



## 2022-03-07 Regular Meeting of the Truckee Surgery Center Board of Managers

Monday, March 7, 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 March 7, 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/83413479085>

If you prefer to use your phone, you may call in using the numbers listed: (346) 248 7799 or (301) 715 8592, Meeting ID: 834 1347 9085



## 2022-03-07 Regular Meeting of the Truckee Surgery Center Board of Managers

### AGENDA

2022-03-07 Regular Meeting of Truckee Surgery Center  
Board\_Agenda.pdf

ITEMS 1-4: See Agenda

### 5. APPROVAL OF MINUTES

2021-11-08 Regular Meeting of Truckee Surgery Center Board\_DRAFT  
Minutes.pdf

2022-01-27 Special Meeting of Truckee Surgery Center Board\_DRAFT  
Minutes.pdf

### 6. ITEMS FOR BOARD ACTION

#### 6.1. Policy/Procedure Review

6.1.1. Sentinel Alert Analysis.pdf

6.1.2. Discharge Criteria.pdf

6.1.3. Tuition Assistance.pdf

6.1.4. Approved Abbreviations.pdf

#### 6.2. Bank Account Signers

Discussion item only. No related materials.

### 7. ITEMS FOR BOARD DISCUSSION

#### 7.1. Financial Reports

7.1.1. TSC Balance Sheet Q4 2021.pdf

7.1.2. TSC P&L Q4 2021.pdf

7.1.3. TSC Quarterly 4Q2021.pdf

7.2. Semi Annual Contracted Services Eval 07.01.2021-12.31.2021.pdf

#### 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



# TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

## AGENDA

Monday, March 7, 2022 at 12:00 p.m.

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Public comment will also be accepted by email to [mrochefort@tfhd.com](mailto: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: 11/08/2021, 01/27/2022** ♦ ..... ATTACHMENT

6. **ITEMS FOR BOARD ACTION** ♦

- 6.1. **Policy/Procedure Review** ♦

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

- 6.1.1. Sentinel Alert Analysis ..... ATTACHMENT
- 6.1.2. Discharge Criteria ..... ATTACHMENT

Regular Meeting of the Truckee Surgery Center Board of Managers  
**March 7, 2022 AGENDA – Continued**

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- 6.1.3. Tuition Assistance..... ATTACHMENT
- 6.1.4. Approved Abbreviations..... ATTACHMENT

**6.2. Bank Account Signers** ◆

Truckee Surgery Center Board of Managers will update the list of those authorized to access the checking account.

**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 Q2 FY22 ..... ATTACHMENT
- 7.1.2. TSC Profit & Loss Q2 FY22 ..... ATTACHMENT
- 7.1.3. Medbridge Quarterly Report..... ATTACHMENT

**7.2. Semi-Annual Contracted Services Review** ..... ATTACHMENT

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

**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** ◆

*11/08/2021*

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

*Subject Matter: Fourth Quarter 2021 Infection Control Data Summary*

*Number of items: Four (4)*

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

*Subject Matter: Fourth Quarter 2021 Quality Assurance Performance Improvement Data*

*Number of items: Five (5)*

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

*Subject Matter: 2021 Quality Assurance/Performance Improvement Project Study Report*

*Number of items: One (1)*

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

*Subject Matter: 2021 Quality Improvement Annual Evaluation*

*Number of items: One (1)*

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

*Subject Matter: Fourth Quarter 2021 Ambulatory Surgery Center Association (ASCA) Clinical Benchmarking Survey*

*Number of items: One (1)*

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

*Subject Matter: 2021 Annual Report*

*Number of items: One (1)*

Regular Meeting of the Truckee Surgery Center Board of Managers  
**March 7, 2022 AGENDA – Continued**

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**8.8. Hearing (Health & Safety Code § 32155) ◆**

*Subject Matter: Medical Staff Credentials Report*

**7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

**9. ITEMS FOR NEXT MEETING**

**10. 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

Monday, November 8, 2021 at 12:00 p.m.  
Gateway Conference Room – Tahoe Forest Hospital District  
10976 Donner Pass Road, Truckee, CA 96161

### 1. CALL TO ORDER

Meeting was called to order at 12:00 p.m.

### 2. ROLL CALL

Board of Managers: Dr. Jeffrey Dodd, Judy Newland, Harry Weis

Staff in attendance: Courtney Leslie, Truckee Surgery Center (TSC) Administrator; Martina Rochefort, Clerk of the Board

Via phone: Crystal Betts (*cannot vote*), Karen Baffone, Jan Iida, Karla Weeks

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

Discussion item added.

### 4. INPUT – AUDIENCE

No public comment was received.

### 5. APPROVAL OF MINUTES OF: 09/08/2021

**ACTION:** Motion made by Dr. Jeffrey Dodd, seconded by Judy Newland, to approve the Truckee Surgery Center Board of Managers meeting minutes of September 8, 2021 as presented. Roll call vote taken.

Dodd – AYE

Betts – AYE

Weis – AYE

### 6. ITEMS FOR BOARD ACTION

#### 6.1. Policy/Procedure Review

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

##### 6.1.1. Education/License Reimbursement

TSC used the Tahoe Forest Health System (TFHS) policy on education and license reimbursement and trimmed it down.

Manager Judy Newland does not believe TFHS reimburses for licenses. Karen Baffone, Chief Nursing Officer (CNO), confirmed TFHS does not reimburse first nursing license.

TSC Board of Managers agreed to remove “License Reimbursement”.

**6.1.2. Pneumatic Tourniquet**

Necessary edits were made to Pneumatic Tourniquet policy.

**ACTION: Motion made by Dr. Jeffrey Dodd, seconded by Judy Newland, to approve the policies as amended. Roll call vote taken.**

**Dodd – AYE**

**Betts – AYE**

**Weis – AYE**

It was confirmed the policies are consistent with the TFHS policies.

**ACTION: Motion made by Dr. Jeffrey Dodd, seconded by Judy Newland, to rescind the previous motion and approve the policies as originally presented. Roll call vote taken.**

**Dodd – 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 Q1 FY22**

**7.1.2. TSC Profit & Loss Q1 FY22**

**7.1.3. Medbridge Quarterly Report**

**7.1.4. Medbridge Quarterly Payer Aging Report**

Additional funds were requested to cover payroll (payroll averages \$10,000-20,000 per month) and other expenses while waiting for Accounts Receivable to come in.

TSC did roll out HELP financial. Billing company is not very receptive to reaching out to older accounts. Medbridge is a few months behind on their follow up of aging accounts.

TSC Administrator reached out to two companies. SurgicalNotes would charge a 3.5% commission. They are willing to work older accounts but would charge 10% commission.

Manager Crystal Betts said we need AR outstanding by age and what bucket, is it still with the insurance company or self pay?

CNO noted Medbridge keeps stating they are within best practices and they are not collaborative.

Ms. Betts felt TSC should move forward with a different billing company. TSC Administrator had been researching new billing companies and sent Ms. Betts information last week.



Board of Managers discussed insurance contracting. Joint replacements are being denied at TSC. Ms. Betts has been chasing the insurance information for those being denied. Dr. Dodd stated other surgery centers had several additional contracts for joint replacements.

### **7.2. Facility/Equipment Update**

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

Rental anesthesia machines are on site and in use.  
Graft Freezer are on site. Grafts to be ordered for stocking.  
Stryker Power- autoclavable batteries arrived.

TSC is looking to accommodate ENT scopes that could be borrowed. Ms. Newland and Ms. Baffone will discuss ENT offline.

Endo would require a new system. Sterile Processing would have to be expanded.

Dr. Dodd said ophthalmology would be another area that could operate at TSC. Equipment and storage is a hurdle. Ms. Newland said ENT is an opportunity for TSC and the contracting of orthopedics should be reviewed.

C-Arm image quality is not where it could be. Karla Weeks, Director of Surgical Services, said Diagnostic Imaging confirmed it is budgeted and approved to purchase another C-Arm for Tahoe Forest Hospital and the current C-Arm will be sold to Surgery Center.

### **7.3. Staffing Update**

Truckee Surgery Center Board of Managers received an update on staffing.

Pre/post nurse is no longer with TSC. A part time position was posted. Per diem is currently covering but does not want to cover long term.

One per diem was hired and starts on November 3. Two interviews for part time are scheduled for November 2.

Nicky Davis, CST, gave resignation and will be per diem effective November 1. Part time position has been posted. Per diem surgical tech has begun employment and will cover Tuesday and Wednesday until a part time tech is hired.

Mr. Weis asked TSC Administrator to reach out to Human Resources for assistance with unfilled positions. Ms. Weeks sent a proposal to HR about increased wages for TSC.

**Open Session recessed at 12:45 p.m.**

## **8. CLOSED SESSION**

### **8.1. Approval of Closed Session Minutes**

*09/08/2021*

Discussion was held on a privileged item.

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

*Subject Matter: Third Quarter 2021 Infection Control Data Summary*

*Number of items: Four (4)*

Discussion was held on a privileged item.

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

*Subject Matter: Third Quarter 2021 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: Medical Staff Credentials Report*

Discussion was held on a privileged item.

**7. REPORT OF ACTIONS TAKEN IN CLOSED SESSION**

Items 8.1. and 8.4. were approved on 3-0 vote. Crystal Betts participated by phone and could not vote. There was no reportable action on item 8.2. and 8.3.

**9. ITEMS FOR NEXT MEETING**

-billing company

-contract and service line development

**10. ADJOURN**

Meeting adjourned at 12:50 p.m.



# TRUCKEE SURGERY CENTER SPECIAL MEETING OF THE BOARD OF MANAGERS

## DRAFT MINUTES

Thursday, January 27, 2022 at 12:00 p.m.  
Gateway Conference Room – Tahoe Forest Hospital District  
10976 Donner Pass Road, Truckee, CA 96161

### 1. CALL TO ORDER

Meeting called to order at 12:00 p.m.

### 2. ROLL CALL

Board of Managers: Harry Weis, Judy Newland, Dr. Jeffrey Dodd

Staff in attendance: Heidi Fedorchak, TSC Nursing Supervisor; Martina Rochefort, Clerk of the Board

*Absent: Crystal Betts*

### 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. ITEMS FOR BOARD ACTION

#### 5.1. Policy/Procedure Review

Truckee Surgery Center Board of Managers reviewed the following policy:

##### 5.1.1. COVID-19 Vaccine Policy

Discussion was held.

**ACTION:** Motion made by Dr. Jeffrey Dodd to approve the COVID-19 Vaccine Policy as presented, seconded by Judy Newland. Roll call vote taken.

Dodd – AYE

Newland – AYE

Weis – AYE

### 6. ITEMS FOR NEXT MEETING

No discussion was held.

### 7. ADJOURN

Meeting adjourned at 12:02 p.m.



**Origination:** 12/2019  
**Last Approved:** 08/2020  
**Last Revised:** 08/2020  
**Next Review:** 07/2021  
**Owner:** *Heidi Fedorchak: Nurse Manager*  
**Department:** *Quality and Patient Safety*  
**Applicabilities:** *Truckee Surgery Center*

## Sentinel Event Alert Analysis, QA-1910

### PURPOSE:

Sentinel Event Alerts identify the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

### POLICY:

The Administrator will sign up with [www.jointcommission.org](http://www.jointcommission.org) to receive sentinel event alerts. Once an alert is received, a copy will be distributed to the following:

- A. Nurse Manager
- B. Quality Assurance & Performance Improvement / Infection Control Coordinator
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### PROCEDURE:

Truckee Surgery Center reviews all Sentinel Event Alerts for compliance with the recommendations given, or implementation of an acceptable alternative, as appropriate to the services the facility provides. Suggestions will be implemented, or the reasonable alternatives (the alternative must be at least as effective as the published recommendations in achieving the goals), or an explanation will be provided for not implementing the relevant change.

Documentation of the review, and the action taken, will be completed using the Sentinel Event Alert Analysis Form (see attached).

A Sentinel Event Alert Analyses binder will be maintained and located on the Nurse Manager's desk. The binder will consist of the alert(s) and documentation of the review/action taken, and those notified.

TSC reviews the sentinel event alert, considers the suggestions as appropriate to our scope of service, or not, and implements the suggestions, or reasonable alternatives, or provides an explanation for not implementing a relevant change as appropriate.

- A. The Quality Committee meets, discusses the Sentinel Event Alert, then decides a plan of action, if appropriate.
- B. The QAPI/IP Coordinator(s) fills out the Sentinel Event Alert Analysis Form

Copies of the Sentinel Event Alert Analysis are then distributed to:

- A. Administrator
- B. Nurse Manager
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### Attachments

Sentinel Event Alert Analysis Form.docx

### Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	08/2020
	Briana Watts: RN	07/2020



**Origination:** 10/2019  
**Last Approved:** 01/2022  
**Last Revised:** 01/2022  
**Next Review:** 01/2023  
**Owner:** Heidi Fedorchak: Nurse Manager  
**Department:** Nursing Services  
**Applicabilities:** Truckee Surgery Center

## Discharge Criteria, NS-1909

### PURPOSE:

To define the physiological criteria that must be met for the safe discharge from post anesthesia care. Discharge criteria, inclusive of a post anesthetic recovery score system, will be used by the Post Anesthesia Care RN to assess patients' readiness for discharge from post anesthesia care.

### POLICY:

All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall meet criteria for discharge. Data will be collected and documented to evaluate the patient's status for discharge.

