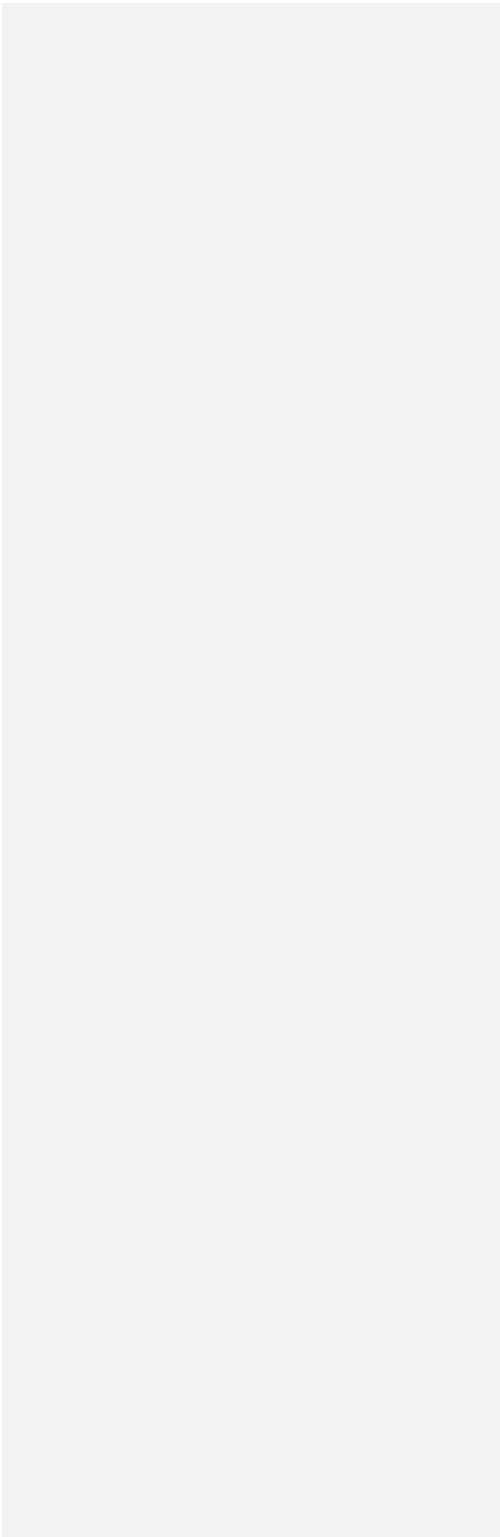
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TRUCKEE SURGERY CENTER, LLC

Department of Surgery – Orthopedic Surgery **Name:** _____

privileges as requested privileges with modifications (see attached description of modifications) do not recommend (explain)



TRUCKEE SURGERY CENTER
Department of Surgery
Delineated Privilege Request

SPECIALTY: GYNECOLOGY

NAME: _____
 (Please print)

- Initial Change in Privileges Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Basic Education:	MD, DO
Minimum Formal Training:	Successful completion of an approved (ACGME or AOA) residency training program in obstetrics and gynecology.
Board Certification:	Must be certified or qualified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology. Maintenance of Board Certification required for reappointment eligibility. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges.</i>
Required Previous Experience: (required for new applicants)	Applicant should be able to demonstrate that he/she has performed at least 50 gynecologic procedures in the past 24 months (including residency/fellowship). If training has been completed within the last 5 years, documentation to include letter from program director attesting to competency in the privileges requested including residency/fellowship log. If training completed greater than 5 years ago, documentation will include letter from chairman of department at hospital where you have maintained active staff privileges attesting to competency in the privileges requested.
Clinical References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. At least one peer reference must be a Gynecologist. The Business Office will request information.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	<ul style="list-style-type: none"> • Current, unrestricted license to practice medicine in CA. • Malpractice insurance in the amount of \$1m/\$3m • Current, unrestricted DEA certificate in CA (approved for all drug schedules) • Ability to participate in federally funded program (Medicare or Medicaid).

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

TRUCKEE SURGERY CENTER
Department of Surgery - SPECIALTY: GYNECOLOGY

Name: _____

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months.

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	GENERAL PRIVILEGES - GYNECOLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input type="checkbox"/>	<input type="checkbox"/>	<p>BASIC (draw a line through those not requested)</p> <ul style="list-style-type: none"> • History and Physical examinations. • Admitting privileges for patients related to gynecologic procedures • Ability to work up and provide <u>preoperative, intraoperative, and postoperative care tment necessary to treat patients of all ages with illnesses, injuries, and disorders of the gynecological system, including urogynecology, and injuries of the mammary glands and urinary tract, of all gynecologic illnesses and all complications, including urogynecology and all gynecologic procedures and except those indicated as special requests below.</u> This includes, but is not limited to: <ul style="list-style-type: none"> • <u>Anterior/Posterior vaginal repair</u> • <u>Bartholin's Cystectomy/Marsupialization</u> • <u>Cone biopsy</u> • <u>Culdocentesis</u> • <u>Colposcopy</u> • <u>Cystoscopy;</u> • <u>D&C;</u> • <u>Ectopic pregnancy;</u> • <u>Endometrial ablation including hysteroscopic resection/ablation, hydrothermal ablation</u> • <u>Evacuation/drainage of pelvic abscess</u> • <u>Excision of vulvar/vaginal/cervical lesions</u> • <u>Exploratory laparotomy</u> • <u>Hysteroscopy, diagnostic and operation</u> • <u>I&D of labial/vulvar/wound abscess</u> • <u>Incisional hernia repair</u> • <u>Oophorectomy</u> • <u>Ovarian cystectomy</u> • <u>Rectal sphincteroplasty</u> • <u>Repair of accidental bladder injury</u> • <u>Repair of Recto/Vaginal fistula</u> • <u>Salpingectomy</u> • <u>Simple laparoscopy to include diagnostic, tubal ligation, tx of mild endometriosis, lysis of minor adhesions</u> • <u>Simple vulvectomy</u> • <u>Supra-pubic cystostomy</u> • <u>Surgical therapy for ectopic pregnancy</u> • <u>Tubal ligation</u> • <u>Uncomplicated incisional hernia repair</u> • <u>Uterine suspension</u> • <u>Uterine myomectomy</u> • <u>Celpecentesis</u> • <u>incision and drainage of Bartholin's cyst with marsupialization</u> 	_____	TSC, LLC	First case proctored and 4 others of various procedures	20 cases/2 years

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TRUCKEE SURGERY CENTER
Department of Surgery - SPECIALTY: GYNECOLOGY

Name: _____

		<ul style="list-style-type: none"> • mini-lap tubal ligation • dilatation and curettage for spontaneous or missed abortion • simple vulvar surgery including labial reduction • endometrial ablation-nevasure • operative hysteroscopy (includes diagnostic assessment for pain and/or fertility and performance of sterilization procedures) • basic gynecologic laparoscopy • local anesthetic administration. 				
<input type="checkbox"/>		<p>REMOVAL FROM GENERAL PRIVILEGES: Should applicant's current practice limitations or current competence exclude performance of any privileges specified in the list of core privileges, please indicate here. Applicant and/or MEC must document reasons for exclusion.</p> <p>_____</p> <p>_____</p> <p>_____</p>				
		<p>SELECTED PROCEDURES These privileges will require documentation of experience and training prior to approval in addition to requirements outlined above.</p>	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intravenous Procedural Sedation (IVPS)	NA	TSC, LLC	Successfully pass the test	Maintain privileges requiring this procedure
<input type="checkbox"/>	<input type="checkbox"/>	<p>SPECIAL REQUESTS: OPERATIVE LAPROSCOPY</p> <ul style="list-style-type: none"> • lymph node sampling <p><u>Training in the procedures above must have been included in residency. OR **Documentation required of other training and/or experience (for consideration at initial request)</u></p> <p>Check one:</p> <p>_____ included in residency</p> <p>_____ documentation attached of training, experience</p> <ul style="list-style-type: none"> • Gynecologic operative laparoscopy • Laparoscopic Hysterectomy 		TSC, LLC	First case proctored and 4 others of various procedures	Case log reviewed and evaluated for continuation of privileges 10 cases/2 years
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>UROLOGYNECOLOGIC PROCEDURES: <u>Burch procedure (not laparoscopic)</u> <u>TVT Procedure</u> <u>TOT Procedure</u> <u>Sacrospinous vaginal vault suspension</u> <u>Sacrocolpopexy</u> <u>Placement, removal or revision of vaginal mesh or sub-ureteral slings</u> <u>Training in these procedures must have been included in residency. OR documentation required of other training and/or experience (for consideration at initial request)</u></p> <p>Check one:</p> <p>_____ included in residency</p> <p>_____ documentation attached of training, experience</p>		TSC, LLC	First case proctored and 4 others of various procedures	Case log reviewed and evaluated for continuation of privileges
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Intravenous Procedural Sedation (IVPS)	NA	TSC, LLC	Successfully pass the test	Maintain privileges requiring this procedure

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**TRUCKEE SURGERY CENTER
SEMI ANNUAL REVIEW OF CONTRACTED SERVICES
01/01/2022 - 06/30/2022**