### PROCEDURE:

- A. Discharge Assessment: data to evaluate the patient's status for discharge will include but are not limited to:
1. Use of objective patient assessment discharge scoring system (Modified Aldrete System)
  2. Adequate respiratory function consistent with admission baseline
  3. Stability of vital signs, including temperature
  4. Level of consciousness and muscular strength
  5. Ability to ambulate consistent with baseline/procedural limitations
  6. Ability to swallow
  7. Minimal nausea/vomiting
  8. Skin color and condition
  9. Adequate pain control
  10. No unusual bleeding or discharge
  11. Adequate neurovascular status of operative extremity
  12. Ability to void if indicated
  13. Patient and home care provider understand and are able to verbalize understanding of all discharge instructions

14. Written discharge instructions are given to patient/accompanying responsible adult
  15. Verify arrangements for safe transportation home and responsible care after transport
  16. Provide additional resource to contact if any problems arise
- B. A Post Anesthesia Recovery Scoring System (Modified Aldrete Scoring System) will be used by the PACU RN to assess patient readiness for discharge
1. Assessment scores will be documented on the Post Anesthesia Nursing Record:
    - a. Upon admission to PACU
    - b. 30 minutes after arrival to PACU
    - c. Upon discharge from PACU to home
  2. PAS scoring includes the following categories:
    - a. Activity:
      - i. A point score of 2 is assigned when the patient is able to move all 4 extremities on command, or as appropriate following their procedure when motor activity has returned to the patient's preoperative status (if a deficit exists)
      - ii. A point score of 1 is assigned when the patient is moving at least 2 extremities
      - iii. A point score of 0 is assigned if the patient has not yet shown signs of mobility to their extremities
    - b. Respiration
      - i. A score of 2 is assigned when the patient is able to independently breathe deeply and cough
      - ii. A score of 1 is assigned when the patient exhibits signs of dyspnea or has difficulty breathing, clearing secretions, or requires supportive measures to maintain airway patency
      - iii. A score of 0 is assigned when the patient is apneic, requires assisted ventilation, or has an artificial airway
    - c. Circulation:
      - i. A score of 2 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20% of the pre-anesthetic level
      - ii. A score of 1 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20-50% of the pre-anesthetic level
      - iii. A score of 0 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) more than 50% of the pre-anesthetic level
    - d. Consciousness:
      - i. A score of 2 is assigned when the patient is fully awake, able to answer questions and call for assistance
      - ii. A score of 1 is assigned when the patient is drowsy but responds easily to verbal commands
      - iii. A score of 0 is assigned when no response is elicited to verbal commands.
    - e. Oxygenation saturation:

- i. A score of 2 is assigned when the patient is able to maintain an SpO<sub>2</sub> of 92% on room air
    - ii. A score of 1 is assigned when the patient requires supplemental O<sub>2</sub> to maintain an SpO<sub>2</sub> greater than 90%
    - iii. A score of 0 is assigned when the patient is unable to maintain an SpO<sub>2</sub> greater than 90%, even with supplemental O<sub>2</sub>
  3. Patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
  4. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
- C. Post Anesthesia Care Unit (PACU) is geared to anticipate and prevent complications resulting from anesthesia agents and/or procedures
  1. The PACU nurse will remain at the bedside and monitor the patient emerging from anesthesia until:
    - a. Vital signs are stable
    - b. The patient is breathing easily and the airway is patent
    - c. Protective reflexes have returned to normal
    - d. The patient is arousable
  2. Focus of Care:
    - a. Maintain patent airway:
      - i. Provide proper positioning
      - ii. Prevent aspiration
      - iii. Correct alignment of head and neck
      - iv. Chin support/Jaw thrust
      - v. Care for artificial airways
      - vi. Mild elevation of head of bed
      - vii. Prevent obstruction
    - b. Monitor and support respiratory and cardiovascular system:
      - i. Administer supplemental oxygen
      - ii. Suctioning as indicated
      - iii. Assessment of breathing, pattern, rate, difficulty, breath sounds
      - iv. Monitor vital signs and compare with preoperative values
      - v. Monitor cardiac rhythm
      - vi. Provide IV fluid replacement
      - vii. Vital signs every 5 minutes for 15 minutes, then every 15 minutes for one hour, then every hour until discharge or more frequently at the nurse's discretion
    - c. Encourage return of consciousness and orientation:



- i. Assess protective reflexes and cognitive abilities
  - ii. Attempt to awaken frequently if unconscious or semiconscious
- d. Protect patient from injury:
  - i. Assess level of consciousness
  - ii. Stretchers are to have side rails elevated and wheels locked
  - iii. Padding may be used
- e. Prevent or treat nausea or vomiting:
  - i. Judicious oral intake
  - ii. Avoid coffee or citrus juices
  - iii. Move patient slowly
  - iv. Avoid sounds or sights that might stimulate
  - v. Medicate as ordered
  - vi. Provide privacy if vomiting
- f. Prevent or treat pain:
  - i. Position of comfort
  - ii. Ice therapy
  - iii. Medication
  - iv. Psychological support
- g. Provide for warmth and comfort:
  - i. Monitor temperature
  - ii. Warm blankets, bair huggers as indicated
  - iii. Pillows, positioning as indicated
  - iv. Offer oral fluids if no complaints of nausea
  - v. Provide emotional support
- h. Provide care applicable to procedure:
  - i. Assess surgical/procedural site
  - ii. Inspect dressings
  - iii. Assess peripheral circulation
- i. Prepare the patient, family and/or significant other for care in the home, following a procedure
  - i. Provide patient and responsible adult companion with discharge teaching and training specific to patient's needs and appropriate to patient's care:
    - a. Allow time for questions
    - b. Reinforce doctor's instructions
    - c. Review follow up care
    - d. Discuss pain management, diet, activity, wound management, complications

- e. Ensure understanding of teaching
- j. Progress patients activity
  - i. Change patient position slowly from supine to sitting to dangling to walking
  - ii. Assist with ambulation as indicated
  - iii. Provide suppleis as needed (crutches, brace, sling, post-op shoe, cold therapy, ect)
- k Encourage wellness:
  - i. Help patient redress
  - ii. Provide safety and privacy
  - iii. Family/friend visitation when appropriate
  - iv. Early ambulationn
  - v. Self care where appropriate
- l. Assess patient's readiness for discharge according to criteria
- m. Discharge patient

D. Discharge Criteria:

1. All patients at the facility will be discharged after assessment of their post-operative condition.
2. Discharge requirements:
  - a. As previously stated, patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
    - i. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
  - b. The last dose of IV respiratory depressant drug was administered a minimum of 30 minutes prior to discharge from PACU.
  - c. Patients who receive any reversal agents for neurovascular blockade, sedative or opioids must be monitored for 2 hours from the last dose of reversal agent prior to discharge.
  - d. Temperature is maintained between 95.9F and 101.3F degrees, or preoperative baseline level. A temperature maintained above 101F degrees in the PACU setting should be discussed with the anesthesiologist prior to discharge.
  - e. The pain level will be assessed according to verbal or nonverbal pain scale of 0 (no pain) through 10 (maximum pain) at rest, using the appropriate scoring according to the patient's status.
    - i. patient should report adequate pain control while at rest.
  - f. Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttocks.
  - g. The patient will not be discharged if they express a need to void but are unable to do so without a physician notification and/or order.
  - h. The anesthesiologist must be notified 15 minutes prior to discharge of the patient to allow

- adequate time for a post-operative visit, if order for discharge not previously indicated.
- i. Nursing documentation is completed, inclusive of a PAS score, initial nursing assessment and discharge summary.
  - j. Each patient must have a discharge order from the surgeon who performed the procedure. Any patient dismissed by the surgeon before completing the required recovery stay, or not accompanied by an adult at discharge time after receiving general anesthesia or sedation, must have a written order by the surgeon.
  - k. Patient is awake, alert, responds to commands appropriate to age, or returned to preoperative status
    - l. There is no unusual or observable, active bleeding.
  - m. The patient is able to ambulate with minimal assistance or as appropriate following their procedure, or their mobility/activity level is at their pre-procedural baseline.
  - n. The patient is not actively vomiting and their nausea is mild in severity.
  - o. The IV is discontinued
  - p. Arrangements have been confirmed for a responsible adult to accompany the patient home and an individual remains available for the first 24 hours.
  - q. Discharge medication prescriptions have been ordered for the patient when indicated.
  - r. Verbal discharge teaching and written instructions are provided to the patient and/or responsible adult.
    - i. Each patient will be given the physician's name and phone number to call in case they have questions or concerns after their discharge.
    - ii. Patients will understand to go to the nearest emergency room in case of emergency and to contact their surgeon if they are going to the ER.
  - s. Patient is informed that the staff will make a post-operative telephone call within the first business day following discharge.
  - t. Patient is discharged to a responsible adult (18 years or older, unless otherwise exempted by the physician) and escorted out of the surgery center. To be deemed a responsible adult, such a person must be physically and mentally able to make decisions for the patient's welfare if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care and intend to comply with these requirements, especially concerning public safety.
    - i. Patients who have a transportation service transport them home will be informed to have a designated individual at home to assume care.
  - u. Pain clinic patients must meet the following criteria before being discharged:
    - i. No nausea
    - ii. Alert and oriented
    - iii. Skin warm and dry
    - iv. Dressing dry
    - v. Moving all extremities

vi. Pain scale noted

## Related Policies/Forms:

Discharge, NS-1910

Discharge Planning and Education, NS-1928

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	01/2022
	Heidi Fedorchak: Nurse Manager	01/2022

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Origination: N/A  
Last Approved: N/A  
Last Revised: N/A  
Next Review: N/A  
Owner: Courtney Leslie: Administrator  
Department: Human Resources  
Applicabilities: Truckee Surgery Center

## Tuition Assistance, HR-2201

### POLICY:

Truckee Surgery Center (TSC) will provide financial assistance to employees enrolled in outside courses that are directly related to current or future pre-determined jobs within TSC.

### PROCEDURE:

- A. The employee must be working in a Full Time or Part Time status for a minimum of one year before beginning any academic subject for assistance from TSC.
- B. Education must be related clearly to the employee's current position at TSC, or to a pre-determined internal transfer or promotion. This issue will be decided by the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer of TFHD.
  1. Upon approval, a formal letter will be sent to you.
- C. Proof of registration, book purchases, entrance fees, grades and parking fees may be submitted for reimbursement.
  1. Required uniforms are not eligible for reimbursement.
- D. Administrative approval must be received on the Tuition Assistance Request Form **prior** to beginning study.
  1. Any application received after course enrollment will automatically be denied.
- E. Applicants must apply annually for this program.
- F. No one with below average performance evaluations or documented oral or written warnings within the last 12 months will be considered.
- G. Employees must complete course(s) with at least a C grade or equivalent to qualify for reimbursement.
- H. Employees may not receive assistance from TSC for a course or within a program for which other educational assistance is being received (for example, G.I. Bill benefits and Education Reimbursement funds).
- I. If an employee terminates within one year of receiving Tuition Assistance, TSC may require full or partial reimbursement, per a signed agreement.
- J. TSC reserves the right to end Tuition reimbursement at any time.
- K. The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for graduate

level courses, certification programs or vocational courses. Reimbursement requires submission of proof of completion and passing grades. The Board of Managers may approve reimbursement at a higher level on a case by case basis and will require an additional signature from the President of the Board on the Tuition Assistance Request Form.

1. Any employee that is approved for this program for undergraduate degree (Associate or Bachelor) by the Administrator and Administrative Director of Surgical Services will require a signature by the President of the Board of Managers.

L. Courses qualifying for reimbursement must be completed in an accredited, recognized educational institution. Seminars and request for CEU credits are not eligible for reimbursement under this program. Please refer to policy HR-2103.

M. If an employee leaves employment voluntarily or involuntarily within 3 years of reimbursement, they are responsible to repay the Surgery Center a portion of the benefit paid to them from their last paycheck as authorized on the application form as follows:

1. 1 to 12 months following completion:	75% payback
2. 13 to 24 months following completion:	50% payback
3. 25 to 36 months following completion:	50% payback
4. 36+ months following completion:	0% payback

**N. To Request Reimbursement:**

1. Employees must complete the Application for Tuition Assistance and receive approval from the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer **prior** to signing up for the outside class.
  2. Once approved, employees must provide a copy of the approved form to Administrator.
  3. Once the class(es) are completed, employees must provide receipts and grade report to the Administrator when requesting reimbursement, along with the signed Reimbursement Request form.
    - a. Since this program is based on the calendar year, reimbursement forms must be submitted within the same calendar year of course completion in order to appropriately distribute funds.
    - b. Reimbursement requests for the calendar year are due by the end of the second week of December. Any submissions after that date will be processed with next year's funds.
  4. The completed application, with receipts, will be submitted to the Administrator for processing a reimbursement check.
- O. The Administrator tracks the amount of reimbursement per calendar year per employee and the employee's commitment to TSC should employment be terminated; and reimbursement from the employee be sought.
1. It is the employee's responsibility to timely submit their form for reimbursement. The Administrator will track funds received only.

## Related Policies/Forms:

Tuition Assistance Application Form, Tuition Assistance Reimbursement Request Form

## **Attachments**

Tuition Assistance Application Form  
Tuition Assistance Reimbursement Request

DRAFT



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE COMPLETED PRIOR TO ENROLLMENT IN COURSE**

**The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for approved courses.**

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Status (circle): Full Time      Part Time

Title of course or program: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date course begins: \_\_\_\_\_

1. Is the course required to meet minimum educational requirements for your current job?  
Check one:  Yes       No

2. Is this a graduate level course (Masters and above?)  
Check one:  Yes       No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Does the course provide you with the capacity to qualify for a new job?  
Check one:  Yes       No

3. Please **attach** the following:

- A brief explanation of how this course or program is either required to meet minimum educational requirements for your current job or provides you with the capacity to qualify for a new job.
- Program information about the course or program from the accredited school.

4. Are you pursuing a degree?       Yes       No (Please list below)  
\_\_\_\_\_

5. Anticipated expenses:

Tuition:      \$ \_\_\_\_\_

Books:      \$ \_\_\_\_\_

Other Fees:      \$ \_\_\_\_\_

Total Cost:      \$ \_\_\_\_\_

Are you eligible for benefits under the G.I. Bill?  Yes       No

Reimbursement received from G.I. Bill or other scholarship grants: \$ \_\_\_\_\_

*The employee is responsible for obtaining all required signatures below.*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If reimbursable amount is over \$5,000, signature below is **required**.*

President signature: \_\_\_\_\_ Date: \_\_\_\_\_





APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)
THIS SECTION TO BE FILLED OUT AFTER COURSE IS COMPLETED

Employees must be on active payroll to receive reimbursement payments.

Employee's Name:
Name of course: Date completed:
Grade received (report attached):
Expenses (attach original receipts) Tuition: \$
Books: \$
Other Fees: \$
Total Cost: \$
Scholarship or Government Assistance received: \$
Net Costs \$

My education was a graduate level course:
Check one: Yes No (President of the Board of Managers signature is required)
President signature: Date:

To Be Completed by
Total Cost: \$ x 75% Amount Approved: \$

I understand that if my employment ends within 36 months of payment I am responsible to reimburse the Surgery Center as follows:

- 1 to 12 months following completion: 75% payback
13 to 24 months following completion: 50% payback
25 to 36 months following completion: 25% payback
36+ months following completion: 0% payback

The Surgery Center has my permission to withhold any remaining balance from my final payroll check. Should my final paycheck not satisfy the balance, a payment schedule will be agreed upon by both parties to alleviate the debt. I understand that if I default on the loan repayment, the Surgery Center reserves the right to pursue legal action on the amount owed.

The employee is responsible for obtaining all required signatures below.

Employee signature: Date:
Administrator signature: Date:
Administrative Director of Surgical Services signature: Date:
Chief Nursing Officer signature: Date:

If reimbursable amount is over \$5,000, signature below is required.

President signature: Date:



Origination: 02/2022  
Last Approved: N/A  
Last Revised: 03/2022  
Next Review: 1 year after approval  
Owner: Courtney Leslie: Administrator  
Department: Governance  
Applicabilities: Truckee Surgery Center

## Approved Abbreviations, GOV-2201

### RISK:

Abbreviations are sometimes not understood, misread, or interpreted incorrectly. Abbreviations in a medical record can lead to medication or medical errors that may harm patients.

### POLICY:

- A. Symbols and abbreviations that are used in the medical record or in medication orders shall be used only when they have been approved by the medical staff, and when there is an explanatory legend available to those authorized to make entries in the medical record and to those who must interpret them.
- B. Truckee Surgery Center has adopted the reference **The Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a clinical guide to abbreviations.
- C. In addition to Stedman's Abbreviations Truckee Surgery Center has a list of abbreviations commonly used by orthopedic surgeons on schedule request forms. (See attached list)
  1. This list is only to be used to decipher scheduling requests. These abbreviations will not be used in the medical record.
- D. Unapproved Abbreviations are not to be used in any handwritten, clinical documentation.
- E. Compliance will be monitored through the quality reporting system.

### PROCEDURE:

- A. When making entries into the medical record, staff shall use the reference **Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a guide for interpretation of abbreviations and symbols.
  1. Any abbreviation or symbol that is unclear will require clarification with the author.
  2. One guide will be stored at the desk in PreOp, PACU, and the front desk.
- B. Entries with prohibited abbreviations will be referred to the Nurse Manager or Administrator for review.
  1. Patterns of non compliance may be documented on an occurrence report.