CONTRACTOR	SERVICE PROVIDED	QUALITY OF SERVICES	TIMELINESS OF SERVICES	ACCURACY OF SERVICES	RESPONSIVENESS	COMPETITIVENESS OF PRICING	ACCURACY OF BILLING	PROTECTION OF PATIENTS' RIGHTS	TOTAL POINTS POSSIBLE	TOTAL POINTS EARNED	PERFORMANCE ACCEPTABLE
Aramark	Linen	16	7	7	8	5	15	5	80	63	NO
BPL Supplies	Printing & Reproduction	25	10	10	10	5	15	5	80	80	YES
California Security	Burglar/Fire Alarm	25	10	10	10	5	15	5	80	80	YES
Cashman Equipment	Generator	25	10	10	10	5	15	5	80	80	YES
Continental Credit Control	Collections Agency	19	8	10	10	5	15	5	80	72	YES
Frost Arnett	Collections Agency	25	10	10	10	5	15	5	80	80	YES
Gateway East	Building Lease	25	10	10	10	5	15	5	80	80	YES
Getinge	Sterilizers	25	10	10	10	5	15	5	80	80	YES
Hologic INC	Mini C-Arm PM	25	10	10	10	5	15	5	80	80	YES
Intech	HVAC Services	25	10	10	10	5	15	5	80	80	YES
Iron Mountain	Document Storage	23	9	9	10	5	15	5	80	76	YES
MedBridge	Billing Service	15	6	8	9	5	15	5	80	63	NO
Medical Gas Diagnostics	Med gas/Suction PM	25	10	10	10	5	15	5	80	80	YES
MedVantage	DVT Stockings	25	10	10	10	5	15	5	80	80	YES
Merchant Services	Credit Card Processing	25	10	10	10	5	15	5	80	80	YES
Pacific Medical	DME Equipment	25	10	10	10	5	15	5	80	80	YES
Pharmacist Consultant	Pharmacy Reconciliation/Consulting	25	10	9	10	5	15	5	80	79	YES

A score < 70 will require further evaluation by the Administrator, MEC and Governing Board
 Red = Unsatisfactory Score Orange = Decrease in Services/Score from last eval

**TRUCKEE SURGERY CENTER
SEMI ANNUAL REVIEW OF CONTRACTED SERVICES
01/01/2022 - 06/30/2022**

Pitney Bowes	Postage Meter	25	10	10	10	5	15	5	80	80	YES
Ray Morgan/RICOH	Copier	25	10	10	10	5	15	5	80	80	YES
Red Rock Water	Water Delivery	23	4	6	9	5	15	5	80	67	NO
Shred-it	Document Shredding	25	10	10	10	5	15	5	80	80	YES
Siemens	Fire Alarm Panel	25	10	10	10	5	15	5	80	80	YES
Stericycle	Waste Management	21	8	9	10	5	15	5	80	73	YES
Surgical Notes	RCM, Coding, Transcription	25	10	10	10	5	15	5	80	80	YES
Sutter Physics	Annual Physics Testing for C-Arms	25	10	10	10	5	15	5	80	80	YES
Synergy EVS	Housekeeping/Terminal cleaning	20	10	8	10	5	15	5	80	73	YES
TFHD- Biomed Department	Biomed Surgical Equipment	25	10	10	10	5	15	5	80	80	YES
TFHD- Facilities Department	Maintenance & Repairs	25	6	10	9	5	15	5	80	75	YES
TFHD- Lab	Lab and Pathology	25	10	10	10	5	15	5	80	80	YES
TFHD- Materials Management	Supply Ordering	25	10	10	10	5	15	5	80	80	YES
TFHD- Occupational Health	Staff/Physician Immunization & Screening	25	10	10	10	5	15	5	80	80	YES
TFHD- Radiology Department	Fluoro Checks; Large/Mini C-Arm Operation	22	6	10	10	5	15	5	80	73	YES
Total Scope	Arthroscopic Camera & Lens Supply & Repair	25	10	10	10	5	15	5	80	80	YES
Trusted Employers	Background Screening	25	10	10	10	5	15	5	80	80	YES
West Coast X-Ray	Large C-arm PM	25	10	10	10	5	15	5	80	80	YES
Western Path	Lab and Pathology	25	10	10	10	5	15	5	80	80	YES

A score < 70 will require further evaluation by the Administrator, MEC and Governing Board
 Red = Unsatisfactory Score Orange = Decrease in Services/Score from last eval

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Aramark

Service/s Provided: 11/2022 Linens | Scrubs Evaluation Period: 11/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
--------------------	-----------	--------------	----------------

Quality of Services Provided

Services are acceptable in quality	5	4	③	2	1
Quality assurance processes in place	5	4	③	2	1
QA meets TSC's minimum requirements	5	4	③	2	1
Services are consistently high quality	5	4	③	2	1
Contractor stays current with technology/processes	5	④	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	5	4	③	2	1
Contractor meets TSC's deadlines	5	④	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	5	4	③	2	1
Contractor corrects errors in timely manner	5	④	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	5	④	3	2	1
Contractor adapts to meet TSC's needs	5	④	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	⑤	4	3	2	1
-------------------------------------	---	---	---	---	---

Accuracy of Billing

Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	⑤	4	3	2	1
---	---	---	---	---	---

Total Points Possible: 80

Total Points Earned: 63

Contractor's performance is deemed: Acceptable 63 Not Acceptable (<70)

Notes: Continued issues re stains & holes. Quality of products still below standards, however contractor response to low supply, and overall stock management, has improved quite a bit.

Evaluation completed by:

Blynn RN Signature Briana Lynn Printed Name QA/PI IC Coordinator Title 7.5.22 Date

Evaluation approved by:

[Signature] Signature Courtney Leslie Printed Name Administrator Title 7/27/22 Date

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: MedBridge
 Service/s Provided: Billing Service Evaluation Period: 1/1/2022 - 3/30/2022
with a shutdown period through 7/1/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	5	4	3
Quality assurance processes in place	5	4	3
QA meets TSC's minimum requirements	5	4	3
Services are consistently high quality	5	4	3
Contractor stays current with technology/processes	5	4	3
Timeliness of Services Provided			
Services are provided in a timely manner	5	4	3
Contractor meets TSC's deadlines	5	4	3
Accuracy of Services Provided			
Services provided are consistently accurate	5	4	3
Contractor corrects errors in timely manner	5	4	3
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	5	4	3
Contractor adapts to meet TSC's needs	5	4	3
Competitiveness of Pricing			
Contractor's prices are competitive	5	4	3
Accuracy of Billing			
Contractor's invoices are timely and accurate	5	4	3
Billing errors are promptly corrected	5	4	3
Invoices are detailed and itemized	5	4	3
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	5	4	3

Total Points Possible: 80

Total Points Earned: 63

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Consistent unacceptable standards re billing reminders and time lapses. Ultimately, TSC contracted a new billing service (see Surgical Notes). Med Bridge contract will end 7/29/22.

Evaluation completed by:

Bryana Lynn Bryana Lynn QA/IC Coordinator 7/5/22
 Signature Printed Name Title Date

Evaluation approved by:

Courtney Leslie Courtney Leslie Administrator 7/27/22
 Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Red Rock Water

Service/s Provided: Water Delivery Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	5	(4)	3 2 1
Quality assurance processes in place	(5)	4	3 2 1
QA meets TSC's minimum requirements	(5)	4	3 2 1
Services are consistently high quality	5	(4)	3 2 1
Contractor stays current with technology/processes	(5)	4	3 2 1
Timeliness of Services Provided			
Services are provided in a timely manner	5	4	3 (2) 1
Contractor meets TSC's deadlines	5	4	3 (2) 1
Accuracy of Services Provided			
Services provided are consistently accurate	5	4	3 (2) 1
Contractor corrects errors in timely manner	5	(4)	3 2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	5	(4)	3 2 1
Contractor adapts to meet TSC's needs	(5)	4	3 2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5)	4	3 2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5)	4	3 2 1
Billing errors are promptly corrected	(5)	4	3 2 1
Invoices are detailed and itemized	(5)	4	3 2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5)	4	3 2 1

Total Points Possible: 80

Total Points Earned: 67

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Water deliveries are inconsistent. We always have to request water from the warehouse.

Evaluation completed by:

Bryan Briana Lynn QA/IC Coordinator 7/5/22
Signature Printed Name Title Date

Evaluation approved by:

Courtney Courtney Administrator 7/27/22
Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Steri-Cycle
Service/s Provided: Waste Management Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	5	4	(3) 2 1
Quality assurance processes in place	(5) 5	4	3 2 1
QA meets TSC's minimum requirements	5	(4) 4	3 2 1
Services are consistently high quality	5	(4) 4	3 2 1
Contractor stays current with technology/processes	(5) 5	4	3 2 1
Timeliness of Services Provided			
Services are provided in a timely manner	5	(4) 4	3 2 1
Contractor meets TSC's deadlines	5	(4) 4	3 2 1
Accuracy of Services Provided			
Services provided are consistently accurate	5	(4) 4	3 2 1
Contractor corrects errors in timely manner	(5) 5	4	3 2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	(5) 5	4	3 2 1
Contractor adapts to meet TSC's needs	(5) 5	4	3 2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5) 5	4	3 2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5) 5	4	3 2 1
Billing errors are promptly corrected	(5) 5	4	3 2 1
Invoices are detailed and itemized	(5) 5	4	3 2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5) 5	4	3 2 1

Total Points Possible: 80

Total Points Earned: 73

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Inconsistent and/or missed pick-ups has become an issue.