## Attachments

Scheduling Abbreviations.pdf

## Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Manager	pending
	Courtney Leslie: Administrator	03/2022

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## Truckee Surgery Center

### Abbreviations Commonly Used by Orthopedic Surgeons

*This list is only to be used as a tool when scheduling. These abbreviations are not to be used in the medical record.*

AC (joint)	acromioclavicular joint
ACL	anterior cruciate ligament
AKA	above knee amputation
Allo	Allograft (from cadaver/donor)
amp	amputate, amputation
Ant	Anterior
Arthro	arthroscopy
AS	arthroscopy
Auto	Autograft (from the patient)
B,bil,bilat	bilateral
Bi mal	Bimalleolar
Chondro	chondroplasty
C&S	culture and sensitivities
c/r	closed reduction
CRPP	Closed reduction percutaneous pinning
CTR	carpal tunnel release
CTS	carpal tunnel syndrome
cpd fx	compound fracture
CXR	chest X-ray
D/C, DC	discharge
DCE	distal clavicle excision
Dr	Distal radius or doctor
dx	diagnosis
ECG,EKG	electrocardiogram
Epi	epinephrine
ETT	endotracheal tube
Fem	femoral
Flouro	flourosopy
F/U	follow up
Fx	fracture
Fx dis	fracture dislocation/dislocated
H&P	history and physical
H/W, hwr	hardware
Hx	history
IAS	intra-articular shaving
ICBG	Iliac crest bone graft
I&D	incision and drainage
IM	intramuscular
IM (rod/nail)	Intramedullary
Inj	injection
IV	intravenous
L	left
Lat	lateral
LCL	lateral collateral ligament
LE's	lower extremities
Lig	ligament
LMA	laryngeal mask airway
LM	lateral meniscectomy
LMR	lateral meniscal repair
LR	lactated ringers
MAC	monitored anesthesia sedation
Mal	malleolar
MCL	medial collateral ligament

MBB	medial branch block
Med	medial
MEN	meniscectomy
MM	Medial meniscectomy
MMR	medial meniscal repair
MPRL	medial patellofemoral ligament
MT	metatarsal
MUA	manipulation under anesthesia
NKA, NKDA	no known allergies
NPO	nothing by mouth
N/V, N&V	nausea and vomiting
OA	osteoarthritis
ORIF	open reduction & internal fixation
PCL	posterior cruciate ligament
Perc	percutaneous
PLM	Partial lateral meniscectomy
PMM	partial medial meniscectomy
po	by mouth
post	posterior
post-op	post operative
PRN	as required or as needed
Prox	proximal
Ptl	partial
PTG	patellar tendon graft
PTT	partial thromboplastin time
R	right
RCN	reconstruction
RCR	rotator cuff repair
ROH	removal of hardware
ROM	range of motion
RPR	repair
SAB	spinal block
SAD	subacromial decompression
Sat	saturation
SHLD	shoulder
SLAP	superior labrum anterior to posterior
S/P	status post
STAT	immediately
SX, Sx	symptoms
Teno	tenodesis
TFE	transforaminal epidural
Tri mal	trimalleolar
TX, Tx	treatment
UA	urinalysis
UCL	Ulnar collateral ligament
U.E.'s	upper extremities
VA DR	Variable angle distal radius
Vs	versus
W/, w/	with
x	times



**Origination:** 12/2019  
**Last Approved:** 08/2020  
**Last Revised:** 08/2020  
**Next Review:** 07/2021  
**Owner:** *Heidi Fedorchak: Nurse Manager*  
**Department:** *Quality and Patient Safety*  
**Applicabilities:** *Truckee Surgery Center*

## Sentinel Event Alert Analysis, QA-1910

### PURPOSE:

Sentinel Event Alerts identify the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

### POLICY:

The Administrator will sign up with [www.jointcommission.org](http://www.jointcommission.org) to receive sentinel event alerts. Once an alert is received, a copy will be distributed to the following:

- A. Nurse Manager
- B. Quality Assurance & Performance Improvement / Infection Control Coordinator
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### PROCEDURE:

Truckee Surgery Center reviews all Sentinel Event Alerts for compliance with the recommendations given, or implementation of an acceptable alternative, as appropriate to the services the facility provides. Suggestions will be implemented, or the reasonable alternatives (the alternative must be at least as effective as the published recommendations in achieving the goals), or an explanation will be provided for not implementing the relevant change.

Documentation of the review, and the action taken, will be completed using the Sentinel Event Alert Analysis Form (see attached).

A Sentinel Event Alert Analyses binder will be maintained and located on the Nurse Manager's desk. The binder will consist of the alert(s) and documentation of the review/action taken, and those notified.

TSC reviews the sentinel event alert, considers the suggestions as appropriate to our scope of service, or not, and implements the suggestions, or reasonable alternatives, or provides an explanation for not implementing a relevant change as appropriate.

- A. The Quality Committee meets, discusses the Sentinel Event Alert, then decides a plan of action, if appropriate.
- B. The QAPI/IP Coordinator(s) fills out the Sentinel Event Alert Analysis Form

Copies of the Sentinel Event Alert Analysis are then distributed to:

- A. Administrator
- B. Nurse Manager
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### Attachments

Sentinel Event Alert Analysis Form.docx

### Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	08/2020
	Briana Watts: RN	07/2020



Origination: 10/2019  
Last Approved: 01/2022  
Last Revised: 01/2022  
Next Review: 01/2023  
Owner: Heidi Fedorchak: Nurse Manager  
Department: Nursing Services  
Applicabilities: Truckee Surgery Center

## Discharge Criteria, NS-1909

### PURPOSE:

To define the physiological criteria that must be met for the safe discharge from post anesthesia care. Discharge criteria, inclusive of a post anesthetic recovery score system, will be used by the Post Anesthesia Care RN to assess patients' readiness for discharge from post anesthesia care.

### POLICY:

All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall meet criteria for discharge. Data will be collected and documented to evaluate the patient's status for discharge.

### PROCEDURE:

- A. Discharge Assessment: data to evaluate the patient's status for discharge will include but are not limited to:
1. Use of objective patient assessment discharge scoring system (Modified Aldrete System)
  2. Adequate respiratory function consistent with admission baseline
  3. Stability of vital signs, including temperature
  4. Level of consciousness and muscular strength
  5. Ability to ambulate consistent with baseline/procedural limitations
  6. Ability to swallow
  7. Minimal nausea/vomiting
  8. Skin color and condition
  9. Adequate pain control
  10. No unusual bleeding or discharge
  11. Adequate neurovascular status of operative extremity
  12. Ability to void if indicated
  13. Patient and home care provider understand and are able to verbalize understanding of all discharge instructions

14. Written discharge instructions are given to patient/accompanying responsible adult
  15. Verify arrangements for safe transportation home and responsible care after transport
  16. Provide additional resource to contact if any problems arise
- B. A Post Anesthesia Recovery Scoring System (Modified Aldrete Scoring System) will be used by the PACU RN to assess patient readiness for discharge
1. Assessment scores will be documented on the Post Anesthesia Nursing Record:
    - a. Upon admission to PACU
    - b. 30 minutes after arrival to PACU
    - c. Upon discharge from PACU to home
  2. PAS scoring includes the following categories:
    - a. Activity:
      - i. A point score of 2 is assigned when the patient is able to move all 4 extremities on command, or as appropriate following their procedure when motor activity has returned to the patient's preoperative status (if a deficit exists)
      - ii. A point score of 1 is assigned when the patient is moving at least 2 extremities
      - iii. A point score of 0 is assigned if the patient has not yet shown signs of mobility to their extremities
    - b. Respiration
      - i. A score of 2 is assigned when the patient is able to independently breathe deeply and cough
      - ii. A score of 1 is assigned when the patient exhibits signs of dyspnea or has difficulty breathing, clearing secretions, or requires supportive measures to maintain airway patency
      - iii. A score of 0 is assigned when the patient is apneic, requires assisted ventilation, or has an artificial airway
    - c. Circulation:
      - i. A score of 2 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20% of the pre-anesthetic level
      - ii. A score of 1 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20-50% of the pre-anesthetic level
      - iii. A score of 0 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) more than 50% of the pre-anesthetic level
    - d. Consciousness:
      - i. A score of 2 is assigned when the patient is fully awake, able to answer questions and call for assistance
      - ii. A score of 1 is assigned when the patient is drowsy but responds easily to verbal commands
      - iii. A score of 0 is assigned when no response is elicited to verbal commands.
    - e. Oxygenation saturation:



- i. A score of 2 is assigned when the patient is able to maintain an SpO<sub>2</sub> of 92% on room air
    - ii. A score of 1 is assigned when the patient requires supplemental O<sub>2</sub> to maintain an SpO<sub>2</sub> greater than 90%
    - iii. A score of 0 is assigned when the patient is unable to maintain an SpO<sub>2</sub> greater than 90%, even with supplemental O<sub>2</sub>
  3. Patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
  4. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
- C. Post Anesthesia Care Unit (PACU) is geared to anticipate and prevent complications resulting from anesthesia agents and/or procedures
  1. The PACU nurse will remain at the bedside and monitor the patient emerging from anesthesia until:
    - a. Vital signs are stable
    - b. The patient is breathing easily and the airway is patent
    - c. Protective reflexes have returned to normal
    - d. The patient is arousable
  2. Focus of Care:
    - a. Maintain patent airway:
      - i. Provide proper positioning
      - ii. Prevent aspiration
      - iii. Correct alignment of head and neck
      - iv. Chin support/Jaw thrust
      - v. Care for artificial airways
      - vi. Mild elevation of head of bed
      - vii. Prevent obstruction
    - b. Monitor and support respiratory and cardiovascular system:
      - i. Administer supplemental oxygen
      - ii. Suctioning as indicated
      - iii. Assessment of breathing, pattern, rate, difficulty, breath sounds
      - iv. Monitor vital signs and compare with preoperative values
      - v. Monitor cardiac rhythm
      - vi. Provide IV fluid replacement
      - vii. Vital signs every 5 minutes for 15 minutes, then every 15 minutes for one hour, then every hour until discharge or more frequently at the nurse's discretion
    - c. Encourage return of consciousness and orientation:

- i. Assess protective reflexes and cognitive abilities
  - ii. Attempt to awaken frequently if unconscious or semiconscious
- d. Protect patient from injury:
  - i. Assess level of consciousness
  - ii. Stretchers are to have side rails elevated and wheels locked
  - iii. Padding may be used
- e. Prevent or treat nausea or vomiting:
  - i. Judicious oral intake
  - ii. Avoid coffee or citrus juices
  - iii. Move patient slowly
  - iv. Avoid sounds or sights that might stimulate
  - v. Medicate as ordered
  - vi. Provide privacy if vomiting
- f. Prevent or treat pain:
  - i. Position of comfort
  - ii. Ice therapy
  - iii. Medication
  - iv. Psychological support
- g. Provide for warmth and comfort:
  - i. Monitor temperature
  - ii. Warm blankets, bair huggers as indicated
  - iii. Pillows, positioning as indicated
  - iv. Offer oral fluids if no complaints of nausea
  - v. Provide emotional support
- h. Provide care applicable to procedure:
  - i. Assess surgical/procedural site
  - ii. Inspect dressings
  - iii. Assess peripheral circulation
- i. Prepare the patient, family and/or significant other for care in the home, following a procedure
  - i. Provide patient and responsible adult companion with discharge teaching and training specific to patient's needs and appropriate to patient's care:
    - a. Allow time for questions
    - b. Reinforce doctor's instructions
    - c. Review follow up care
    - d. Discuss pain management, diet, activity, wound management, complications

- e. Ensure understanding of teaching
- j. Progress patients activity
  - i. Change patient position slowly from supine to sitting to dangling to walking
  - ii. Assist with ambulation as indicated
  - iii. Provide supplies as needed (crutches, brace, sling, post-op shoe, cold therapy, ect)
- k. Encourage wellness:
  - i. Help patient redress
  - ii. Provide safety and privacy
  - iii. Family/friend visitation when appropriate
  - iv. Early ambulation
  - v. Self care where appropriate
- l. Assess patient's readiness for discharge according to criteria
- m. Discharge patient

D. Discharge Criteria:

1. All patients at the facility will be discharged after assessment of their post-operative condition.
2. Discharge requirements:
  - a. As previously stated, patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
    - i. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
  - b. The last dose of IV respiratory depressant drug was administered a minimum of 30 minutes prior to discharge from PACU.
  - c. Patients who receive any reversal agents for neurovascular blockade, sedative or opioids must be monitored for 2 hours from the last dose of reversal agent prior to discharge.
  - d. Temperature is maintained between 95.9F and 101.3F degrees, or preoperative baseline level. A temperature maintained above 101F degrees in the PACU setting should be discussed with the anesthesiologist prior to discharge.
  - e. The pain level will be assessed according to verbal or nonverbal pain scale of 0 (no pain) through 10 (maximum pain) at rest, using the appropriate scoring according to the patient's status.
    - i. patient should report adequate pain control while at rest.
  - f. Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttocks.
  - g. The patient will not be discharged if they express a need to void but are unable to do so without a physician notification and/or order.
  - h. The anesthesiologist must be notified 15 minutes prior to discharge of the patient to allow

- adequate time for a post-operative visit, if order for discharge not previously indicated.
- i. Nursing documentation is completed, inclusive of a PAS score, initial nursing assessment and discharge summary.
  - j. Each patient must have a discharge order from the surgeon who performed the procedure. Any patient dismissed by the surgeon before completing the required recovery stay, or not accompanied by an adult at discharge time after receiving general anesthesia or sedation, must have a written order by the surgeon.
  - k. Patient is awake, alert, responds to commands appropriate to age, or returned to preoperative status
    - l. There is no unusual or observable, active bleeding.
  - m. The patient is able to ambulate with minimal assistance or as appropriate following their procedure, or their mobility/activity level is at their pre-procedural baseline.
  - n. The patient is not actively vomiting and their nausea is mild in severity.
  - o. The IV is discontinued
  - p. Arrangements have been confirmed for a responsible adult to accompany the patient home and an individual remains available for the first 24 hours.
  - q. Discharge medication prescriptions have been ordered for the patient when indicated.
  - r. Verbal discharge teaching and written instructions are provided to the patient and/or responsible adult.
    - i. Each patient will be given the physician's name and phone number to call in case they have questions or concerns after their discharge.
    - ii. Patients will understand to go to the nearest emergency room in case of emergency and to contact their surgeon if they are going to the ER.
  - s. Patient is informed that the staff will make a post-operative telephone call within the first business day following discharge.
  - t. Patient is discharged to a responsible adult (18 years or older, unless otherwise exempted by the physician) and escorted out of the surgery center. To be deemed a responsible adult, such a person must be physically and mentally able to make decisions for the patient's welfare if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care and intend to comply with these requirements, especially concerning public safety.
    - i. Patients who have a transportation service transport them home will be informed to have a designated individual at home to assume care.
  - u. Pain clinic patients must meet the following criteria before being discharged:
    - i. No nausea
    - ii. Alert and oriented
    - iii. Skin warm and dry
    - iv. Dressing dry
    - v. Moving all extremities

vi. Pain scale noted

## Related Policies/Forms:

Discharge, NS-1910

Discharge Planning and Education, NS-1928

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	01/2022
	Heidi Fedorchak: Nurse Manager	01/2022

COPY



Origination: N/A  
Last Approved: N/A  
Last Revised: N/A  
Next Review: N/A  
Owner: Courtney Leslie: Administrator  
Department: Human Resources  
Applicabilities: Truckee Surgery Center

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level courses, certification programs or vocational courses. Reimbursement requires submission of proof of completion and passing grades. The Board of Managers may approve reimbursement at a higher level on a case by case basis and will require an additional signature from the President of the Board on the Tuition Assistance Request Form.

1. Any employee that is approved for this program for undergraduate degree (Associate or Bachelor) by the Administrator and Administrative Director of Surgical Services will require a signature by the President of the Board of Managers.

L. Courses qualifying for reimbursement must be completed in an accredited, recognized educational institution. Seminars and request for CEU credits are not eligible for reimbursement under this program. Please refer to policy HR-2103.