Evaluation completed by:

Brynn RN Signature Printed Name Briana Lynn Printed Name QA/PIIC Coordinator Title 7/5/22 Date

Evaluation approved by:

[Signature] Signature Printed Name Courtney Leslie Printed Name Administrator Title 7/27/22 Date

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Synergy EVS

Service/s Provided: Housekeeping/Terminal Clearing Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	5	(4)	3 2 1
Quality assurance processes in place	5	(4)	3 2 1
QA meets TSC's minimum requirements	5	(4)	3 2 1
Services are consistently high quality	5	4	(3) 2 1
Contractor stays current with technology/processes	(5)	4	3 2 1
Timeliness of Services Provided			
Services are provided in a timely manner	(5)	4	3 2 1
Contractor meets TSC's deadlines	(5)	4	3 2 1
Accuracy of Services Provided			
Services provided are consistently accurate	5	4	(3) 2 1
Contractor corrects errors in timely manner	(5)	4	3 2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	(5)	4	3 2 1
Contractor adapts to meet TSC's needs	(5)	4	3 2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5)	4	3 2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5)	4	3 2 1
Billing errors are promptly corrected	(5)	4	3 2 1
Invoices are detailed and itemized	(5)	4	3 2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5)	4	3 2 1

Total Points Possible: 80

Total Points Earned: 73

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Inconsistencies in meeting TSC standards, as well as TSC's need for increased facility cleaning & turnovers, led to TSC hiring an orderly to their core staff. Therefore, ending the need for an outside housekeeping contractor. Contract ended 5/20/22.

Evaluation completed by:

Brynn Lynn Brynn Lynn QAPI/IC Coordinator 7/5/22
Signature Printed Name Title Date

Evaluation approved by:

Courtney Leslie Courtney Leslie Administrator 7/27/22
Signature Printed Name Title Date

Eval Frequency:
 Monthly
 Quarterly
Semi-Annually
 PRN

Truckee Surgery Center
 Contract Services Evaluation

Contractor Name: Swag Blue - BPL Supplies as of 4-1-2022
 Service/s Provided: Printing + Reproduction Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
Quality of Services Provided					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brianna Lynn Brianna Lynn QA/PI/IC coordinator 7/5/22
 Signature Printed Name Title Date

Evaluation approved by:

Carly Leistikow Carly Leistikow Administratrix 7/27/22
 Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: California Security - AAASMAA BUSINESS
 Service/s Provided: Burglar / Fire Alarm Evaluation Period: 1 | 1 | 2022 - 6 | 30 | 2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	(5) 4	3	2 1
Quality assurance processes in place	(5) 4	3	2 1
QA meets TSC's minimum requirements	(5) 4	3	2 1
Services are consistently high quality	(5) 4	3	2 1
Contractor stays current with technology/processes	(5) 4	3	2 1
Timeliness of Services Provided			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
Accuracy of Services Provided			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5) 4	3	2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5) 4	3	2 1
Billing errors are promptly corrected	(5) 4	3	2 1
Invoices are detailed and itemized	(5) 4	3	2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brynn E Briana Lynn QAPI/IC Coordinator 7/5/22
 Signature Printed Name Title Date

Evaluation approved by:

[Signature] Carney Leslie Administrator 7/27/22
 Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Cashman Equipment
Service/s Provided: Generator Evaluation Period: _____

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Bryan Lynn Signature Printed Name Briana Lynn Title QA/PI/IC Coordinator Date 7/5/22

Evaluation approved by:

[Signature] Signature Printed Name Courtney Stevie Title Administrator Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Continental Credit Control

Service/s Provided: Collections Agency Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	5	(4)	3	2	1
Quality assurance processes in place	5	(4)	3	2	1
QA meets TSC's minimum requirements	5	(4)	3	2	1
Services are consistently high quality	5	4	(3)	2	1
Contractor stays current with technology/processes	5	(4)	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	5	(4)	3	2	1
Contractor meets TSC's deadlines	5	(4)	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 72

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: We are no longer sending accounts to this agency after continued issues & little return seen on collection acct. This is as of 3.31.22.

Evaluation completed by:

Brynn Lynn Brynn Lynn QA/PIIC Coordinator 7.27.22
Signature Printed Name Title Date

Evaluation approved by:

Courtney Leavelle Courtney Leavelle Administrator 7/27/22
Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Frost Arnett
Service/s Provided: Collections Agency Evaluation Period: 4/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	⑤	4	3
Quality assurance processes in place	⑤	4	3
QA meets TSC's minimum requirements	⑤	4	3
Services are consistently high quality	⑤	4	3
Contractor stays current with technology/processes	⑤	4	3
Timeliness of Services Provided			
Services are provided in a timely manner	⑤	4	3
Contractor meets TSC's deadlines	⑤	4	3
Accuracy of Services Provided			
Services provided are consistently accurate	⑤	4	3
Contractor corrects errors in timely manner	⑤	4	3
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	⑤	4	3
Contractor adapts to meet TSC's needs	⑤	4	3
Competitiveness of Pricing			
Contractor's prices are competitive	⑤	4	3
Accuracy of Billing			
Contractor's invoices are timely and accurate	⑤	4	3
Billing errors are promptly corrected	⑤	4	3
Invoices are detailed and itemized	⑤	4	3
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	⑤	4	3

Total Points Possible: 80
 Total Points Earned: 80
 Contractor's performance is deemed: Acceptable Not Acceptable (<70)
 Notes: We began service on 4-1-22.

Evaluation completed by:
Bryan Briana Lynn QA/IC Coordinator 7/5/22
 Signature Printed Name Title Date
 Evaluation approved by:
[Signature] Carmey Leslie Administrator 7/27/22
 Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Gateway East
 Service/s Provided: Building Lease Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	(5)	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	(5)	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Signature: [Signature] Printed Name: Briana Lynn Title: QA/IC Coordinator Date: 7/5/22

Evaluation approved by:

Signature: [Signature] Printed Name: Courtney Leslie Title: Administrator Date: 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Getinge

Service/s Provided: Sterilizers

Evaluation Period: 1 | 1 | 2022 - 5 | 31 | 2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
Quality of Services Provided					
Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	⑤	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	⑤	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: We continue to have issues w/ one of the sterilizer doors. This has been an issue since we got the sterilizer. The Tech/Company are very responsive and continue to work on the issue. Our service contract expired 5/31/22 w/ no notice to renew. We are currently in the process of renewal.

Evaluation completed by:

B. Lynn Signature Briana Lynn Printed Name QA/PIIC Coordinator Title 7/5/22 Date

Evaluation approved by:

[Signature] Signature Courtney Leslie Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Hologic INC

Service/s Provided: Mini C-Arm PM

Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	⑤	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	⑤	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Bryana Lynn Signature Printed Name QA/PI/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Intech
Service/s Provided: HVAC Services Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	⑤	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	⑤	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Blynn RN Signature Briana Lynn Printed Name QA/PI/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

[Signature] Signature Carla Maglaris Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Iron Mountain

Service/s Provided: Document Storage Evaluation Period: 1/1/2022 - 10/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	5	(4)	3	2	1
Services are consistently high quality	5	(4)	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	5	(4)	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	5	(4)	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	(5)	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	(5)	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 76

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Multiple, continued reminders needed for facility chart access.

Evaluation completed by:

Brynn RN Signature Printed Name Briana Lynn Title QA/PI/IC Coordinator Date 7/5/22

Evaluation approved by:

[Signature] Signature Printed Name Cartney Leslie Title Administrator Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Medical Gas Diagnostics
Service/s Provided: Med gas | Suction PM Evaluation Period: 1 | 1 | 2022 - 6 | 30 | 2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	(5) 4	3	2 1
Quality assurance processes in place	(5) 4	3	2 1
QA meets TSC's minimum requirements	(5) 4	3	2 1
Services are consistently high quality	(5) 4	3	2 1
Contractor stays current with technology/processes	(5) 4	3	2 1
Timeliness of Services Provided			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
Accuracy of Services Provided			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5) 4	3	2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5) 4	3	2 1
Billing errors are promptly corrected	(5) 4	3	2 1
Invoices are detailed and itemized	(5) 4	3	2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Bryan RN Briana Lynn QAPI/IC Coordinator 7/5/22
Signature Printed Name Title Date

Evaluation approved by:

[Signature] Carly Maglovic Administrator 7/27/22
Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Med Vantage
 Service/s Provided: DVT Stockings Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	⑤	4	3
Quality assurance processes in place	⑤	4	3
QA meets TSC's minimum requirements	⑤	4	3
Services are consistently high quality	⑤	4	3
Contractor stays current with technology/processes	⑤	4	3
Timeliness of Services Provided			
Services are provided in a timely manner	⑤	4	3
Contractor meets TSC's deadlines	⑤	4	3
Accuracy of Services Provided			
Services provided are consistently accurate	⑤	4	3
Contractor corrects errors in timely manner	⑤	4	3
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	⑤	4	3
Contractor adapts to meet TSC's needs	⑤	4	3
Competitiveness of Pricing			
Contractor's prices are competitive	⑤	4	3
Accuracy of Billing			
Contractor's invoices are timely and accurate	⑤	4	3
Billing errors are promptly corrected	⑤	4	3
Invoices are detailed and itemized	⑤	4	3
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	⑤	4	3

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brianna Lynn Signature Printed Name Brianna Lynn Title QA/PI/IC Coordinator Date 7/5/22

Evaluation approved by:

Courtney Leake Signature Printed Name Courtney Leake Title Administrator Date 7/27/22

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Merchant Services

Service/s Provided: Credit Card Processing Evaluation Period: 1/1/2022 - 12/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Briana Lynn Signature Printed Name QA/PI/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Pacific Medical

Service/s Provided: DME Equipment Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Blynn RN Signature Briana Lynn Printed Name QA/PI/IC Coordinator Title 7/5/2022 Date

Evaluation approved by:

[Signature] Signature Courtney Leslie Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Pharmacist Consultant - Dan Ohan
 Service/s Provided: Pharmacy Reconciliatory Consulting Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
Quality of Services Provided			
Services are acceptable in quality	(5) 4	3	2 1
Quality assurance processes in place	(3) 4	3	2 1
QA meets TSC's minimum requirements	(5) 4	3	2 1
Services are consistently high quality	(5) 4	3	2 1
Contractor stays current with technology/processes	(5) 4	3	2 1
Timeliness of Services Provided			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
Accuracy of Services Provided			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
Responsiveness to TSC's Requirements			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
Competitiveness of Pricing			
Contractor's prices are competitive	(5) 4	3	2 1
Accuracy of Billing			
Contractor's invoices are timely and accurate	(5) 4	3	2 1
Billing errors are promptly corrected	(5) 4	3	2 1
Invoices are detailed and itemized	(5) 4	3	2 1
Protection of Patients' Privacy			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: New pharmacist onboarding as Dan prepares to leave.

Evaluation completed by:

Bryana Lynn Signature Printed Name QA/PI/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

S. Carmay Leshe Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Pitney Bowes

Service/s Provided: Postage Meter Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	⑤	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	⑤	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brynn R Briana Lynn QA/PI/IC Coordinator 7/5/22
 Signature Printed Name Title Date

Evaluation approved by:

[Signature] Courtney Leslie Administrator 7/27/22
 Signature Printed Name Title Date

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Ray Morgan/RICOH

Service/s Provided: Copier Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brian Lynn Signature Printed Name Briana Lynn Title QA/PIIC Coordinator Date 7/5/22

Evaluation approved by:

Courtney Teske Signature Printed Name Administrator Title Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Shred-It

Service/s Provided: Document Shredding Evaluation Period: 11/1/2022 - 10/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	⑤	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	⑤	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

B. Lynn Signature QA - Briana Lynn Printed Name QA PI/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

[Signature] Signature Courtney Leslie Printed Name Administrator Title 7/27/22 Date

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Siemens
 Service/s Provided: Fire Alarm Panel Evaluation Period: 11/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<u>Quality of Services Provided</u>			
Services are acceptable in quality	(5) 4	3	2 1
Quality assurance processes in place	(5) 4	3	2 1
QA meets TSC's minimum requirements	(5) 4	3	2 1
Services are consistently high quality	(5) 4	3	2 1
Contractor stays current with technology/processes	(5) 4	3	2 1
<u>Timeliness of Services Provided</u>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<u>Accuracy of Services Provided</u>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<u>Responsiveness to TSC's Requirements</u>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<u>Competitiveness of Pricing</u>			
Contractor's prices are competitive	(5) 4	3	2 1
<u>Accuracy of Billing</u>			
Contractor's invoices are timely and accurate	(5) 4	3	2 1
Billing errors are promptly corrected	(5) 4	3	2 1
Invoices are detailed and itemized	(5) 4	3	2 1
<u>Protection of Patients' Privacy</u>			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Briana Lynn Signature Printed Name QAPI/IC coordinator Title 7/5/22 Date

Evaluation approved by:

Carney Leslie Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Surgical Notes

Service/s Provided: Billing Service Evaluation Period: 4/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<u>Quality of Services Provided</u>			
Services are acceptable in quality	(5) 4	3	2 1
Quality assurance processes in place	(5) 4	3	2 1
QA meets TSC's minimum requirements	(5) 4	3	2 1
Services are consistently high quality	(5) 4	3	2 1
Contractor stays current with technology/processes	(5) 4	3	2 1
<u>Timeliness of Services Provided</u>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<u>Accuracy of Services Provided</u>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<u>Responsiveness to TSC's Requirements</u>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<u>Competitiveness of Pricing</u>			
Contractor's prices are competitive	(5) 4	3	2 1
<u>Accuracy of Billing</u>			
Contractor's invoices are timely and accurate	(5) 4	3	2 1
Billing errors are promptly corrected	(5) 4	3	2 1
Invoices are detailed and itemized	(5) 4	3	2 1
<u>Protection of Patients' Privacy</u>			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Contract established + in effect + 4/1/22. To replace Med Bridge @ end of term.

Evaluation completed by:

Bryan RN Signature Printed Name Briana Lynn Title QA/PIIC Coordinator Date 7/5/22

Evaluation approved by:

[Signature] Signature Printed Name Cartmayer Leslie Title Administrator Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Sutter Physics

Service/s Provided: Annual physics testing for C-Arms Evaluation Period: 11/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	(5)	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	(5)	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brian Lynn Signature Brian Lynn Printed Name QA/PI/IC coordinator Title 7/5/22 Date

Evaluation approved by:

Leslie Signature Leslie Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TFHD - Biomed Dept
 Service/s Provided: Biomed Surg. Equip. Evaluation Period: 11/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<u>Quality of Services Provided</u>			
Services are acceptable in quality	⑤	4	3
Quality assurance processes in place	⑤	4	3
QA meets TSC's minimum requirements	⑤	4	3
Services are consistently high quality	⑤	4	3
Contractor stays current with technology/processes	⑤	4	3
<u>Timeliness of Services Provided</u>			
Services are provided in a timely manner	⑤	4	3
Contractor meets TSC's deadlines	⑤	4	3
<u>Accuracy of Services Provided</u>			
Services provided are consistently accurate	⑤	4	3
Contractor corrects errors in timely manner	⑤	4	3
<u>Responsiveness to TSC's Requirements</u>			
Contractor is responsive to TSC's requirements	⑤	4	3
Contractor adapts to meet TSC's needs	⑤	4	3
<u>Competitiveness of Pricing</u>			
Contractor's prices are competitive	⑤	4	3
<u>Accuracy of Billing</u>			
Contractor's invoices are timely and accurate	⑤	4	3
Billing errors are promptly corrected	⑤	4	3
Invoices are detailed and itemized	⑤	4	3
<u>Protection of Patients' Privacy</u>			
Contractor safeguards patients' privacy	⑤	4	3

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Blynn RN Briana Lynn QA/PI/IC Coordinator 7/5/22
 Signature Printed Name Title Date

Evaluation approved by:

[Signature] Courtney Leslie Administrator 7/27/22
 Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TFHD Facilities

Service/s Provided: Maintenance + Repairs Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	5	4	(3)	2	1
Contractor meets TSC's deadlines	5	4	(3)	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	5	(4)	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 75

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Occasional need for multiple requests before tasks are completed. This is continual issue.

Evaluation completed by:

Briana Lynn Signature Printed Name QA PIC Coordinator Title 7/5/22 Date

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TFHD - Lab
Service/s Provided: Lab + Pathology Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Briana Lynn Signature Printed Name QA PIC Coordinator Title 7/5/22 Date

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TFHD Materials Management
Service/s Provided: Supply Ordering Evaluation Period: 1/1/2022 - 6/30/22

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brian Lynn Signature Printed Name Briana Lynn Title QA/PI/IC Coordinator Date 7/5/22

Evaluation approved by:

Courtney Leslie Signature Printed Name Courtney Leslie Title Administrator Date 7/27/22

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TEHD Occupational Health
 Service/s Provided: Staff/Physician Evaluation Period: 1/1/2022 - 6/30/2022
Immunization + Screening

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	(5)	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	(5)	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Bryanna Lynn Signature Printed Name Bryanna Lynn Title QA/PI/IC Coordinator Date 7/5/22

Evaluation approved by:

Courtney Leslie Signature Printed Name Courtney Leslie Title Administrator Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: TFHD Radiology Dept

Service/s Provided: Fluoro Checks; Large/mini C-Arm Operations Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	<u>5</u>	4	3	2	1
Quality assurance processes in place	5	<u>4</u>	3	2	1
QA meets TSC's minimum requirements	5	4	<u>3</u>	2	1
Services are consistently high quality	<u>5</u>	4	3	2	1
Contractor stays current with technology/processes	<u>5</u>	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	5	4	<u>3</u>	2	1
Contractor meets TSC's deadlines	5	4	<u>3</u>	2	1

Accuracy of Services Provided

Services provided are consistently accurate	<u>5</u>	4	3	2	1
Contractor corrects errors in timely manner	<u>5</u>	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	<u>5</u>	4	3	2	1
Contractor adapts to meet TSC's needs	<u>5</u>	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	<u>5</u>	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	<u>5</u>	4	3	2	1
Billing errors are promptly corrected	<u>5</u>	4	3	2	1
Invoices are detailed and itemized	<u>5</u>	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	<u>5</u>	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 73

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: Some improvement noted on fluoro testing timeliness.