M. If an employee leaves employment voluntarily or involuntarily within 3 years of reimbursement, they are responsible to repay the Surgery Center a portion of the benefit paid to them from their last paycheck as authorized on the application form as follows:

1. 1 to 12 months following completion:	75% payback
2. 13 to 24 months following completion:	50% payback
3. 25 to 36 months following completion:	50% payback
4. 36+ months following completion:	0% payback

**N. To Request Reimbursement:**

1. Employees must complete the Application for Tuition Assistance and receive approval from the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer **prior** to signing up for the outside class.
2. Once approved, employees must provide a copy of the approved form to Administrator.
3. Once the class(es) are completed, employees must provide receipts and grade report to the Administrator when requesting reimbursement, along with the signed Reimbursement Request form.
  - a. Since this program is based on the calendar year, reimbursement forms must be submitted within the same calendar year of course completion in order to appropriately distribute funds.
  - b. Reimbursement requests for the calendar year are due by the end of the second week of December. Any submissions after that date will be processed with next year's funds.
4. The completed application, with receipts, will be submitted to the Administrator for processing a reimbursement check.

O. The Administrator tracks the amount of reimbursement per calendar year per employee and the employee's commitment to TSC should employment be terminated; and reimbursement from the employee be sought.

1. It is the employee's responsibility to timely submit their form for reimbursement. The Administrator will track funds received only.

## **Related Policies/Forms:**

Tuition Assistance Application Form, Tuition Assistance Reimbursement Request Form

## **Attachments**

Tuition Assistance Application Form  
Tuition Assistance Reimbursement Request

DRAFT





**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE COMPLETED PRIOR TO ENROLLMENT IN COURSE**

**The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for approved courses.**

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Status (circle): Full Time      Part Time

Title of course or program: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date course begins: \_\_\_\_\_

1. Is the course required to meet minimum educational requirements for your current job?  
Check one:  Yes       No

2. Is this a graduate level course (Masters and above?)  
Check one:  Yes       No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Does the course provide you with the capacity to qualify for a new job?  
Check one:  Yes       No

3. Please **attach** the following:

- A brief explanation of how this course or program is either required to meet minimum educational requirements for your current job or provides you with the capacity to qualify for a new job.
- Program information about the course or program from the accredited school.

4. Are you pursuing a degree?       Yes       No (Please list below)

\_\_\_\_\_

5. Anticipated expenses:

Tuition:      \$ \_\_\_\_\_

Books:      \$ \_\_\_\_\_

Other Fees:      \$ \_\_\_\_\_

Total Cost:      \$ \_\_\_\_\_

Are you eligible for benefits under the G.I. Bill?  Yes  No

Reimbursement received from G.I. Bill or other scholarship grants: \$ \_\_\_\_\_

*The employee is responsible for obtaining all required signatures below.*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If reimbursable amount is over \$5,000, signature below is **required**.*

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE FILLED OUT AFTER COURSE IS COMPLETED**

**Employees must be on active payroll to receive reimbursement payments.**

Employee's Name: \_\_\_\_\_

Name of course: \_\_\_\_\_ Date completed: \_\_\_\_\_

Grade received (report attached): \_\_\_\_\_

Expenses (attach original receipts)	Tuition: \$ _____
	Books: \$ _____
	Other Fees: \$ _____
	Total Cost: \$ _____
Scholarship or Government Assistance received:	\$ _____
	Net Costs \$ _____

My education was a graduate level course:

Check one:  Yes  No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by**

Total Cost: \$ _____ x 75% Amount Approved: \$ _____
--

I understand that if my employment ends within 36 months of payment I am responsible to reimburse the Surgery Center as follows:

- |                                       |             |
|---------------------------------------|-------------|
| 1 to 12 months following completion:  | 75% payback |
| 13 to 24 months following completion: | 50% payback |
| 25 to 36 months following completion: | 25% payback |
| 36+ months following completion:      | 0% payback  |

*The Surgery Center has my permission to withhold any remaining balance from my final payroll check. Should my final paycheck not satisfy the balance, a payment schedule will be agreed upon by both parties to alleviate the debt. I understand that if I default on the loan repayment, the Surgery Center reserves the right to pursue legal action on the amount owed.*

***The employee is responsible for obtaining all required signatures below.***

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If reimbursable amount is over \$5,000, signature below is required.***

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



Origination: 02/2022  
Last Approved: N/A  
Last Revised: 03/2022  
Next Review: 1 year after approval  
Owner: Courtney Leslie: Administrator  
Department: Governance  
Applicabilities: Truckee Surgery Center

## Approved Abbreviations, GOV-2201

### RISK:

Abbreviations are sometimes not understood, misread, or interpreted incorrectly. Abbreviations in a medical record can lead to medication or medical errors that may harm patients.

### POLICY:

- A. Symbols and abbreviations that are used in the medical record or in medication orders shall be used only when they have been approved by the medical staff, and when there is an explanatory legend available to those authorized to make entries in the medical record and to those who must interpret them.
- B. Truckee Surgery Center has adopted the reference **The Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a clinical guide to abbreviations.
- C. In addition to Stedman's Abbreviations Truckee Surgery Center has a list of abbreviations commonly used by orthopedic surgeons on schedule request forms. (See attached list)
  1. This list is only to be used to decipher scheduling requests. These abbreviations will not be used in the medical record.
- D. Unapproved Abbreviations are not to be used in any handwritten, clinical documentation.
- E. Compliance will be monitored through the quality reporting system.

### PROCEDURE:

- A. When making entries into the medical record, staff shall use the reference **Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a guide for interpretation of abbreviations and symbols.
  1. Any abbreviation or symbol that is unclear will require clarification with the author.
  2. One guide will be stored at the desk in PreOp, PACU, and the front desk.
- B. Entries with prohibited abbreviations will be referred to the Nurse Manager or Administrator for review.
  1. Patterns of non compliance may be documented on an occurrence report.

## Attachments

Scheduling Abbreviations.pdf

## Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Manager	pending
	Courtney Leslie: Administrator	03/2022

COPY

## Truckee Surgery Center

### Abbreviations Commonly Used by Orthopedic Surgeons

*This list is only to be used as a tool when scheduling. These abbreviations are not to be used in the medical record.*

AC (joint)	acromioclavicular joint
ACL	anterior cruciate ligament
AKA	above knee amputation
Allo	Allograft (from cadaver/donor)
amp	amputate, amputation
Ant	Anterior
Arthro	arthroscopy
AS	arthroscopy
Auto	Autograft (from the patient)
B,bil,bilat	bilateral
Bi mal	Bimalleolar
Chondro	chondroplasty
C&S	culture and sensitivities
c/r	closed reduction
CRPP	Closed reduction percutaneous pinning
CTR	carpal tunnel release
CTS	carpal tunnel syndrome
cpd fx	compound fracture
CXR	chest X-ray
D/C, DC	discharge
DCE	distal clavicle excision
Dr	Distal radius or doctor
dx	diagnosis
ECG,EKG	electrocardiogram
Epi	epinephrine
ETT	endotracheal tube
Fem	femoral
Flouro	flourosocopy
F/U	follow up
Fx	fracture
Fx dis	fracture dislocation/dislocated
H&P	history and physical
H/W, hwr	hardware
Hx	history
IAS	intra-articular shaving
ICBG	Iliac crest bone graft
I&D	incision and drainage
IM	intramuscular
IM (rod/nail)	Intramedullary
Inj	injection
IV	intravenous
L	left
Lat	lateral
LCL	lateral collateral ligament
LE's	lower extremities
Lig	ligament
LMA	laryngeal mask airway
LM	lateral meniscectomy
LMR	lateral meniscal repair
LR	lactated ringers
MAC	monitored anesthesia sedation
Mal	malleolar
MCL	medial collateral ligament

MBB	medial branch block
Med	medial
MEN	meniscectomy
MM	Medial meniscectomy
MMR	medial meniscal repair
MPRL	medial patellofemoral ligament
MT	metatarsal
MUA	manipulation under anesthesia
NKA, NKDA	no known allergies
NPO	nothing by mouth
N/V, N&V	nausea and vomiting
OA	osteoarthritis
ORIF	open reduction & internal fixation
PCL	posterior cruciate ligament
Perc	percutaneous
PLM	Partial lateral meniscectomy
PMM	partial medial meniscectomy
po	by mouth
post	posterior
post-op	post operative
PRN	as required or as needed
Prox	proximal
Ptl	partial
PTG	patellar tendon graft
PTT	partial thromboplastin time
R	right
RCN	reconstruction
RCR	rotator cuff repair
ROH	removal of hardware
ROM	range of motion
RPR	repair
SAB	spinal block
SAD	subacromial decompression
Sat	saturation
SHLD	shoulder
SLAP	superior labrum anterior to posterior
S/P	status post
STAT	immediately
SX, Sx	symptoms
Teno	tenodesis
TFE	transforaminal epidural
Tri mal	trimalleolar
TX, Tx	treatment
UA	urinalysis
UCL	Ulnar collateral ligament
U.E.'s	upper extremities
VA DR	Variable angle distal radius
Vs	versus
W/, w/	with
x	times



**Origination:** 12/2019  
**Last Approved:** 08/2020  
**Last Revised:** 08/2020  
**Next Review:** 07/2021  
**Owner:** *Heidi Fedorchak: Nurse Manager*  
**Department:** *Quality and Patient Safety*  
**Applicabilities:** *Truckee Surgery Center*

## Sentinel Event Alert Analysis, QA-1910

### PURPOSE:

Sentinel Event Alerts identify the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

### POLICY:

The Administrator will sign up with [www.jointcommission.org](http://www.jointcommission.org) to receive sentinel event alerts. Once an alert is received, a copy will be distributed to the following:

- A. Nurse Manager
- B. Quality Assurance & Performance Improvement / Infection Control Coordinator
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### PROCEDURE:

Truckee Surgery Center reviews all Sentinel Event Alerts for compliance with the recommendations given, or implementation of an acceptable alternative, as appropriate to the services the facility provides. Suggestions will be implemented, or the reasonable alternatives (the alternative must be at least as effective as the published recommendations in achieving the goals), or an explanation will be provided for not implementing the relevant change.

Documentation of the review, and the action taken, will be completed using the Sentinel Event Alert Analysis Form (see attached).

A Sentinel Event Alert Analyses binder will be maintained and located on the Nurse Manager's desk. The binder will consist of the alert(s) and documentation of the review/action taken, and those notified.

TSC reviews the sentinel event alert, considers the suggestions as appropriate to our scope of service, or not, and implements the suggestions, or reasonable alternatives, or provides an explanation for not implementing a relevant change as appropriate.

- A. The Quality Committee meets, discusses the Sentinel Event Alert, then decides a plan of action, if appropriate.
- B. The QAPI/IP Coordinator(s) fills out the Sentinel Event Alert Analysis Form

Copies of the Sentinel Event Alert Analysis are then distributed to:

- A. Administrator
- B. Nurse Manager
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### Attachments

Sentinel Event Alert Analysis Form.docx

### Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	08/2020
	Briana Watts: RN	07/2020



Origination: 10/2019  
Last Approved: 01/2022  
Last Revised: 01/2022  
Next Review: 01/2023  
Owner: Heidi Fedorchak: Nurse Manager  
Department: Nursing Services  
Applicabilities: Truckee Surgery Center

## Discharge Criteria, NS-1909

### PURPOSE:

To define the physiological criteria that must be met for the safe discharge from post anesthesia care. Discharge criteria, inclusive of a post anesthetic recovery score system, will be used by the Post Anesthesia Care RN to assess patients' readiness for discharge from post anesthesia care.

### POLICY:

All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall meet criteria for discharge. Data will be collected and documented to evaluate the patient's status for discharge.

### PROCEDURE:

- A. Discharge Assessment: data to evaluate the patient's status for discharge will include but are not limited to:
1. Use of objective patient assessment discharge scoring system (Modified Aldrete System)
  2. Adequate respiratory function consistent with admission baseline
  3. Stability of vital signs, including temperature
  4. Level of consciousness and muscular strength
  5. Ability to ambulate consistent with baseline/procedural limitations
  6. Ability to swallow
  7. Minimal nausea/vomiting
  8. Skin color and condition
  9. Adequate pain control
  10. No unusual bleeding or discharge
  11. Adequate neurovascular status of operative extremity
  12. Ability to void if indicated
  13. Patient and home care provider understand and are able to verbalize understanding of all discharge instructions



14. Written discharge instructions are given to patient/accompanying responsible adult
15. Verify arrangements for safe transportation home and responsible care after transport
16. Provide additional resource to contact if any problems arise

B. A Post Anesthesia Recovery Scoring System (Modified Aldrete Scoring System) will be used by the PACU RN to assess patient readiness for discharge

1. Assessment scores will be documented on the Post Anesthesia Nursing Record:
  - a. Upon admission to PACU
  - b. 30 minutes after arrival to PACU
  - c. Upon discharge from PACU to home
2. PAS scoring includes the following categories:
  - a. Activity:
    - i. A point score of 2 is assigned when the patient is able to move all 4 extremities on command, or as appropriate following their procedure when motor activity has returned to the patient's preoperative status (if a deficit exists)
    - ii. A point score of 1 is assigned when the patient is moving at least 2 extremities
    - iii. A point score of 0 is assigned if the patient has not yet shown signs of mobility to their extremities
  - b. Respiration
    - i. A score of 2 is assigned when the patient is able to independently breathe deeply and cough
    - ii. A score of 1 is assigned when the patient exhibits signs of dyspnea or has difficulty breathing, clearing secretions, or requires supportive measures to maintain airway patency
    - iii. A score of 0 is assigned when the patient is apneic, requires assisted ventilation, or has an artificial airway
  - c. Circulation:
    - i. A score of 2 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20% of the pre-anesthetic level
    - ii. A score of 1 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20-50% of the pre-anesthetic level
    - iii. A score of 0 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) more than 50% of the pre-anesthetic level
  - d. Consciousness:
    - i. A score of 2 is assigned when the patient is fully awake, able to answer questions and call for assistance
    - ii. A score of 1 is assigned when the patient is drowsy but responds easily to verbal commands
    - iii. A score of 0 is assigned when no response is elicited to verbal commands.
  - e. Oxygenation saturation:

- i. A score of 2 is assigned when the patient is able to maintain an SpO<sub>2</sub> of 92% on room air
    - ii. A score of 1 is assigned when the patient requires supplemental O<sub>2</sub> to maintain an SpO<sub>2</sub> greater than 90%
    - iii. A score of 0 is assigned when the patient is unable to maintain an SpO<sub>2</sub> greater than 90%, even with supplemental O<sub>2</sub>
  3. Patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
  4. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
- C. Post Anesthesia Care Unit (PACU) is geared to anticipate and prevent complications resulting from anesthesia agents and/or procedures
  1. The PACU nurse will remain at the bedside and monitor the patient emerging from anesthesia until:
    - a. Vital signs are stable
    - b. The patient is breathing easily and the airway is patent
    - c. Protective reflexes have returned to normal
    - d. The patient is arousable
  2. Focus of Care:
    - a. Maintain patent airway:
      - i. Provide proper positioning
      - ii. Prevent aspiration
      - iii. Correct alignment of head and neck
      - iv. Chin support/Jaw thrust
      - v. Care for artificial airways
      - vi. Mild elevation of head of bed
      - vii. Prevent obstruction
    - b. Monitor and support respiratory and cardiovascular system:
      - i. Administer supplemental oxygen
      - ii. Suctioning as indicated
      - iii. Assessment of breathing, pattern, rate, difficulty, breath sounds
      - iv. Monitor vital signs and compare with preoperative values
      - v. Monitor cardiac rhythm
      - vi. Provide IV fluid replacement
      - vii. Vital signs every 5 minutes for 15 minutes, then every 15 minutes for one hour, then every hour until discharge or more frequently at the nurse's discretion
    - c. Encourage return of consciousness and orientation:

- i. Assess protective reflexes and cognitive abilities
  - ii. Attempt to awaken frequently if unconscious or semiconscious
- d. Protect patient from injury:
  - i. Assess level of consciousness
  - ii. Stretchers are to have side rails elevated and wheels locked
  - iii. Padding may be used
- e. Prevent or treat nausea or vomiting:
  - i. Judicious oral intake
  - ii. Avoid coffee or citrus juices
  - iii. Move patient slowly
  - iv. Avoid sounds or sights that might stimulate
  - v. Medicate as ordered
  - vi. Provide privacy if vomiting
- f. Prevent or treat pain:
  - i. Position of comfort
  - ii. Ice therapy
  - iii. Medication
  - iv. Psychological support
- g. Provide for warmth and comfort:
  - i. Monitor temperature
  - ii. Warm blankets, bair huggers as indicated
  - iii. Pillows, positioning as indicated
  - iv. Offer oral fluids if no complaints of nausea
  - v. Provide emotional support
- h. Provide care applicable to procedure:
  - i. Assess surgical/procedural site
  - ii. Inspect dressings
  - iii. Assess peripheral circulation
- i. Prepare the patient, family and/or significant other for care in the home, following a procedure
  - i. Provide patient and responsible adult companion with discharge teaching and training specific to patient's needs and appropriate to patient's care:
    - a. Allow time for questions
    - b. Reinforce doctor's instructions
    - c. Review follow up care
    - d. Discuss pain management, diet, activity, wound management, complications

- e. Ensure understanding of teaching
- j. Progress patients activity
  - i. Change patient position slowly from supine to sitting to dangling to walking
  - ii. Assist with ambulation as indicated
  - iii. Provide supplies as needed (crutches, brace, sling, post-op shoe, cold therapy, ect)
- k Encourage wellness:
  - i. Help patient redress
  - ii. Provide safety and privacy
  - iii. Family/friend visitation when appropriate
  - iv. Early ambulationn
  - v. Self care where appropriate
- l. Assess patient's readiness for discharge according to criteria
- m. Discharge patient

D. Discharge Criteria:

1. All patients at the facility will be discharged after assessment of their post-operative condition.
2. Discharge requirements:
  - a. As previously stated, patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
    - i. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
  - b. The last dose of IV respiratory depressant drug was administered a minimum of 30 minutes prior to discharge from PACU.
  - c. Patients who receive any reversal agents for neurovascular blockade, sedative or opioids must be monitored for 2 hours from the last dose of reversal agent prior to discharge.
  - d. Temperature is maintained between 95.9F and 101.3F degrees, or preoperative baseline level. A temperature maintained above 101F degrees in the PACU setting should be discussed with the anesthesiologist prior to discharge.
  - e. The pain level will be assessed according to verbal or nonverbal pain scale of 0 (no pain) through 10 (maximum pain) at rest, using the appropriate scoring according to the patient's status.
    - i. patient should report adequate pain control while at rest.
  - f. Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttocks.
  - g. The patient will not be discharged if they express a need to void but are unable to do so without a physician notification and/or order.
  - h. The anesthesiologist must be notified 15 minutes prior to discharge of the patient to allow

- adequate time for a post-operative visit, if order for discharge not previously indicated.
- i. Nursing documentation is completed, inclusive of a PAS score, initial nursing assessment and discharge summary.
  - j. Each patient must have a discharge order from the surgeon who performed the procedure. Any patient dismissed by the surgeon before completing the required recovery stay, or not accompanied by an adult at discharge time after receiving general anesthesia or sedation, must have a written order by the surgeon.
  - k. Patient is awake, alert, responds to commands appropriate to age, or returned to preoperative status
    - l. There is no unusual or observable, active bleeding.
  - m. The patient is able to ambulate with minimal assistance or as appropriate following their procedure, or their mobility/activity level is at their pre-procedural baseline.
  - n. The patient is not actively vomiting and their nausea is mild in severity.
  - o. The IV is discontinued
  - p. Arrangements have been confirmed for a responsible adult to accompany the patient home and an individual remains available for the first 24 hours.
  - q. Discharge medication prescriptions have been ordered for the patient when indicated.
  - r. Verbal discharge teaching and written instructions are provided to the patient and/or responsible adult.
    - i. Each patient will be given the physician's name and phone number to call in case they have questions or concerns after their discharge.
    - ii. Patients will understand to go to the nearest emergency room in case of emergency and to contact their surgeon if they are going to the ER.
  - s. Patient is informed that the staff will make a post-operative telephone call within the first business day following discharge.
  - t. Patient is discharged to a responsible adult (18 years or older, unless otherwise exempted by the physician) and escorted out of the surgery center. To be deemed a responsible adult, such a person must be physically and mentally able to make decisions for the patient's welfare if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care and intend to comply with these requirements, especially concerning public safety.
    - i. Patients who have a transportation service transport them home will be informed to have a designated individual at home to assume care.
  - u. Pain clinic patients must meet the following criteria before being discharged:
    - i. No nausea
    - ii. Alert and oriented
    - iii. Skin warm and dry
    - iv. Dressing dry
    - v. Moving all extremities

vi. Pain scale noted

## Related Policies/Forms:

Discharge, NS-1910

Discharge Planning and Education, NS-1928

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	01/2022
	Heidi Fedorchak: Nurse Manager	01/2022

COPY



Origination: N/A  
Last Approved: N/A  
Last Revised: N/A  
Next Review: N/A  
Owner: Courtney Leslie: Administrator  
Department: Human Resources  
Applicabilities: Truckee Surgery Center

## Tuition Assistance, HR-2201

### POLICY:

Truckee Surgery Center (TSC) will provide financial assistance to employees enrolled in outside courses that are directly related to current or future pre-determined jobs within TSC.

### PROCEDURE:

- A. The employee must be working in a Full Time or Part Time status for a minimum of one year before beginning any academic subject for assistance from TSC.
- B. Education must be related clearly to the employee's current position at TSC, or to a pre-determined internal transfer or promotion. This issue will be decided by the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer of TFHD.
  1. Upon approval, a formal letter will be sent to you.
- C. Proof of registration, book purchases, entrance fees, grades and parking fees may be submitted for reimbursement.
  1. Required uniforms are not eligible for reimbursement.
- D. Administrative approval must be received on the Tuition Assistance Request Form **prior** to beginning study.
  1. Any application received after course enrollment will automatically be denied.
- E. Applicants must apply annually for this program.
- F. No one with below average performance evaluations or documented oral or written warnings within the last 12 months will be considered.
- G. Employees must complete course(s) with at least a C grade or equivalent to qualify for reimbursement.
- H. Employees may not receive assistance from TSC for a course or within a program for which other educational assistance is being received (for example, G.I. Bill benefits and Education Reimbursement funds).
- I. If an employee terminates within one year of receiving Tuition Assistance, TSC may require full or partial reimbursement, per a signed agreement.
- J. TSC reserves the right to end Tuition reimbursement at any time.
- K. The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for graduate

level courses, certification programs or vocational courses. Reimbursement requires submission of proof of completion and passing grades. The Board of Managers may approve reimbursement at a higher level on a case by case basis and will require an additional signature from the President of the Board on the Tuition Assistance Request Form.

1. Any employee that is approved for this program for undergraduate degree (Associate or Bachelor) by the Administrator and Administrative Director of Surgical Services will require a signature by the President of the Board of Managers.

L. Courses qualifying for reimbursement must be completed in an accredited, recognized educational institution. Seminars and request for CEU credits are not eligible for reimbursement under this program. Please refer to policy HR-2103.

M. If an employee leaves employment voluntarily or involuntarily within 3 years of reimbursement, they are responsible to repay the Surgery Center a portion of the benefit paid to them from their last paycheck as authorized on the application form as follows:

1. 1 to 12 months following completion:	75% payback
2. 13 to 24 months following completion:	50% payback
3. 25 to 36 months following completion:	50% payback
4. 36+ months following completion:	0% payback

**N. To Request Reimbursement:**

1. Employees must complete the Application for Tuition Assistance and receive approval from the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer **prior** to signing up for the outside class.
2. Once approved, employees must provide a copy of the approved form to Administrator.
3. Once the class(es) are completed, employees must provide receipts and grade report to the Administrator when requesting reimbursement, along with the signed Reimbursement Request form.
  - a. Since this program is based on the calendar year, reimbursement forms must be submitted within the same calendar year of course completion in order to appropriately distribute funds.
  - b. Reimbursement requests for the calendar year are due by the end of the second week of December. Any submissions after that date will be processed with next year's funds.
4. The completed application, with receipts, will be submitted to the Administrator for processing a reimbursement check.

O. The Administrator tracks the amount of reimbursement per calendar year per employee and the employee's commitment to TSC should employment be terminated; and reimbursement from the employee be sought.

1. It is the employee's responsibility to timely submit their form for reimbursement. The Administrator will track funds received only.

## **Related Policies/Forms:**

Tuition Assistance Application Form, Tuition Assistance Reimbursement Request Form



## **Attachments**

Tuition Assistance Application Form  
Tuition Assistance Reimbursement Request

DRAFT



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)**  
**THIS SECTION TO BE COMPLETED PRIOR TO ENROLLMENT IN COURSE**

**The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for approved courses.**

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Status (circle): Full Time      Part Time

Title of course or program: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date course begins: \_\_\_\_\_

1. Is the course required to meet minimum educational requirements for your current job?  
 Check one:  Yes       No

2. Is this a graduate level course (Masters and above?)  
 Check one:  Yes       No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Does the course provide you with the capacity to qualify for a new job?  
 Check one:  Yes       No

3. Please **attach** the following:

- A brief explanation of how this course or program is either required to meet minimum educational requirements for your current job or provides you with the capacity to qualify for a new job.
- Program information about the course or program from the accredited school.

4. Are you pursuing a degree?       Yes       No (Please list below)  
 \_\_\_\_\_

5. Anticipated expenses:

Tuition:      \$ \_\_\_\_\_

Books:      \$ \_\_\_\_\_

Other Fees:      \$ \_\_\_\_\_

Total Cost:      \$ \_\_\_\_\_

Are you eligible for benefits under the G.I. Bill?  Yes  No

Reimbursement received from G.I. Bill or other scholarship grants: \$ \_\_\_\_\_

*The employee is responsible for obtaining all required signatures below.*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If reimbursable amount is over \$5,000, signature below is **required**.*

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE FILLED OUT AFTER COURSE IS COMPLETED**

**Employees must be on active payroll to receive reimbursement payments.**

Employee's Name: \_\_\_\_\_

Name of course: \_\_\_\_\_ Date completed: \_\_\_\_\_

Grade received (report attached): \_\_\_\_\_

Expenses (attach original receipts)	Tuition: \$ _____
	Books: \$ _____
	Other Fees: \$ _____
	Total Cost: \$ _____
Scholarship or Government Assistance received:	\$ _____
	Net Costs \$ _____

My education was a graduate level course:

Check one:  Yes  No (President of the Board of Managers signature is required)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by**

Total Cost: \$ _____ x 75% Amount Approved: \$ _____
--

I understand that if my employment ends within 36 months of payment I am responsible to reimburse the Surgery Center as follows:

- |                                       |             |
|---------------------------------------|-------------|
| 1 to 12 months following completion:  | 75% payback |
| 13 to 24 months following completion: | 50% payback |
| 25 to 36 months following completion: | 25% payback |
| 36+ months following completion:      | 0% payback  |

*The Surgery Center has my permission to withhold any remaining balance from my final payroll check. Should my final paycheck not satisfy the balance, a payment schedule will be agreed upon by both parties to alleviate the debt. I understand that if I default on the loan repayment, the Surgery Center reserves the right to pursue legal action on the amount owed.*

*The employee is responsible for obtaining all required signatures below.*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If reimbursable amount is over \$5,000, signature below is required.*

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



Origination: 02/2022  
Last Approved: N/A  
Last Revised: 03/2022  
Next Review: 1 year after approval  
Owner: Courtney Leslie: Administrator  
Department: Governance  
Applicabilities: Truckee Surgery Center

## Approved Abbreviations, GOV-2201

### RISK:

Abbreviations are sometimes not understood, misread, or interpreted incorrectly. Abbreviations in a medical record can lead to medication or medical errors that may harm patients.

### POLICY:

- A. Symbols and abbreviations that are used in the medical record or in medication orders shall be used only when they have been approved by the medical staff, and when there is an explanatory legend available to those authorized to make entries in the medical record and to those who must interpret them.
- B. Truckee Surgery Center has adopted the reference **The Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a clinical guide to abbreviations.
- C. In addition to Stedman's Abbreviations Truckee Surgery Center has a list of abbreviations commonly used by orthopedic surgeons on schedule request forms. (See attached list)
  1. This list is only to be used to decipher scheduling requests. These abbreviations will not be used in the medical record.
- D. Unapproved Abbreviations are not to be used in any handwritten, clinical documentation.
- E. Compliance will be monitored through the quality reporting system.

### PROCEDURE:

- A. When making entries into the medical record, staff shall use the reference **Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a guide for interpretation of abbreviations and symbols.
  1. Any abbreviation or symbol that is unclear will require clarification with the author.
  2. One guide will be stored at the desk in PreOp, PACU, and the front desk.
- B. Entries with prohibited abbreviations will be referred to the Nurse Manager or Administrator for review.
  1. Patterns of non compliance may be documented on an occurrence report.