Evaluation completed by:

Bryana Lynn Signature Printed Name QA/IC Coordinator Title 7/5/22 Date

Evaluation approved by:

Leslie Carney Signature Printed Name Administrator Title 7/27/22 Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Total Scope
 Service/s Provided: Arthroscopic Camera + Lens Supply and Repair Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
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Quality of Services Provided

Services are acceptable in quality	⑤	4	3	2	1
Quality assurance processes in place	⑤	4	3	2	1
QA meets TSC's minimum requirements	⑤	4	3	2	1
Services are consistently high quality	⑤	4	3	2	1
Contractor stays current with technology/processes	⑤	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	⑤	4	3	2	1
Contractor meets TSC's deadlines	⑤	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	⑤	4	3	2	1
Contractor corrects errors in timely manner	⑤	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	⑤	4	3	2	1
Contractor adapts to meet TSC's needs	⑤	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	⑤	4	3	2	1
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Accuracy of Billing

Contractor's invoices are timely and accurate	⑤	4	3	2	1
Billing errors are promptly corrected	⑤	4	3	2	1
Invoices are detailed and itemized	⑤	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	⑤	4	3	2	1
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Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Bryanna Lynn Signature Printed Name Bryanna Lynn Title QA/PIIC Coordinator Date 7/5/22

Evaluation approved by:

[Signature] Signature Printed Name Carlynn Leslie Title Administrator Date 7/27/22

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Trusted Employers

Service/s Provided: Background Screening Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<u>Quality of Services Provided</u>					
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Contractor stays current with technology/processes	(5)	4	3	2	1
<u>Timeliness of Services Provided</u>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<u>Accuracy of Services Provided</u>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<u>Responsiveness to TSC's Requirements</u>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<u>Competitiveness of Pricing</u>					
Contractor's prices are competitive	(5)	4	3	2	1
<u>Accuracy of Billing</u>					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
<u>Protection of Patients' Privacy</u>					
Contractor safeguards patients' privacy	(5)	4	3	2	1

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brian Lynn Signature Printed Name Briana Lynn Title QA/IC Coordinator Date 7/5/22

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: West Coast X-ray
Service/s Provided: Large C-Arm PM Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<u>Quality of Services Provided</u>			
Services are acceptable in quality	⑤	4	3
Quality assurance processes in place	⑤	4	3
QA meets TSC's minimum requirements	⑤	4	3
Services are consistently high quality	⑤	4	3
Contractor stays current with technology/processes	⑤	4	3
<u>Timeliness of Services Provided</u>			
Services are provided in a timely manner	⑤	4	3
Contractor meets TSC's deadlines	⑤	4	3
<u>Accuracy of Services Provided</u>			
Services provided are consistently accurate	⑤	4	3
Contractor corrects errors in timely manner	⑤	4	3
<u>Responsiveness to TSC's Requirements</u>			
Contractor is responsive to TSC's requirements	⑤	4	3
Contractor adapts to meet TSC's needs	⑤	4	3
<u>Competitiveness of Pricing</u>			
Contractor's prices are competitive	⑤	4	3
<u>Accuracy of Billing</u>			
Contractor's invoices are timely and accurate	⑤	4	3
Billing errors are promptly corrected	⑤	4	3
Invoices are detailed and itemized	⑤	4	3
<u>Protection of Patients' Privacy</u>			
Contractor safeguards patients' privacy	⑤	4	3

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable (<70)

Notes: _____

Evaluation completed by:

Brynn Briana Lynn QA/PI/IC Coordinator 7/5/22
Signature Printed Name Title Date

Evaluation approved by:

Courtney Leslie Administrator 7/27/22
Signature Printed Name Title Date

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Western Pathology

Service/s Provided: Lab & Pathology Evaluation Period: 1/1/2022 - 6/30/2022

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
--------------------	-----------	--------------	----------------

Quality of Services Provided

Services are acceptable in quality	<u>5</u>	4	3	2	1
Quality assurance processes in place	<u>5</u>	4	3	2	1
QA meets TSC's minimum requirements	<u>5</u>	4	3	2	1
Services are consistently high quality	<u>5</u>	4	3	2	1
Contractor stays current with technology/processes	<u>5</u>	4	3	2	1

Timeliness of Services Provided

Services are provided in a timely manner	<u>5</u>	4	3	2	1
Contractor meets TSC's deadlines	<u>5</u>	4	3	2	1

Accuracy of Services Provided

Services provided are consistently accurate	<u>5</u>	4	3	2	1
Contractor corrects errors in timely manner	<u>5</u>	4	3	2	1

Responsiveness to TSC's Requirements

Contractor is responsive to TSC's requirements	<u>5</u>	4	3	2	1
Contractor adapts to meet TSC's needs	<u>5</u>	4	3	2	1

Competitiveness of Pricing

Contractor's prices are competitive	<u>5</u>	4	3	2	1
-------------------------------------	----------	---	---	---	---

Accuracy of Billing

Contractor's invoices are timely and accurate	<u>5</u>	4	3	2	1
Billing errors are promptly corrected	<u>5</u>	4	3	2	1
Invoices are detailed and itemized	<u>5</u>	4	3	2	1

Protection of Patients' Privacy

Contractor safeguards patients' privacy	<u>5</u>	4	3	2	1
---	----------	---	---	---	---

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed: Acceptable Not Acceptable(<70)

Notes: _____

Evaluation completed by:

Briana Lynn Briana Lynn QA/PI/IC Coordinator 7/5/22
Signature Printed Name Title Date

Evaluation approved by:

Courtney Leslie Courtney Leslie Administrator 7/27/22
Signature Printed Name Title Date

Allergies: _____ NKDA

- Vital Signs per Phase I and Phase II-Peri Anesthesia Standards for Delivery of Care
- Admit directly to Phase II PACU

Respiratory:

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

Nursing Order:

1. Warming therapy prn temp < 36° C or comfort.
2. Discharge from PACU per Phase I discharge scoring criteria.

IV Fluids:

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

IV Pain Management, Medicate in the following order:

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

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

Hold for
RR < _____

PO Pain Management:

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

Shivering:

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

Nausea/Vomiting, Medicate in the following order:

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

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

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

Hypotension:

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

Pruritus, Medicate with:

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

Physician Signature: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____



PostOp Diagnosis: _____

Surgeon: _____ Assistant: None Name: _____

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

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

Complications: No Yes _____

POSTOP & DISCHARGE ORDERS

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

Upper Extremity	Lower Extremity
Activity: <input type="checkbox"/> Ad lib <input type="checkbox"/> Lift, Push, Pull ≤ _____ lbs <input type="checkbox"/> Non-weight-bearing on operative extremity <input type="checkbox"/> Exercise as follows: _____ <hr/> Equipment: Dispense if checked <input type="checkbox"/> Sling Simple / Immobilizer (circle one) <input type="checkbox"/> Elbow immobilizer <input type="checkbox"/> Ice Machine <i>**Wear immobilizer or sling for activity as instructed**</i>	Activity: <input type="checkbox"/> Weight bearing as tolerated <input type="checkbox"/> Partial/Touch-down weight-bearing <input type="checkbox"/> Non-weight-bearing Equipment: Dispense if checked <input type="checkbox"/> Ice Machine <input type="checkbox"/> Crutches <input type="checkbox"/> Knee Brace <input type="checkbox"/> Locked @ _____ to _____ degrees <input type="checkbox"/> At all times <input type="checkbox"/> With activity only <input type="checkbox"/> Unlocked <input type="checkbox"/> PostOp Shoe <input type="checkbox"/> Cam Boot <i>**Wear postop shoe, cam boot, or brace for ambulating/activity as instructed**</i>

Dressing Change: Keep dressing on until follow up Remove dressing in _____ hours

***Notify surgeon for any changes in color, temp, or increased swelling at operative site*

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

Additional orders: _____

Medications:

Resume home medications Prescriptions given at surgical preop visit

Make appointment for: _____ days

Surgeon's Signature Date/Time

Order Verified Date/Time



[PATIENT STICKER]

PostOp Diagnosis: _____

Surgeon: _____ Assistant: None Name: _____

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

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

Complications: No Yes _____

POSTOP & DISCHARGE ORDERS

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

ACTIVITY

As Tolerated

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

Avoid straining, heavy lifting until follow up

BATHING/DRESSING CHANGE

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

Additional orders: _____

Discharge Medications: _____

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

Make appointment for: _____ days

Surgeon's Signature Date/Time

Order Verified Date/Time

[Patient Sticker]

PostOp Diagnosis:

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

Procedure: _____

Findings: See PostOp Diagnosis Other: _____

Estimated Blood Loss: None Amount: _____

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

Complications: No Yes

POSTOP & DISCHARGE ORDERS

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

ACTIVITY

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

BATHING/DRESSING CHANGE

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

Additional orders: _____

Discharge Medications:

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

Make follow up appointment for: _____ days

Surgeon's Signature **Date/Time**

Order Verified **Date/Time**

[Patient Sticker]

Vital Signs Stable

Airway Clear

PROCEDURES:

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

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

DENTAL:

Teeth Good Fair Poor Missing teeth
Gum Good Fair Poor

Comments _____

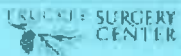
POST-OPERATIVE INSTRUCTIONS

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

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

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

Physician Signature: _____ Date/Time: _____



[PATIENT STICKER]

Truckee Surgery Center LLC

Balance Sheet

As of April 30, 2022

	Apr 30, 22	Mar 31, 22
ASSETS		
Current Assets		
Checking/Savings		
US Bank	84,961.61	-101.90
Bank of the West	1,609.86	106,572.63
Petty Cash	498.49	498.49
Total Checking/Savings	87,069.96	106,969.22
Accounts Receivable		
Accounts Receivable		
Allowance for Doubtful Accounts	-84,428.79	-121,518.08
Accounts Receivable - Other	440,391.39	453,689.48
Total Accounts Receivable	355,962.60	332,171.40
Total Accounts Receivable	355,962.60	332,171.40
Other Current Assets		
Prepaid Expense		
Preventative Maint	1,229.20	1,996.28
Worker's Comp	881.98	1,294.81
Prepaid Expense - Other	263.52	216.10
Total Prepaid Expense	2,374.70	3,507.19
Total Other Current Assets	2,374.70	3,507.19
Total Current Assets	445,407.26	442,647.81
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	1,003,817.04	1,003,817.04
Machinery & Equipment	138,316.27	138,316.27
Surgical & Medical Equipment	231,098.69	215,098.69
Accumulated Depreciation	-611,397.03	-608,807.02
Goodwill	3,914,333.00	3,914,333.00
Accumulated Amortization	-2,957,496.50	-2,935,750.21
Total Fixed Assets	1,767,615.76	1,775,952.06
Other Assets		
Rent Deposit	20,256.00	20,256.00
Total Other Assets	20,256.00	20,256.00
TOTAL ASSETS	2,233,279.02	2,238,855.87
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	862,837.10	770,006.97
Total Accounts Payable	862,837.10	770,006.97
Credit Cards		
BankCard	1,065.61	1,475.67
Total Credit Cards	1,065.61	1,475.67

Truckee Surgery Center LLC

09/14/22

Balance Sheet

Accrual Basis

As of April 30, 2022

	Apr 30, 22	Mar 31, 22
Other Current Liabilities		
US Bank Equipment Lease	3,889.66	3,889.66
Due to TFH	1,330,720.03	1,330,720.03
Franchise Tax Payable	-4,100.00	-4,100.00
Billing Fee Accrued	-121,144.99	-115,013.28
Compensated Absenses	37,016.56	38,131.14
Payroll Liabilities	7,315.20	8,635.48
Pension Payable	0.00	4,617.92
Total Other Current Liabilities	1,253,696.46	1,266,880.95
Total Current Liabilities	2,117,599.17	2,038,363.59
Total Liabilities	2,117,599.17	2,038,363.59
Equity		
Tahoe Forest Hospital		
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79
Truckee Surgery Center Inc		
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70
Total Truckee Surgery Center Inc	604,650.70	604,650.70
Retained Earnings	-3,014,550.43	-3,014,550.43
Net Income	-460,728.21	-375,915.78
Total Equity	115,679.85	200,492.28
TOTAL LIABILITIES & EQUITY	2,233,279.02	2,238,855.87

Truckee Surgery Center LLC
Balance Sheet
As of May 31, 2022

	May 31, 22	Apr 30, 22
ASSETS		
Current Assets		
Checking/Savings		
US Bank	95,132.29	84,961.61
Bank of the West	31,376.96	1,609.86
Petty Cash	428.49	498.49
Total Checking/Savings	126,937.74	87,069.96
Accounts Receivable		
Accounts Receivable		
Allowance for Doubtful Accounts	-109,745.10	-84,428.79
Accounts Receivable - Other	559,751.99	440,391.39
Total Accounts Receivable	450,006.89	355,962.60
Total Accounts Receivable	450,006.89	355,962.60
Other Current Assets		
Prepaid Expense		
Preventative Maint	2,287.50	1,229.20
Worker's Comp	455.06	881.98
Prepaid Expense - Other	1,532.03	263.52
Total Prepaid Expense	4,274.59	2,374.70
Total Other Current Assets	4,274.59	2,374.70
Total Current Assets	581,219.22	445,407.26
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	1,003,817.04	1,003,817.04
Machinery & Equipment	138,316.27	138,316.27
Surgical & Medical Equipment	231,098.69	231,098.69
Accumulated Depreciation	-613,856.55	-611,397.03
Goodwill	3,914,333.00	3,914,333.00
Accumulated Amortization	-2,979,242.79	-2,957,496.50
Total Fixed Assets	1,743,409.95	1,767,615.76
Other Assets		
Rent Deposit	20,256.00	20,256.00
Total Other Assets	20,256.00	20,256.00
TOTAL ASSETS	2,344,885.17	2,233,279.02
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	902,303.87	862,837.10
Total Accounts Payable	902,303.87	862,837.10
Credit Cards		
BankCard	1,486.89	1,065.61
Total Credit Cards	1,486.89	1,065.61

11:30 AM

Truckee Surgery Center LLC

Balance Sheet

As of May 31, 2022

09/14/22

Accrual Basis

	May 31, 22	Apr 30, 22
Other Current Liabilities		
US Bank Equipment Lease	3,517.84	3,889.66
Due to TFH	1,330,720.03	1,330,720.03
Franchise Tax Payable	-4,100.00	-4,100.00
Billing Fee Accrued	-129,272.19	-121,144.99
Compensated Absenses	42,650.04	37,016.56
Payroll Liabilities	7,630.81	7,315.20
Total Other Current Liabilities	1,251,146.53	1,253,696.46
Total Current Liabilities	2,154,937.29	2,117,599.17
Total Liabilities	2,154,937.29	2,117,599.17
Equity		
Tahoe Forest Hospital		
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79
Truckee Surgery Center Inc		
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70
Total Truckee Surgery Center Inc	604,650.70	604,650.70
Retained Earnings	-3,014,550.43	-3,014,550.43
Net Income	-386,460.18	-460,728.21
Total Equity	189,947.88	115,679.85
TOTAL LIABILITIES & EQUITY	2,344,885.17	2,233,279.02

Truckee Surgery Center LLC
Balance Sheet
As of June 30, 2022

	Jun 30, 22	May 31, 22
ASSETS		
Current Assets		
Checking/Savings		
US Bank	226,825.94	95,132.29
Bank of the West	5,998.73	31,376.96
Petty Cash	422.49	428.49
Total Checking/Savings	233,247.16	126,937.74
Accounts Receivable		
Accounts Receivable		
Allowance for Doubtful Accounts	-103,209.16	-109,745.10
Accounts Receivable - Other	527,745.46	559,751.99
Total Accounts Receivable	424,536.30	450,006.89
Total Accounts Receivable	424,536.30	450,006.89
Other Current Assets		
Prepaid Expense		
Preventative Maint	2,562.92	2,287.50
Worker's Comp	4,788.00	455.06
Prepaid Expense - Other	1,198.07	1,532.03
Total Prepaid Expense	8,548.99	4,274.59
Total Other Current Assets	8,548.99	4,274.59
Total Current Assets	666,332.45	581,219.22
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	1,003,817.04
Machinery & Equipment	169,087.27	138,316.27
Surgical & Medical Equipment	231,098.69	231,098.69
Accumulated Depreciation	-633,331.48	-613,856.55
Goodwill	3,914,333.00	3,914,333.00
Accumulated Amortization	-3,000,989.08	-2,979,242.79
Total Fixed Assets	1,746,661.73	1,743,409.95
Other Assets		
Rent Deposit	20,256.00	20,256.00
Total Other Assets	20,256.00	20,256.00
TOTAL ASSETS	2,433,250.18	2,344,885.17
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
Accounts Payable	968,851.92	902,303.87
Total Accounts Payable	968,851.92	902,303.87
Credit Cards		
BankCard	3,339.03	1,486.89
Total Credit Cards	3,339.03	1,486.89

Truckee Surgery Center LLC

09/14/22

Balance Sheet

Accrual Basis

As of June 30, 2022

	Jun 30, 22	May 31, 22
Other Current Liabilities		
US Bank Equipment Lease	3,416.27	3,517.84
Due to TFH	1,413,227.18	1,330,720.03
Franchise Tax Payable	-4,100.00	-4,100.00
Billing Fee Accrued	-131,762.77	-129,272.19
*Direct Deposit Liabilities	-19,985.68	0.00
Compensated Absenses	43,075.27	42,650.04
Payroll Liabilities	0.00	7,630.81
Total Other Current Liabilities	1,303,870.27	1,251,146.53
Total Current Liabilities	2,276,061.22	2,154,937.29
Total Liabilities	2,276,061.22	2,154,937.29
Equity		
Tahoe Forest Hospital		
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79
Truckee Surgery Center Inc		
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70
Total Truckee Surgery Center Inc	604,650.70	604,650.70
Retained Earnings	-3,014,550.43	-3,014,550.43
Net Income	-419,219.10	-386,460.18
Total Equity	157,188.96	189,947.88
TOTAL LIABILITIES & EQUITY	2,433,250.18	2,344,885.17

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
April 2022

	Apr 22	Jul '21 - Apr 22
Ordinary Income/Expense		
Income		
Patient Revenue		
Private Pay	0.00	38,978.62
Commercial & Government Payors	148,056.31	1,295,978.92
Total Patient Revenue	148,056.31	1,334,957.54
Refunds		
Insurance Refund	0.00	-588.85
Patient Refund	-7,195.43	-13,466.54
Total Refunds	-7,195.43	-14,055.39
Total Income	140,860.88	1,320,902.15
Gross Profit	140,860.88	1,320,902.15
Expense		
Service Fee	0.00	0.00
Purchased Services	13,236.00	59,410.46
Bank Service Charges	0.00	101.90
Bad Debt	0.00	1,892.57
Collection Agency Reimbursement	1,251.14	1,543.72
General Office		
Document Destruction	76.57	731.75
Dues and Subscriptions	2,512.61	22,814.70
Office Supplies	78.49	10,683.19
Postage and Delivery	32.68	1,575.03
Printing and Reproduction	0.00	200.03
General Office - Other	121.59	1,082.81
Total General Office	2,821.94	37,087.51
Liability Gen'l, Prof Insurance	412.01	4,120.10
Licenses and Permits	1,276.00	2,440.00
Linen	3,230.44	36,868.68
Medical Supplies Total		
Implants-Tissue Products	53,770.34	53,770.34
Gas Medical	1,359.94	12,303.71
Implants	-9,883.72	166,656.95
Instrument Expense	0.00	4,749.04
Medical Supplies	13,923.66	81,190.73
Pharmacy	5,609.12	35,049.71
Patient Nutrition	226.32	1,316.46
Total Medical Supplies Total	65,005.66	355,036.94
Other Expenses		
Advertising & Promotion	0.00	131.88
Bank Charges	13.00	419.09
Cleaning Supplies	92.00	239.13
Educational	499.00	4,549.04
Equipment Rental/Lease	19,600.00	31,900.00
Interest Expense	0.00	-9.92
Meals & Entertainment	185.77	1,150.00
Merchant Fees	25.38	2,978.64
Total Other Expenses	20,415.15	41,357.86
Payroll Expenses		
Health Insurance Total		
Health	4,111.35	71,432.17
Dental	413.95	4,975.73
Vision	56.90	804.60
Total Health Insurance Total	4,582.20	77,212.50