## Attachments

Scheduling Abbreviations.pdf

## Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Manager	pending
	Courtney Leslie: Administrator	03/2022

COPY

## Truckee Surgery Center

### Abbreviations Commonly Used by Orthopedic Surgeons

*This list is only to be used as a tool when scheduling. These abbreviations are not to be used in the medical record.*

AC (joint)	acromioclavicular joint
ACL	anterior cruciate ligament
AKA	above knee amputation
Allo	Allograft (from cadaver/donor)
amp	amputate, amputation
Ant	Anterior
Arthro	arthroscopy
AS	arthroscopy
Auto	Autograft (from the patient)
B,bil,bilat	bilateral
Bi mal	Bimalleolar
Chondro	chondroplasty
C&S	culture and sensitivities
c/r	closed reduction
CRPP	Closed reduction percutaneous pinning
CTR	carpal tunnel release
CTS	carpal tunnel syndrome
cpd fx	compound fracture
CXR	chest X-ray
D/C, DC	discharge
DCE	distal clavicle excision
Dr	Distal radius or doctor
dx	diagnosis
ECG,EKG	electrocardiogram
Epi	epinephrine
ETT	endotracheal tube
Fem	femoral
Flouro	flourosocopy
F/U	follow up
Fx	fracture
Fx dis	fracture dislocation/dislocated
H&P	history and physical
H/W, hwr	hardware
Hx	history
IAS	intra-articular shaving
ICBG	Iliac crest bone graft
I&D	incision and drainage
IM	intramuscular
IM (rod/nail)	Intramedullary
Inj	injection
IV	intravenous
L	left
Lat	lateral
LCL	lateral collateral ligament
LE's	lower extremities
Lig	ligament
LMA	laryngeal mask airway
LM	lateral meniscectomy
LMR	lateral meniscal repair
LR	lactated ringers
MAC	monitored anesthesia sedation
Mal	malleolar
MCL	medial collateral ligament

MBB	medial branch block
Med	medial
MEN	meniscectomy
MM	Medial meniscectomy
MMR	medial meniscal repair
MPRL	medial patellofemoral ligament
MT	metatarsal
MUA	manipulation under anesthesia
NKA, NKDA	no known allergies
NPO	nothing by mouth
N/V, N&V	nausea and vomiting
OA	osteoarthritis
ORIF	open reduction & internal fixation
PCL	posterior cruciate ligament
Perc	percutaneous
PLM	Partial lateral meniscectomy
PMM	partial medial meniscectomy
po	by mouth
post	posterior
post-op	post operative
PRN	as required or as needed
Prox	proximal
Ptl	partial
PTG	patellar tendon graft
PTT	partial thromboplastin time
R	right
RCN	reconstruction
RCR	rotator cuff repair
ROH	removal of hardware
ROM	range of motion
RPR	repair
SAB	spinal block
SAD	subacromial decompression
Sat	saturation
SHLD	shoulder
SLAP	superior labrum anterior to posterior
S/P	status post
STAT	immediately
SX, Sx	symptoms
Teno	tenodesis
TFE	transforaminal epidural
Tri mal	trimalleolar
TX, Tx	treatment
UA	urinalysis
UCL	Ulnar collateral ligament
U.E.'s	upper extremities
VA DR	Variable angle distal radius
Vs	versus
W/, w/	with
x	times



**Origination:** 12/2019  
**Last Approved:** 08/2020  
**Last Revised:** 08/2020  
**Next Review:** 07/2021  
**Owner:** *Heidi Fedorchak: Nurse Manager*  
**Department:** *Quality and Patient Safety*  
**Applicabilities:** *Truckee Surgery Center*

## Sentinel Event Alert Analysis, QA-1910

### PURPOSE:

Sentinel Event Alerts identify the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

### POLICY:

The Administrator will sign up with [www.jointcommission.org](http://www.jointcommission.org) to receive sentinel event alerts. Once an alert is received, a copy will be distributed to the following:

- A. Nurse Manager
- B. Quality Assurance & Performance Improvement / Infection Control Coordinator
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### PROCEDURE:

Truckee Surgery Center reviews all Sentinel Event Alerts for compliance with the recommendations given, or implementation of an acceptable alternative, as appropriate to the services the facility provides. Suggestions will be implemented, or the reasonable alternatives (the alternative must be at least as effective as the published recommendations in achieving the goals), or an explanation will be provided for not implementing the relevant change.

Documentation of the review, and the action taken, will be completed using the Sentinel Event Alert Analysis Form (see attached).

A Sentinel Event Alert Analyses binder will be maintained and located on the Nurse Manager's desk. The binder will consist of the alert(s) and documentation of the review/action taken, and those notified.

TSC reviews the sentinel event alert, considers the suggestions as appropriate to our scope of service, or not, and implements the suggestions, or reasonable alternatives, or provides an explanation for not implementing a relevant change as appropriate.

- A. The Quality Committee meets, discusses the Sentinel Event Alert, then decides a plan of action, if appropriate.
- B. The QAPI/IP Coordinator(s) fills out the Sentinel Event Alert Analysis Form

Copies of the Sentinel Event Alert Analysis are then distributed to:

- A. Administrator
- B. Nurse Manager
- C. Medical Director
- D. Anesthesia Committee
- E. Quality Committee
- F. Board of Managers
- G. General Staff Information Meeting

### Attachments

Sentinel Event Alert Analysis Form.docx

### Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	08/2020
	Briana Watts: RN	07/2020





Origination: 10/2019  
Last Approved: 01/2022  
Last Revised: 01/2022  
Next Review: 01/2023  
Owner: Heidi Fedorchak: Nurse Manager  
Department: Nursing Services  
Applicabilities: Truckee Surgery Center

## Discharge Criteria, NS-1909

### PURPOSE:

To define the physiological criteria that must be met for the safe discharge from post anesthesia care. Discharge criteria, inclusive of a post anesthetic recovery score system, will be used by the Post Anesthesia Care RN to assess patients' readiness for discharge from post anesthesia care.

### POLICY:

All patients who have received general anesthesia, regional anesthesia, or monitored anesthesia care shall meet criteria for discharge. Data will be collected and documented to evaluate the patient's status for discharge.

### PROCEDURE:

- A. Discharge Assessment: data to evaluate the patient's status for discharge will include but are not limited to:
1. Use of objective patient assessment discharge scoring system (Modified Aldrete System)
  2. Adequate respiratory function consistent with admission baseline
  3. Stability of vital signs, including temperature
  4. Level of consciousness and muscular strength
  5. Ability to ambulate consistent with baseline/procedural limitations
  6. Ability to swallow
  7. Minimal nausea/vomiting
  8. Skin color and condition
  9. Adequate pain control
  10. No unusual bleeding or discharge
  11. Adequate neurovascular status of operative extremity
  12. Ability to void if indicated
  13. Patient and home care provider understand and are able to verbalize understanding of all discharge instructions

14. Written discharge instructions are given to patient/accompanying responsible adult
  15. Verify arrangements for safe transportation home and responsible care after transport
  16. Provide additional resource to contact if any problems arise
- B. A Post Anesthesia Recovery Scoring System (Modified Aldrete Scoring System) will be used by the PACU RN to assess patient readiness for discharge
1. Assessment scores will be documented on the Post Anesthesia Nursing Record:
    - a. Upon admission to PACU
    - b. 30 minutes after arrival to PACU
    - c. Upon discharge from PACU to home
  2. PAS scoring includes the following categories:
    - a. Activity:
      - i. A point score of 2 is assigned when the patient is able to move all 4 extremities on command, or as appropriate following their procedure when motor activity has returned to the patient's preoperative status (if a deficit exists)
      - ii. A point score of 1 is assigned when the patient is moving at least 2 extremities
      - iii. A point score of 0 is assigned if the patient has not yet shown signs of mobility to their extremities
    - b. Respiration
      - i. A score of 2 is assigned when the patient is able to independently breathe deeply and cough
      - ii. A score of 1 is assigned when the patient exhibits signs of dyspnea or has difficulty breathing, clearing secretions, or requires supportive measures to maintain airway patency
      - iii. A score of 0 is assigned when the patient is apneic, requires assisted ventilation, or has an artificial airway
    - c. Circulation:
      - i. A score of 2 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20% of the pre-anesthetic level
      - ii. A score of 1 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) 20-50% of the pre-anesthetic level
      - iii. A score of 0 is assigned when the blood pressure (systolic or MAP) reading is (+) or (-) more than 50% of the pre-anesthetic level
    - d. Consciousness:
      - i. A score of 2 is assigned when the patient is fully awake, able to answer questions and call for assistance
      - ii. A score of 1 is assigned when the patient is drowsy but responds easily to verbal commands
      - iii. A score of 0 is assigned when no response is elicited to verbal commands.
    - e. Oxygenation saturation:

- i. A score of 2 is assigned when the patient is able to maintain an SpO<sub>2</sub> of 92% on room air
    - ii. A score of 1 is assigned when the patient requires supplemental O<sub>2</sub> to maintain an SpO<sub>2</sub> greater than 90%
    - iii. A score of 0 is assigned when the patient is unable to maintain an SpO<sub>2</sub> greater than 90%, even with supplemental O<sub>2</sub>
  3. Patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
  4. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
- C. Post Anesthesia Care Unit (PACU) is geared to anticipate and prevent complications resulting from anesthesia agents and/or procedures
  1. The PACU nurse will remain at the bedside and monitor the patient emerging from anesthesia until:
    - a. Vital signs are stable
    - b. The patient is breathing easily and the airway is patent
    - c. Protective reflexes have returned to normal
    - d. The patient is arousable
  2. Focus of Care:
    - a. Maintain patent airway:
      - i. Provide proper positioning
      - ii. Prevent aspiration
      - iii. Correct alignment of head and neck
      - iv. Chin support/Jaw thrust
      - v. Care for artificial airways
      - vi. Mild elevation of head of bed
      - vii. Prevent obstruction
    - b. Monitor and support respiratory and cardiovascular system:
      - i. Administer supplemental oxygen
      - ii. Suctioning as indicated
      - iii. Assessment of breathing, pattern, rate, difficulty, breath sounds
      - iv. Monitor vital signs and compare with preoperative values
      - v. Monitor cardiac rhythm
      - vi. Provide IV fluid replacement
      - vii. Vital signs every 5 minutes for 15 minutes, then every 15 minutes for one hour, then every hour until discharge or more frequently at the nurse's discretion
    - c. Encourage return of consciousness and orientation:

- i. Assess protective reflexes and cognitive abilities
  - ii. Attempt to awaken frequently if unconscious or semiconscious
- d. Protect patient from injury:
  - i. Assess level of consciousness
  - ii. Stretchers are to have side rails elevated and wheels locked
  - iii. Padding may be used
- e. Prevent or treat nausea or vomiting:
  - i. Judicious oral intake
  - ii. Avoid coffee or citrus juices
  - iii. Move patient slowly
  - iv. Avoid sounds or sights that might stimulate
  - v. Medicate as ordered
  - vi. Provide privacy if vomiting
- f. Prevent or treat pain:
  - i. Position of comfort
  - ii. Ice therapy
  - iii. Medication
  - iv. Psychological support
- g. Provide for warmth and comfort:
  - i. Monitor temperature
  - ii. Warm blankets, bair huggers as indicated
  - iii. Pillows, positioning as indicated
  - iv. Offer oral fluids if no complaints of nausea
  - v. Provide emotional support
- h. Provide care applicable to procedure:
  - i. Assess surgical/procedural site
  - ii. Inspect dressings
  - iii. Assess peripheral circulation
- i. Prepare the patient, family and/or significant other for care in the home, following a procedure
  - i. Provide patient and responsible adult companion with discharge teaching and training specific to patient's needs and appropriate to patient's care:
    - a. Allow time for questions
    - b. Reinforce doctor's instructions
    - c. Review follow up care
    - d. Discuss pain management, diet, activity, wound management, complications

- e. Ensure understanding of teaching
- j. Progress patients activity
  - i. Change patient position slowly from supine to sitting to dangling to walking
  - ii. Assist with ambulation as indicated
  - iii. Provide suppleis as needed (crutches, brace, sling, post-op shoe, cold therapy, ect)
- k Encourage wellness:
  - i. Help patient redress
  - ii. Provide safety and privacy
  - iii. Family/friend visitation when appropriate
  - iv. Early ambulationn
  - v. Self care where appropriate
- l. Assess patient's readiness for discharge according to criteria
- m. Discharge patient

D. Discharge Criteria:

1. All patients at the facility will be discharged after assessment of their post-operative condition.
2. Discharge requirements:
  - a. As previously stated, patients must score 9 out of a possible 10 PAS score for discharge. No patient shall be discharged with a score of 0 in any one category without MD notification.
    - i. Extended stay: if the patient's PAS score does not meet the minimal discharge criteria within 2 hours, an anesthesiologist must be consulted. The RN will document the consultation on the Post Anesthesia Nursing Record. A verbal or written order from the physician must be obtained before discharge.
  - b. The last dose of IV respiratory depressant drug was administered a minimum of 30 minutes prior to discharge from PACU.
  - c. Patients who receive any reversal agents for neurovascular blockade, sedative or opioids must be monitored for 2 hours from the last dose of reversal agent prior to discharge.
  - d. Temperature is maintained between 95.9F and 101.3F degrees, or preoperative baseline level. A temperature maintained above 101F degrees in the PACU setting should be discussed with the anesthesiologist prior to discharge.
  - e. The pain level will be assessed according to verbal or nonverbal pain scale of 0 (no pain) through 10 (maximum pain) at rest, using the appropriate scoring according to the patient's status.
    - i. patient should report adequate pain control while at rest.
  - f. Patients that have received spinal or epidural anesthesia must be able to bend knees and lift buttocks.
  - g. The patient will not be discharged if they express a need to void but are unable to do so without a physician notification and/or order.
  - h. The anesthesiologist must be notified 15 minutes prior to discharge of the patient to allow

- adequate time for a post-operative visit, if order for discharge not previously indicated.
- i. Nursing documentation is completed, inclusive of a PAS score, initial nursing assessment and discharge summary.
  - j. Each patient must have a discharge order from the surgeon who performed the procedure. Any patient dismissed by the surgeon before completing the required recovery stay, or not accompanied by an adult at discharge time after receiving general anesthesia or sedation, must have a written order by the surgeon.
  - k. Patient is awake, alert, responds to commands appropriate to age, or returned to preoperative status
    - l. There is no unusual or observable, active bleeding.
  - m. The patient is able to ambulate with minimal assistance or as appropriate following their procedure, or their mobility/activity level is at their pre-procedural baseline.
  - n. The patient is not actively vomiting and their nausea is mild in severity.
  - o. The IV is discontinued
  - p. Arrangements have been confirmed for a responsible adult to accompany the patient home and an individual remains available for the first 24 hours.
  - q. Discharge medication prescriptions have been ordered for the patient when indicated.
  - r. Verbal discharge teaching and written instructions are provided to the patient and/or responsible adult.
    - i. Each patient will be given the physician's name and phone number to call in case they have questions or concerns after their discharge.
    - ii. Patients will understand to go to the nearest emergency room in case of emergency and to contact their surgeon if they are going to the ER.
  - s. Patient is informed that the staff will make a post-operative telephone call within the first business day following discharge.
  - t. Patient is discharged to a responsible adult (18 years or older, unless otherwise exempted by the physician) and escorted out of the surgery center. To be deemed a responsible adult, such a person must be physically and mentally able to make decisions for the patient's welfare if necessary. Moreover, the responsible person must understand the requirements for post-anesthetic care and intend to comply with these requirements, especially concerning public safety.
    - i. Patients who have a transportation service transport them home will be informed to have a designated individual at home to assume care.
  - u. Pain clinic patients must meet the following criteria before being discharged:
    - i. No nausea
    - ii. Alert and oriented
    - iii. Skin warm and dry
    - iv. Dressing dry
    - v. Moving all extremities

vi. Pain scale noted

## Related Policies/Forms:

Discharge, NS-1910

Discharge Planning and Education, NS-1928

## Attachments

No Attachments

## Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	01/2022
	Heidi Fedorchak: Nurse Manager	01/2022

COPY



Origination: N/A  
Last Approved: N/A  
Last Revised: N/A  
Next Review: N/A  
Owner: Courtney Leslie: Administrator  
Department: Human Resources  
Applicabilities: Truckee Surgery Center

## Tuition Assistance, HR-2201

### POLICY:

Truckee Surgery Center (TSC) will provide financial assistance to employees enrolled in outside courses that are directly related to current or future pre-determined jobs within TSC.

### PROCEDURE:

- A. The employee must be working in a Full Time or Part Time status for a minimum of one year before beginning any academic subject for assistance from TSC.
- B. Education must be related clearly to the employee's current position at TSC, or to a pre-determined internal transfer or promotion. This issue will be decided by the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer of TFHD.
  1. Upon approval, a formal letter will be sent to you.
- C. Proof of registration, book purchases, entrance fees, grades and parking fees may be submitted for reimbursement.
  1. Required uniforms are not eligible for reimbursement.
- D. Administrative approval must be received on the Tuition Assistance Request Form **prior** to beginning study.
  1. Any application received after course enrollment will automatically be denied.
- E. Applicants must apply annually for this program.
- F. No one with below average performance evaluations or documented oral or written warnings within the last 12 months will be considered.
- G. Employees must complete course(s) with at least a C grade or equivalent to qualify for reimbursement.
- H. Employees may not receive assistance from TSC for a course or within a program for which other educational assistance is being received (for example, G.I. Bill benefits and Education Reimbursement funds).
- I. If an employee terminates within one year of receiving Tuition Assistance, TSC may require full or partial reimbursement, per a signed agreement.
- J. TSC reserves the right to end Tuition reimbursement at any time.
- K. The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for graduate



level courses, certification programs or vocational courses. Reimbursement requires submission of proof of completion and passing grades. The Board of Managers may approve reimbursement at a higher level on a case by case basis and will require an additional signature from the President of the Board on the Tuition Assistance Request Form.