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
April 2022

	Apr 22	Jul '21 - Apr 22
Employee Benefit	595.99	999.97
Payroll Taxes	4,362.26	88,154.50
Retirement Contribution	995.64	7,182.69
Service Fee	0.00	400.00
Wages	55,088.20	559,835.98
Work Comp	412.83	2,397.02
Payroll Expenses - Other	131.50	4,661.37
Total Payroll Expenses	66,168.62	740,844.03
Professional Fees		
Consulting	0.00	2,500.00
Pension Fees	0.00	860.00
Transcription Services	119.36	4,056.31
Total Professional Fees	119.36	7,416.31
Rent & CAM	14,432.40	143,311.20
Repairs		
Instrument Refurbishing	0.00	953.50
Instrument Repairs	0.00	3,072.09
Maintenance-Preventative	4,622.47	22,576.18
Total Repairs	4,622.47	26,601.77
Taxes		
Property	1,710.32	21,663.45
State	1,493.64	10,662.41
Taxes - Other	1,260.00	6,849.34
Total Taxes	4,463.96	39,175.20
Utilities		
Alarm Monitor	74.62	889.22
Cable	60.12	593.65
Gas and Electric	3,264.45	34,901.32
Telephone	482.91	4,825.16
Total Utilities	3,882.10	41,209.35
Depreciation Expense	2,590.01	25,900.10
Total Expense	203,927.26	1,564,317.70
Net Ordinary Income	-63,066.38	-243,415.55
Other Income/Expense		
Other Income		
Other Income	0.00	150.00
Interest Income	0.24	0.24
Total Other Income	0.24	150.24
Other Expense		
Amortization Expense	21,746.29	217,462.90
Total Other Expense	21,746.29	217,462.90
Net Other Income	-21,746.05	-217,312.66
Net Income	-84,812.43	-460,728.21

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
May 2022

	May 22	Jul '21 - May 22
Ordinary Income/Expense		
Income		
Patient Revenue		
Private Pay	0.00	38,978.62
Commercial & Government Payors	245,496.76	1,541,475.68
Total Patient Revenue	245,496.76	1,580,454.30
Refunds		
Insurance Refund	0.00	-588.85
Patient Refund	-1,349.94	-14,816.48
Total Refunds	-1,349.94	-15,405.33
Total Income	244,146.82	1,565,048.97
Gross Profit	244,146.82	1,565,048.97
Expense		
Service Fee	150.46	150.46
Purchased Services	0.00	59,410.46
Bank Service Charges	0.00	101.90
Bad Debt	0.00	1,892.57
Collection Agency Reimbursement	0.00	1,543.72
General Office		
Document Destruction	4.29	736.04
Dues and Subscriptions	89.44	22,904.14
Office Supplies	2,011.02	12,694.21
Postage and Delivery	126.22	1,701.25
Printing and Reproduction	0.00	200.03
General Office - Other	224.05	1,306.86
Total General Office	2,455.02	39,542.53
Liability Gen'l, Prof Insurance	412.01	4,532.11
Licenses and Permits	0.00	2,440.00
Linen	3,224.30	40,092.98
Medical Supplies Total		
Implants-Tissue Products	915.00	54,685.34
Gas Medical	1,535.60	13,839.31
Implants	17,950.06	184,607.01
Instrument Expense	75.83	4,824.87
Medical Supplies	14,970.77	96,161.50
Pharmacy	2,221.06	37,270.77
Patient Nutrition	0.00	1,316.46
Total Medical Supplies Total	37,668.32	392,705.26
Other Expenses		
Advertising & Promotion	0.00	131.88
Bank Charges	10.00	429.09
Cleaning Supplies	52.21	291.34
Educational	1,528.64	6,077.68
Equipment Rental/Lease	-2,700.00	29,200.00
Interest Expense	-227.82	-237.74
Meals & Entertainment	0.00	1,150.00
Merchant Fees	282.42	3,261.06
Travel	2,057.26	2,057.26
Total Other Expenses	1,002.71	42,360.57

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
May 2022

	May 22	Jul '21 - May 22
Payroll Expenses		
Health Insurance Total		
Health	8,075.90	79,508.07
Dental	594.43	5,570.16
Vision	86.30	890.90
Total Health Insurance Total	8,756.63	85,969.13
Employee Benefit	100.00	1,099.97
Payroll Taxes	4,837.15	92,991.65
Retirement Contribution	1,022.94	8,205.63
Service Fee	0.00	400.00
Wages	64,388.90	624,224.88
Work Comp	426.92	2,823.94
Payroll Expenses - Other	256.55	4,917.92
Total Payroll Expenses	79,789.09	820,633.12
Professional Fees		
Consulting	0.00	2,500.00
Pension Fees	0.00	860.00
Transcription Services	113.25	4,169.56
Total Professional Fees	113.25	7,529.56
Rent & CAM	14,432.40	157,743.60
Repairs		
Instrument Refurbishing	0.00	953.50
Instrument Repairs	0.00	3,072.09
Maintenance-Preventative	3,311.70	25,887.88
Total Repairs	3,311.70	29,913.47
Taxes		
Property	1,710.32	23,373.77
State	-2,512.95	8,149.46
Taxes - Other	0.00	6,849.34
Total Taxes	-802.63	38,372.57
Utilities		
Alarm Monitor	74.62	963.84
Cable	60.12	653.77
Gas and Electric	3,299.06	38,200.38
Telephone	482.91	5,308.07
Total Utilities	3,916.71	45,126.06
Depreciation Expense	2,459.52	28,359.62
Total Expense	148,132.86	1,712,450.56
Net Ordinary Income	96,013.96	-147,401.59
Other Income/Expense		
Other Income		
Other Income	0.00	150.00
Interest Income	0.36	0.60
Total Other Income	0.36	150.60
Other Expense		
Amortization Expense	21,746.29	239,209.19
Total Other Expense	21,746.29	239,209.19
Net Other Income	-21,745.93	-239,058.59
Net Income	74,268.03	-386,460.18

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
June 2022

	Jun 22	Jul '21 - Jun 22
Ordinary Income/Expense		
Income		
Patient Revenue		
Private Pay	0.00	38,978.62
Commercial & Government Payors	227,816.73	1,769,292.41
Total Patient Revenue	227,816.73	1,808,271.03
Refunds		
Insurance Refund	0.00	-588.85
Patient Refund	-302.72	-15,119.20
Total Refunds	-302.72	-15,708.05
Total Income	227,514.01	1,792,562.98
Gross Profit	227,514.01	1,792,562.98
Expense		
Service Fee	2,199.89	2,350.35
Purchased Services	9,392.00	68,802.46
Bank Service Charges	0.00	101.90
Bad Debt	0.00	1,892.57
Billing Fee		
Aged AR	0.00	0.00
Billing Fee - Other	4,598.46	4,598.46
Total Billing Fee	4,598.46	4,598.46
Collection Agency Reimbursement	0.00	1,543.72
General Office		
Document Destruction	101.02	837.06
Dues and Subscriptions	2,711.68	25,615.82
Office Supplies	438.17	13,132.38
Postage and Delivery	0.00	1,701.25
Printing and Reproduction	692.11	892.14
General Office - Other	179.79	1,486.65
Total General Office	4,122.77	43,665.30
Liability Gen'l, Prof Insurance	412.09	4,944.20
Licenses and Permits	0.00	2,440.00
Linen	3,937.54	44,030.52
Medical Supplies Total		
Implants-Tissue Products	0.00	54,685.34
Gas Medical	1,790.49	15,629.80
Implants	8,352.45	192,959.46
Instrument Expense	0.00	4,824.87
Medical Supplies	20,299.58	116,461.08
Pharmacy	2,767.11	40,037.88
Patient Nutrition	120.86	1,437.32
Total Medical Supplies Total	33,330.49	426,035.75
Other Expenses		
Advertising & Promotion	0.00	131.88
Bank Charges	10.00	439.09
Cleaning Supplies	70.86	362.20
Educational	190.00	6,267.68
Equipment Rental/Lease	45,308.28	74,508.28
Interest Expense	-101.57	-339.31
Meals & Entertainment	0.00	1,150.00
Merchant Fees	297.79	3,558.85
Travel	0.00	2,057.26
Total Other Expenses	45,775.36	88,135.93

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
June 2022

	Jun 22	Jul '21 - Jun 22
Payroll Expenses		
Health Insurance Total		
Health	9,431.01	88,939.08
Dental	594.43	6,164.59
Vision	96.10	987.00
Total Health Insurance Total	10,121.54	96,090.67
Employee Benefit	765.97	1,865.94
Payroll Taxes	6,394.42	99,386.07
Retirement Contribution	985.46	9,191.09
Service Fee	0.00	400.00
Wages	65,288.61	689,513.49
Work Comp	455.06	3,279.00
Payroll Expenses - Other	332.95	5,250.87
Total Payroll Expenses	84,344.01	904,977.13
Professional Fees		
Consulting	500.00	3,000.00
Pension Fees	0.00	860.00
Transcription Services	170.77	4,340.33
Total Professional Fees	670.77	8,200.33
Rent & CAM	14,432.40	172,176.00
Repairs		
Instrument Refurbishing	0.00	953.50
Instrument Repairs	0.00	3,072.09
Maintenance-Preventative	10,334.33	36,222.21
Total Repairs	10,334.33	40,247.80
Taxes		
Property	1,710.32	25,084.09
State	0.00	8,149.46
Taxes - Other	0.00	6,849.34
Total Taxes	1,710.32	40,082.89
Utilities		
Alarm Monitor	74.62	1,038.46
Cable	60.12	713.89
Gas and Electric	3,174.19	41,374.57
Telephone	482.91	5,790.98
Total Utilities	3,791.84	48,917.90
Depreciation Expense	19,474.93	47,834.55
Total Expense	238,527.20	1,950,977.76
Net Ordinary Income	-11,013.19	-158,414.78
Other Income/Expense		
Other Income		
Other Income	0.00	150.00
Interest Income	0.56	1.16
Total Other Income	0.56	151.16
Other Expense		
Amortization Expense	21,746.29	260,955.48
Total Other Expense	21,746.29	260,955.48
Net Other Income	-21,745.73	-260,804.32
Net Income	-32,758.92	-419,219.10