1. Any employee that is approved for this program for undergraduate degree (Associate or Bachelor) by the Administrator and Administrative Director of Surgical Services will require a signature by the President of the Board of Managers.

L. Courses qualifying for reimbursement must be completed in an accredited, recognized educational institution. Seminars and request for CEU credits are not eligible for reimbursement under this program. Please refer to policy HR-2103.

M. If an employee leaves employment voluntarily or involuntarily within 3 years of reimbursement, they are responsible to repay the Surgery Center a portion of the benefit paid to them from their last paycheck as authorized on the application form as follows:

1. 1 to 12 months following completion:	75% payback
2. 13 to 24 months following completion:	50% payback
3. 25 to 36 months following completion:	50% payback
4. 36+ months following completion:	0% payback

**N. To Request Reimbursement:**

1. Employees must complete the Application for Tuition Assistance and receive approval from the Administrator, Administrative Director of Surgical Services, and Chief Nursing Officer **prior** to signing up for the outside class.
2. Once approved, employees must provide a copy of the approved form to Administrator.
3. Once the class(es) are completed, employees must provide receipts and grade report to the Administrator when requesting reimbursement, along with the signed Reimbursement Request form.
  - a. Since this program is based on the calendar year, reimbursement forms must be submitted within the same calendar year of course completion in order to appropriately distribute funds.
  - b. Reimbursement requests for the calendar year are due by the end of the second week of December. Any submissions after that date will be processed with next year's funds.
4. The completed application, with receipts, will be submitted to the Administrator for processing a reimbursement check.

O. The Administrator tracks the amount of reimbursement per calendar year per employee and the employee's commitment to TSC should employment be terminated; and reimbursement from the employee be sought.

1. It is the employee's responsibility to timely submit their form for reimbursement. The Administrator will track funds received only.

## **Related Policies/Forms:**

Tuition Assistance Application Form, Tuition Assistance Reimbursement Request Form

## **Attachments**

Tuition Assistance Application Form  
Tuition Assistance Reimbursement Request

DRAFT



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE COMPLETED PRIOR TO ENROLLMENT IN COURSE**

**The maximum reimbursement will be \$5,000 per calendar year at 75% of covered expenses for approved courses.**

Employee's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Status (circle): Full Time      Part Time

Title of course or program: \_\_\_\_\_

School/Institution: \_\_\_\_\_ Date course begins: \_\_\_\_\_

1. Is the course required to meet minimum educational requirements for your current job?  
Check one:  Yes       No

2. Is this a graduate level course (Masters and above?)  
Check one:  Yes       No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Does the course provide you with the capacity to qualify for a new job?  
Check one:  Yes       No

3. Please **attach** the following:

- A brief explanation of how this course or program is either required to meet minimum educational requirements for your current job or provides you with the capacity to qualify for a new job.
- Program information about the course or program from the accredited school.

4. Are you pursuing a degree?       Yes       No (Please list below)

5. Anticipated expenses:

Tuition:            \$ \_\_\_\_\_

Books:             \$ \_\_\_\_\_

Other Fees:        \$ \_\_\_\_\_

Total Cost:        \$ \_\_\_\_\_

Are you eligible for benefits under the G.I. Bill?  Yes  No

Reimbursement received from G.I. Bill or other scholarship grants: \$ \_\_\_\_\_

*The employee is responsible for obtaining all required signatures below.*

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If reimbursable amount is over \$5,000, signature below is **required**.*

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION FOR TUITION ASSISTANCE (policy HR-2201)  
THIS SECTION TO BE FILLED OUT AFTER COURSE IS COMPLETED**

**Employees must be on active payroll to receive reimbursement payments.**

Employee's Name: \_\_\_\_\_

Name of course: \_\_\_\_\_ Date completed: \_\_\_\_\_

Grade received (report attached): \_\_\_\_\_

Expenses (attach original receipts)	Tuition: \$ _____
	Books: \$ _____
	Other Fees: \$ _____
	Total Cost: \$ _____
Scholarship or Government Assistance received:	\$ _____
	Net Costs \$ _____

My education was a graduate level course:

Check one:  Yes  No (President of the Board of Managers signature is **required**)

President signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by**

Total Cost: \$ _____ x 75% Amount Approved: \$ _____
--

I understand that if my employment ends within 36 months of payment I am responsible to reimburse the Surgery Center as follows:

- |                                       |             |
|---------------------------------------|-------------|
| 1 to 12 months following completion:  | 75% payback |
| 13 to 24 months following completion: | 50% payback |
| 25 to 36 months following completion: | 25% payback |
| 36+ months following completion:      | 0% payback  |

*The Surgery Center has my permission to withhold any remaining balance from my final payroll check. Should my final paycheck not satisfy the balance, a payment schedule will be agreed upon by both parties to alleviate the debt. I understand that if I default on the loan repayment, the Surgery Center reserves the right to pursue legal action on the amount owed.*

***The employee is responsible for obtaining all required signatures below.***

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director of Surgical Services signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Nursing Officer signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If reimbursable amount is over \$5,000, signature below is required.***

President signature: \_\_\_\_\_ Date: \_\_\_\_\_



Origination: 02/2022  
Last Approved: N/A  
Last Revised: 03/2022  
Next Review: 1 year after approval  
Owner: Courtney Leslie: Administrator  
Department: Governance  
Applicabilities: Truckee Surgery Center

## Approved Abbreviations, GOV-2201

### RISK:

Abbreviations are sometimes not understood, misread, or interpreted incorrectly. Abbreviations in a medical record can lead to medication or medical errors that may harm patients.

### POLICY:

- A. Symbols and abbreviations that are used in the medical record or in medication orders shall be used only when they have been approved by the medical staff, and when there is an explanatory legend available to those authorized to make entries in the medical record and to those who must interpret them.
- B. Truckee Surgery Center has adopted the reference **The Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a clinical guide to abbreviations.
- C. In addition to Stedman's Abbreviations Truckee Surgery Center has a list of abbreviations commonly used by orthopedic surgeons on schedule request forms. (See attached list)
  1. This list is only to be used to decipher scheduling requests. These abbreviations will not be used in the medical record.
- D. Unapproved Abbreviations are not to be used in any handwritten, clinical documentation.
- E. Compliance will be monitored through the quality reporting system.

### PROCEDURE:

- A. When making entries into the medical record, staff shall use the reference **Stedman's Abbreviations, Acronyms & Symbols** (most current edition) as a guide for interpretation of abbreviations and symbols.
  1. Any abbreviation or symbol that is unclear will require clarification with the author.
  2. One guide will be stored at the desk in PreOp, PACU, and the front desk.
- B. Entries with prohibited abbreviations will be referred to the Nurse Manager or Administrator for review.
  1. Patterns of non compliance may be documented on an occurrence report.

## Attachments

Scheduling Abbreviations.pdf

## Approval Signatures

Step Description	Approver	Date
	Heidi Fedorchak: Nurse Manager	pending
	Courtney Leslie: Administrator	03/2022

COPY

## Truckee Surgery Center

### Abbreviations Commonly Used by Orthopedic Surgeons

*This list is only to be used as a tool when scheduling. These abbreviations are not to be used in the medical record.*

AC (joint)	acromioclavicular joint
ACL	anterior cruciate ligament
AKA	above knee amputation
Allo	Allograft (from cadaver/donor)
amp	amputate, amputation
Ant	Anterior
Arthro	arthroscopy
AS	arthroscopy
Auto	Autograft (from the patient)
B,bil,bilat	bilateral
Bi mal	Bimalleolar
Chondro	chondroplasty
C&S	culture and sensitivities
c/r	closed reduction
CRPP	Closed reduction percutaneous pinning
CTR	carpal tunnel release
CTS	carpal tunnel syndrome
cpd fx	compound fracture
CXR	chest X-ray
D/C, DC	discharge
DCE	distal clavicle excision
Dr	Distal radius or doctor
dx	diagnosis
ECG,EKG	electrocardiogram
Epi	epinephrine
ETT	endotracheal tube
Fem	femoral
Flouro	flourosocopy
F/U	follow up
Fx	fracture
Fx dis	fracture dislocation/dislocated
H&P	history and physical
H/W, hwr	hardware
Hx	history
IAS	intra-articular shaving
ICBG	Iliac crest bone graft
I&D	incision and drainage
IM	intramuscular
IM (rod/nail)	Intramedullary
Inj	injection
IV	intravenous
L	left
Lat	lateral
LCL	lateral collateral ligament
LE's	lower extremities
Lig	ligament
LMA	laryngeal mask airway
LM	lateral meniscectomy
LMR	lateral meniscal repair
LR	lactated ringers
MAC	monitored anesthesia sedation
Mal	malleolar
MCL	medial collateral ligament

MBB	medial branch block
Med	medial
MEN	meniscectomy
MM	Medial meniscectomy
MMR	medial meniscal repair
MPRL	medial patellofemoral ligament
MT	metatarsal
MUA	manipulation under anesthesia
NKA, NKDA	no known allergies
NPO	nothing by mouth
N/V, N&V	nausea and vomiting
OA	osteoarthritis
ORIF	open reduction & internal fixation
PCL	posterior cruciate ligament
Perc	percutaneous
PLM	Partial lateral meniscectomy
PMM	partial medial meniscectomy
po	by mouth
post	posterior
post-op	post operative
PRN	as required or as needed
Prox	proximal
Ptl	partial
PTG	patellar tendon graft
PTT	partial thromboplastin time
R	right
RCN	reconstruction
RCR	rotator cuff repair
ROH	removal of hardware
ROM	range of motion
RPR	repair
SAB	spinal block
SAD	subacromial decompression
Sat	saturation
SHLD	shoulder
SLAP	superior labrum anterior to posterior
S/P	status post
STAT	immediately
SX, Sx	symptoms
Teno	tenodesis
TFE	transforaminal epidural
Tri mal	trimalleolar
TX, Tx	treatment
UA	urinalysis
UCL	Ulnar collateral ligament
U.E.'s	upper extremities
VA DR	Variable angle distal radius
Vs	versus
W/, w/	with
x	times

**Truckee Surgery Center LLC**  
**Balance Sheet**  
As of October 31, 2021

	Oct 31, 21	Oct 31, 20	% Change
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
Bank of the West	117,633.27	53,415.61	120.2%
Petty Cash	298.49	176.10	69.5%
<b>Total Checking/Savings</b>	<b>117,931.76</b>	<b>53,591.71</b>	<b>120.1%</b>
<b>Accounts Receivable</b>			
<b>Accounts Receivable</b>			
Allowance for Doubtful Accounts	-139,424.24	-81,441.84	-71.2%
Accounts Receivable - Other	516,253.09	245,757.73	110.1%
<b>Total Accounts Receivable</b>	<b>376,828.85</b>	<b>164,315.89</b>	<b>129.3%</b>
<b>Total Accounts Receivable</b>	<b>376,828.85</b>	<b>164,315.89</b>	<b>129.3%</b>
<b>Other Current Assets</b>			
<b>Prepaid Expense</b>			
Preventative Maint	2,458.35	3,676.66	-33.1%
Worker's Comp	3,415.32	3,398.00	0.5%
Prepaid Expense - Other	1,086.99	2,955.61	-63.2%
<b>Total Prepaid Expense</b>	<b>6,960.66</b>	<b>10,030.27</b>	<b>-30.6%</b>
<b>Total Other Current Assets</b>	<b>6,960.66</b>	<b>10,030.27</b>	<b>-30.6%</b>
<b>Total Current Assets</b>	<b>501,721.27</b>	<b>227,937.87</b>	<b>120.1%</b>
<b>Fixed Assets</b>			
Computer/Office Equipment	7,051.91	7,051.91	0.0%
Furniture & Fixtures	14,087.00	14,087.00	0.0%
Instruments	27,805.38	27,805.38	0.0%
Leasehold Improvements	1,003,817.04	991,765.18	1.2%
Machinery & Equipment	87,129.12	87,129.12	0.0%
Surgical & Medical Equipment	215,098.69	215,098.69	0.0%
Accumulated Depreciation	-595,856.97	-557,826.55	-6.8%
Goodwill	3,914,333.00	3,914,333.00	0.0%
Accumulated Amortization	-2,827,018.76	-2,566,063.28	-10.2%
<b>Total Fixed Assets</b>	<b>1,846,446.41</b>	<b>2,133,380.45</b>	<b>-13.5%</b>
<b>Other Assets</b>			
Rent Deposit	20,256.00	20,256.00	0.0%
<b>Total Other Assets</b>	<b>20,256.00</b>	<b>20,256.00</b>	<b>0.0%</b>
<b>TOTAL ASSETS</b>	<b>2,368,423.68</b>	<b>2,381,574.32</b>	<b>-0.6%</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
Accounts Payable	615,751.04	271,616.86	126.7%
<b>Total Accounts Payable</b>	<b>615,751.04</b>	<b>271,616.86</b>	<b>126.7%</b>
<b>Credit Cards</b>			
BankCard	6,198.36	-1,126.61	650.2%
<b>Total Credit Cards</b>	<b>6,198.36</b>	<b>-1,126.61</b>	<b>650.2%</b>



**Truckee Surgery Center LLC**  
**Balance Sheet**  
As of October 31, 2021

	Oct 31, 21	Oct 31, 20	% Change
<b>Other Current Liabilities</b>			
US Bank Equipment Lease	4,572.72	5,658.12	-19.2%
Due to TFH	1,330,720.03	1,103,668.17	20.6%
Franchise Tax Payable	-4,100.00	-4,100.00	0.0%
Billing Fee Accrued	-81,890.11	-24,070.23	-240.2%
Compensated Absenses	32,902.84	21,737.48	51.4%
Payroll Liabilities	6,415.02	2,384.31	169.1%
<b>Total Other Current Liabilities</b>	<b>1,288,620.50</b>	<b>1,105,277.85</b>	<b>16.6%</b>
<b>Total Current Liabilities</b>	<b>1,910,569.90</b>	<b>1,375,768.10</b>	<b>38.9%</b>
<b>Total Liabilities</b>	<b>1,910,569.90</b>	<b>1,375,768.10</b>	<b>38.9%</b>
<b>Equity</b>			
Tahoe Forest Hospital			
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
<b>Total Tahoe Forest Hospital</b>	<b>2,986,307.79</b>	<b>2,986,307.79</b>	<b>0.0%</b>
Truckee Surgery Center Inc			
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
<b>Total Truckee Surgery Center Inc</b>	<b>604,650.70</b>	<b>604,650.70</b>	<b>0.0%</b>
Retained Earnings	-3,014,892.02	-2,501,207.71	-20.5%
Net Income	-118,212.69	-83,944.56	-40.8%
<b>Total Equity</b>	<b>457,853.78</b>	<b>1,005,806.22</b>	<b>-54.5%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,368,423.68</b>	<b>2,381,574.32</b>	<b>-0.6%</b>