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
June 2022

	June 30, 2022 - Pre-Audit
Ordinary Income/Expense	
Income	
Patient Revenue	
Private Pay	38,978.62
Commercial & Government Payors	1,769,292.41
Total Patient Revenue	1,808,271.03
Refunds	
Insurance Refund	(588.85)
Patient Refund	(15,119.20)
Total Refunds	(15,708.05)
Total Income	1,792,562.98
Gross Profit	1,792,562.98
Expense	
Service Fee	2,350.35
Purchased Services	68,802.46
Bank Service Charges	50.95
Bad Debt	1,892.57
Billing Fee	
Aged AR	-
Billing Fee - Other	4,598.46
Total Billing Fee	4,598.46
Collection Agency Reimbursement	1,543.72
General Office	
Document Destruction	837.06
Dues and Subscriptions	25,615.82
Office Supplies	13,132.38
Postage and Delivery	1,701.25
Printing and Reproduction	892.14
General Office - Other	1,486.65
Total General Office	43,665.30
Liability Gen'l, Prof Insurance	4,944.20
Licenses and Permits	2,440.00
Linen	44,030.52
Medical Supplies Total	
Implants-Tissue Products	54,685.34
Gas Medical	15,629.80
Implants	192,959.46
Instrument Expense	4,824.87
Medical Supplies	116,461.08
Pharmacy	40,037.88
Patient Nutrition	1,437.32
Total Medical Supplies Total	426,035.75
Other Expenses	
Advertising & Promotion	131.88

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
June 2022

	June 30, 2022 - Pre-Audit
Bank Charges	439.09
Cleaning Supplies	362.20
Educational	6,267.68
Equipment Rental/Lease	74,508.28
Interest Expense	(339.31)
Meals & Entertainment	1,150.00
Merchant Fees	3,558.85
Travel	2,057.26
Total Other Expenses	88,135.93
Payroll Expenses	
Health Insurance Total	
Health	88,939.08
Dental	6,164.59
Vision	987.00
Total Health Insurance Total	96,090.67
Employee Benefit	1,865.94
Payroll Taxes	99,386.07
Retirement Contribution	9,191.09
Service Fee	400.00
Wages	689,513.49
Work Comp	3,279.00
Payroll Expenses - Other	5,250.87
Total Payroll Expenses	904,977.13
Professional Fees	
Consulting	3,000.00
Pension Fees	860.00
Transcription Services	4,340.33
Total Professional Fees	8,200.33
Rent & CAM	172,176.00
Repairs	
Instrument Refurbishing	953.50
Instrument Repairs	3,072.09
Maintenance-Preventative	36,222.21
Total Repairs	40,247.80
Taxes	
Property	25,084.09
State	8,149.46
Taxes - Other	6,849.34
Total Taxes	40,082.89
Utilities	
Alarm Monitor	1,038.46
Cable	713.89
Gas and Electric	41,374.57
Telephone	5,790.98

Truckee Surgery Center LLC
Profit & Loss YTD Comparison
June 2022

	<u>June 30, 2022 - Pre-Audit</u>
Total Utilities	48,917.90
Depreciation Expense	47,834.55
Total Expense	<u>1,950,926.81</u>
Net Ordinary Income	(158,363.83)
Other Income/Expense	
Other Income	
Other Income	150.00
Interest Income	1.16
Total Other Income	<u>151.16</u>
Other Expense	
Amortization Expense	260,955.48
Total Other Expense	<u>260,955.48</u>
Net Other Income	<u>(260,804.32)</u>
Net Income	<u><u>(419,168.15)</u></u>

Truckee Surgery Center LLC
Balance Sheet
 As of June 30, 2022

June 30, 2022 - Pre-Audit

ASSETS

Current Assets

Checking/Savings

US Bank	226,876.89
Bank of the West	5,998.73
Petty Cash	422.49

Total Checking/Savings 233,298.11

Accounts Receivable

Accounts Receivable

Allowance for Doubtful Accounts	(103,209.16)
Accounts Receivable - Other	527,745.46

Total Accounts Receivable 424,536.30

Total Accounts Receivable 424,536.30

Other Current Assets

Prepaid Expense

Preventative Maint	2,562.92
Worker's Comp	4,788.00
Prepaid Expense - Other	1,198.07

Total Prepaid Expense 8,548.99

Total Other Current Assets 8,548.99

Total Current Assets 666,383.40

Fixed Assets

Computer/Office Equipment	7,051.91
Furniture & Fixtures	14,087.00
Instruments	27,805.38
Leasehold Improvements	1,017,519.04
Machinery & Equipment	169,087.27
Surgical & Medical Equipment	231,098.69
Accumulated Depreciation	(633,331.48)
Goodwill	3,914,333.00
Accumulated Amortization	(3,000,989.08)

Total Fixed Assets 1,746,661.73

Other Assets

Rent Deposit	20,256.00
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Total Other Assets 20,256.00

TOTAL ASSETS 2,433,301.13

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

Accounts Payable	968,851.92
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Total Accounts Payable 968,851.92

Credit Cards

Truckee Surgery Center LLC
Balance Sheet
As of June 30, 2022

	<u>June 30, 2022 - Pre-Audit</u>
BankCard	3,339.03
Total Credit Cards	<u>3,339.03</u>
Other Current Liabilities	
US Bank Equipment Lease	3,416.27
Due to TFH	1,413,227.18
Franchise Tax Payable	(4,100.00)
Billing Fee Accrued	(131,762.77)
*Direct Deposit Liabilities	(19,985.68)
Compensated Absenses	43,075.27
Payroll Liabilities	-
Total Other Current Liabilities	<u>1,303,870.27</u>
Total Current Liabilities	<u>2,276,061.22</u>
Total Liabilities	2,276,061.22
Equity	
Tahoe Forest Hospital	
Tahoe Forest Hospital Equity	2,986,307.79
Total Tahoe Forest Hospital	<u>2,986,307.79</u>
Truckee Surgery Center Inc	
Truckee Surgery Cntr Inc Equity	604,650.70
Total Truckee Surgery Center Inc	<u>604,650.70</u>
Retained Earnings	(3,014,550.43)
Net Income	(419,168.15)
Total Equity	<u>157,239.91</u>
TOTAL LIABILITIES & EQUITY	<u><u>2,433,301.13</u></u>

Truckee Surgery Center
AR Summary - Aug 2022

AR Rollforward	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Beg A/R Balance	\$ 355,963	\$ 521,516	\$ 424,536	\$ 331,557								
Gross Charges	\$ 1,841,903	\$ 555,276	\$ 406,318	\$ 633,871								
Payments	\$ (167,898)	\$ (166,945)	\$ (155,842)	\$ (116,157)								
Contractual Adj	\$ (1,502,316)	\$ (460,335)	\$ (323,251)	\$ (538,558)								
Other Adj	\$ (6,136)	\$ (25,278)	\$ (10,682)	\$ (11,249)								
Refund	\$ -	\$ 303	\$ -	\$ 4,140								
Bad Debt	\$ -	\$ -	\$ (9,523)	\$ -								
End A/R Bal	\$ 521,516	\$ 424,536	\$ 331,557	\$ 303,604	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Statistics	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Cash Goal	-	\$ 135,453	\$ 108,628	\$ 81,686								
Achieved %	0%	123%	143%	142%								
Case Volume	43	28	17	33								
Gross Rev per Case	\$ 42,835	\$ 19,831	\$ 23,901	\$ 19,208								
Est. Net Rev	\$ 135,453	\$ 81,803	\$ 81,569	\$ 95,806								
Est. Net Rev per Case	\$ 3,150	\$ 2,922	\$ 4,798	\$ 2,903								
Debit AR	\$ 553,341	\$ 477,006	\$ 395,522	\$ 380,518								
Credit AR	\$ (31,826)	\$ (52,469)	\$ (63,964)	\$ (76,914)								
AR Days	-	-	101	107								
Days to Bill	10	8	8	6								

AR by Fin Class	0-30	31-60	61-90	91-120	121-150	151-180	181+	Credits	Total	% of Total
CONTRACTED	\$ 56,764	\$ 53,826	\$ 18,718	\$ 22,362	\$ 25,605	\$ 31,739	\$ 62,355	\$ (76,119)	\$ 195,250	64%
NON CONTRACTED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
SELF PAY	\$ -	\$ 2,504	\$ 617	\$ 5,342	\$ 4,466	\$ 14,021	\$ 68,803	\$ (795)	\$ 94,959	31%
WORKERS COMP	\$ 1,477	\$ -	\$ -	\$ 9,647	\$ 2,271	\$ -	\$ -	\$ -	\$ 13,395	4%
Total A/R	\$ 58,242	\$ 56,330	\$ 19,335	\$ 37,351	\$ 32,341	\$ 45,760	\$ 131,158	\$ (76,914)	\$ 303,604	100%
% of Total / Over 90	19%	19%	6%	12%	11%	15%	43%	-25%	100%	81%

\$>90
\$ 142,061
\$ -
\$ 92,632
\$ 11,918
\$ 246,611