**Truckee Surgery Center LLC**  
**Balance Sheet**  
As of November 30, 2021

	Nov 30, 21	Nov 30, 20	% Change
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
Bank of the West	112,980.01	38,949.70	190.1%
Petty Cash	298.49	176.10	69.5%
<b>Total Checking/Savings</b>	<b>113,278.50</b>	<b>39,125.80</b>	<b>189.5%</b>
<b>Accounts Receivable</b>			
<b>Accounts Receivable</b>			
Allowance for Doubtful Accounts	-148,285.30	-88,721.38	-67.1%
Accounts Receivable - Other	378,601.89	232,829.09	62.6%
<b>Total Accounts Receivable</b>	<b>230,316.59</b>	<b>144,107.71</b>	<b>59.8%</b>
<b>Total Accounts Receivable</b>	<b>230,316.59</b>	<b>144,107.71</b>	<b>59.8%</b>
<b>Other Current Assets</b>			
<b>Prepaid Expense</b>			
Preventative Maint	2,458.35	4,882.56	-49.7%
Worker's Comp	2,988.40	2,973.25	0.5%
Prepaid Expense - Other	985.75	2,554.77	-61.4%
<b>Total Prepaid Expense</b>	<b>6,432.50</b>	<b>10,410.58</b>	<b>-38.2%</b>
<b>Total Other Current Assets</b>	<b>6,432.50</b>	<b>10,410.58</b>	<b>-38.2%</b>
<b>Total Current Assets</b>	<b>350,027.59</b>	<b>193,644.09</b>	<b>80.8%</b>
<b>Fixed Assets</b>			
Computer/Office Equipment	7,051.91	7,051.91	0.0%
Furniture & Fixtures	14,087.00	14,087.00	0.0%
Instruments	27,805.38	27,805.38	0.0%
Leasehold Improvements	1,003,817.04	991,765.18	1.2%
Machinery & Equipment	136,016.27	87,129.12	56.1%
Surgical & Medical Equipment	215,098.69	215,098.69	0.0%
Accumulated Depreciation	-598,446.98	-560,919.60	-6.7%
Goodwill	3,914,333.00	3,914,333.00	0.0%
Accumulated Amortization	-2,848,765.05	-2,587,809.57	-10.1%
<b>Total Fixed Assets</b>	<b>1,870,997.26</b>	<b>2,108,541.11</b>	<b>-11.3%</b>
<b>Other Assets</b>			
Rent Deposit	20,256.00	20,256.00	0.0%
<b>Total Other Assets</b>	<b>20,256.00</b>	<b>20,256.00</b>	<b>0.0%</b>
<b>TOTAL ASSETS</b>	<b>2,241,280.85</b>	<b>2,322,441.20</b>	<b>-3.5%</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
Accounts Payable	668,754.22	271,913.45	145.9%
<b>Total Accounts Payable</b>	<b>668,754.22</b>	<b>271,913.45</b>	<b>145.9%</b>
<b>Credit Cards</b>			
BankCard	2,976.27	1,685.11	76.6%
<b>Total Credit Cards</b>	<b>2,976.27</b>	<b>1,685.11</b>	<b>76.6%</b>

**Truckee Surgery Center LLC**  
**Balance Sheet**  
As of November 30, 2021

	Nov 30, 21	Nov 30, 20	% Change
<b>Other Current Liabilities</b>			
US Bank Equipment Lease	4,458.77	5,658.12	-21.2%
Due to TFH	1,330,720.03	1,103,668.17	20.6%
Franchise Tax Payable	-4,100.00	-4,100.00	0.0%
Billing Fee Accrued	-87,618.06	-27,460.57	-219.1%
Compensated Absences	32,027.89	22,888.68	39.9%
Payroll Liabilities	6,633.96	-1,530.30	533.5%
Pension Payable	0.00	694.74	-100.0%
<b>Total Other Current Liabilities</b>	<b>1,282,122.59</b>	<b>1,099,818.84</b>	<b>16.6%</b>
<b>Total Current Liabilities</b>	<b>1,953,853.08</b>	<b>1,373,417.40</b>	<b>42.3%</b>
<b>Total Liabilities</b>	<b>1,953,853.08</b>	<b>1,373,417.40</b>	<b>42.3%</b>
<b>Equity</b>			
Tahoe Forest Hospital			
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
<b>Total Tahoe Forest Hospital</b>	<b>2,986,307.79</b>	<b>2,986,307.79</b>	<b>0.0%</b>
Truckee Surgery Center Inc			
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
<b>Total Truckee Surgery Center Inc</b>	<b>604,650.70</b>	<b>604,650.70</b>	<b>0.0%</b>
Retained Earnings	-3,014,892.02	-2,501,207.71	-20.5%
Net Income	-288,638.70	-140,726.98	-105.1%
<b>Total Equity</b>	<b>287,427.77</b>	<b>949,023.80</b>	<b>-69.7%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,241,280.85</b>	<b>2,322,441.20</b>	<b>-3.5%</b>

## Truckee Surgery Center LLC

## Balance Sheet

As of December 31, 2021

	Dec 31, 21	Dec 31, 20	% Change
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
Bank of the West	98,672.92	59,538.18	65.7%
Petty Cash	298.49	176.10	69.5%
<b>Total Checking/Savings</b>	98,971.41	59,714.28	65.7%
<b>Accounts Receivable</b>			
Accounts Receivable			
Allowance for Doubtful Accounts	-149,709.98	-91,491.25	-63.6%
Accounts Receivable - Other	459,026.63	287,993.22	59.4%
<b>Total Accounts Receivable</b>	309,316.65	196,501.97	57.4%
<b>Total Accounts Receivable</b>	309,316.65	196,501.97	57.4%
<b>Other Current Assets</b>			
<b>Prepaid Expense</b>			
Preventative Maint	2,733.77	3,537.11	-22.7%
Worker's Comp	2,561.48	2,548.50	0.5%
Prepaid Expense - Other	735.34	2,153.93	-65.9%
<b>Total Prepaid Expense</b>	6,030.59	8,239.54	-26.8%
<b>Total Other Current Assets</b>	6,030.59	8,239.54	-26.8%
<b>Total Current Assets</b>	414,318.65	264,455.79	56.7%
<b>Fixed Assets</b>			
Computer/Office Equipment	7,051.91	7,051.91	0.0%
Furniture & Fixtures	14,087.00	14,087.00	0.0%
Instruments	27,805.38	27,805.38	0.0%
Leasehold Improvements	1,003,817.04	991,765.18	1.2%
Machinery & Equipment	131,016.27	87,129.12	50.4%
Surgical & Medical Equipment	215,098.69	215,098.69	0.0%
Accumulated Depreciation	-601,036.99	-564,012.65	-6.6%
Goodwill	3,914,333.00	3,914,333.00	0.0%
Accumulated Amortization	-2,870,511.34	-2,609,555.86	-10.0%
<b>Total Fixed Assets</b>	1,841,660.96	2,083,701.77	-11.6%
<b>Other Assets</b>			
Rent Deposit	20,256.00	20,256.00	0.0%
<b>Total Other Assets</b>	20,256.00	20,256.00	0.0%
<b>TOTAL ASSETS</b>	<b>2,276,235.61</b>	<b>2,368,413.56</b>	<b>-3.9%</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
Accounts Payable	644,866.37	348,389.93	85.1%
<b>Total Accounts Payable</b>	644,866.37	348,389.93	85.1%
<b>Credit Cards</b>			
BankCard	2,056.23	-1,032.87	299.1%
<b>Total Credit Cards</b>	2,056.23	-1,032.87	299.1%

**Truckee Surgery Center LLC**  
**Balance Sheet**  
**As of December 31, 2021**

	Dec 31, 21	Dec 31, 20	% Change
<b>Other Current Liabilities</b>			
US Bank Equipment Lease	4,344.03	5,447.57	-20.3%
Due to TFH	1,330,720.03	1,143,668.17	16.4%
Franchise Tax Payable	-4,100.00	-4,100.00	0.0%
Billing Fee Accrued	-95,441.32	-31,032.38	-207.6%
Compensated Absenses	37,418.43	24,509.96	52.7%
Payroll Liabilities	7,246.63	3,340.04	117.0%
Pension Payable	1,181.83	703.95	67.9%
<b>Total Other Current Liabilities</b>	<b>1,281,369.63</b>	<b>1,142,537.31</b>	<b>12.2%</b>
<b>Total Current Liabilities</b>	<b>1,928,292.23</b>	<b>1,489,894.37</b>	<b>29.4%</b>
<b>Total Liabilities</b>	<b>1,928,292.23</b>	<b>1,489,894.37</b>	<b>29.4%</b>
<b>Equity</b>			
Tahoe Forest Hospital			
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
<b>Total Tahoe Forest Hospital</b>	<b>2,986,307.79</b>	<b>2,986,307.79</b>	<b>0.0%</b>
Truckee Surgery Center Inc			
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
<b>Total Truckee Surgery Center Inc</b>	<b>604,650.70</b>	<b>604,650.70</b>	<b>0.0%</b>
Retained Earnings	-3,014,892.02	-2,501,207.71	-20.5%
Net Income	-228,123.09	-211,231.59	-8.0%
<b>Total Equity</b>	<b>347,943.38</b>	<b>878,519.19</b>	<b>-60.4%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>2,276,235.61</b>	<b>2,368,413.56</b>	<b>-3.9%</b>

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**October 2021**

	Oct 21	Oct 20	% Change
Ordinary Income/Expense			
Income			
Patient Revenue			
Private Pay	7,553.06	0.00	100.0%
Medbridge	128,565.51	56,016.53	129.5%
Total Patient Revenue	136,118.57	56,016.53	143.0%
Refunds			
Patient Refund	-1,425.21	-8,567.32	83.4%
Total Refunds	-1,425.21	-8,567.32	83.4%
Total Income	134,693.36	47,449.21	183.9%
Gross Profit	134,693.36	47,449.21	183.9%
Expense			
Purchased Services	809.09	4,667.90	-82.7%
Bad Debt	-14,741.02	-1,192.65	-1,136.0%
General Office			
Dues and Subscriptions	1,908.67	2,074.97	-8.0%
Office Supplies	3,021.46	2,843.96	6.2%
Postage and Delivery	14.02	0.00	100.0%
Printing and Reproduction	45.00	1,130.04	-96.0%
Total General Office	4,989.15	6,048.97	-17.5%
Liability Gen'l, Prof Insurance	412.01	896.59	-54.1%
Linen	3,440.12	3,982.18	-13.6%
Medical Supplies Total			
Gas Medical	1,474.72	950.51	55.2%
Implants	14,361.28	19,747.23	-27.3%
Instrument Expense	391.81	168.87	132.0%
Medical Supplies	2,699.46	5,917.62	-54.4%
Pharmacy	1,046.41	3,402.68	-69.3%
Patient Nutrition	35.00	77.05	-54.6%
Total Medical Supplies Total	20,008.68	30,263.96	-33.9%
Other Expenses			
Advertising & Promotion	0.00	685.48	-100.0%
Bank Charges	13.00	3.00	333.3%
Educational	553.58	25.00	2,114.3%
Equipment Rental/Lease	0.00	-283.31	100.0%
Interest Expense	0.00	39.81	-100.0%
Merchant Fees	163.19	0.00	100.0%
Total Other Expenses	729.77	469.98	55.3%
Payroll Expenses			
Health Insurance Total			
Health	8,186.53	2,271.55	260.4%
Dental	1,030.04	676.74	52.2%
Vision	96.70	61.10	58.3%
Total Health Insurance Total	9,313.27	3,009.39	209.5%
Employee Benefit	100.00	150.00	-33.3%
Payroll Taxes	3,570.95	2,218.00	61.0%
Retirement Contribution	322.91	429.95	-24.9%
Wages	46,443.44	29,951.45	55.1%
Work Comp	426.92	424.75	0.5%
Payroll Expenses - Other	78.50	29.75	163.9%
Total Payroll Expenses	60,255.99	36,213.29	66.4%
Professional Fees			
Transcription Services	239.23	204.10	17.2%
Total Professional Fees	239.23	204.10	17.2%
Rent & CAM	14,229.84	13,723.44	3.7%

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**October 2021**

	Oct 21	Oct 20	% Change
<b>Repairs</b>			
Instrument Repairs	0.00	250.00	-100.0%
Maintenance-Preventative	3,209.83	2,289.77	40.2%
<b>Total Repairs</b>	3,209.83	2,539.77	26.4%
<b>Taxes</b>			
Property	1,710.32	1,519.20	12.6%
Taxes - Other	1,869.50	0.00	100.0%
<b>Total Taxes</b>	3,579.82	1,519.20	135.6%
<b>Utilities</b>			
Alarm Monitor	74.62	72.45	3.0%
Cable	60.12	105.44	-43.0%
Gas and Electric	3,318.26	216.55	1,432.3%
Telephone	481.38	0.00	100.0%
<b>Total Utilities</b>	3,934.38	394.44	897.5%
<b>Depreciation Expense</b>	2,590.01	3,093.05	-16.3%
<b>Total Expense</b>	103,686.90	102,824.22	0.8%
<b>Net Ordinary Income</b>	31,006.46	-55,375.01	156.0%
<b>Other Income/Expense</b>			
Other Expense			
Amortization Expense	21,746.29	21,746.29	0.0%
<b>Total Other Expense</b>	21,746.29	21,746.29	0.0%
<b>Net Other Income</b>	-21,746.29	-21,746.29	0.0%
<b>Net Income</b>	<b>9,260.17</b>	<b>-77,121.30</b>	<b>112.0%</b>

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**November 2021**

	Nov 21	Nov 20	% Change
Ordinary Income/Expense			
Income			
Patient Revenue			
Medbridge	-12,921.76	56,893.98	-122.7%
Total Patient Revenue	-12,921.76	56,893.98	-122.7%
Refunds			
Patient Refund	0.00	-3,183.45	100.0%
Total Refunds	0.00	-3,183.45	100.0%
Total Income	-12,921.76	53,710.53	-124.1%
Gross Profit	-12,921.76	53,710.53	-124.1%
Expense			
Service Fee	0.00	0.00	0.0%
Purchased Services	-2,637.25	0.00	-100.0%
Bad Debt	8,861.06	7,279.54	21.7%
Collection Agency Reimbursement	292.58	0.00	100.0%
General Office			
Dues and Subscriptions	1,552.04	964.90	60.9%
Office Supplies	2,603.94	2,636.70	-1.2%
Postage and Delivery	245.56	68.69	257.5%
Printing and Reproduction	0.00	97.17	-100.0%
Total General Office	4,401.54	3,767.46	16.8%
Liability Gen'l, Prof Insurance	412.01	0.00	100.0%
Linen	3,501.29	3,208.50	9.1%
Medical Supplies Total			
Gas Medical	1,018.49	502.00	102.9%
Implants	30,674.89	10,476.51	192.8%
Instrument Expense	0.00	3,182.56	-100.0%
Medical Supplies	3,407.96	203.24	1,576.8%
Pharmacy	2,654.00	1,333.04	99.1%
Patient Nutrition	131.25	0.00	100.0%
Total Medical Supplies Total	37,886.59	15,697.35	141.4%
Other Expenses			
Advertising & Promotion	131.88	1,060.89	-87.6%
Bank Charges	109.61	3.00	3,553.7%
Interest Expense	30.05	0.00	100.0%
Meals & Entertainment	130.82	0.00	100.0%
Merchant Fees	181.81	131.37	38.4%
Total Other Expenses	584.17	1,195.26	-51.1%
Payroll Expenses			
Health Insurance Total			
Health	3,882.00	3,323.23	16.8%
Dental	484.94	0.00	100.0%
Vision	45.10	61.10	-26.2%
Total Health Insurance Total	4,412.04	3,384.33	30.4%
Employee Benefit	1,042.80	118.06	783.3%
Payroll Taxes	3,705.89	2,249.13	64.8%
Retirement Contribution	436.08	416.40	4.7%
Wages	44,106.18	29,468.14	49.7%
Work Comp	426.92	-1,751.25	124.4%
Payroll Expenses - Other	350.55	31.50	1,012.9%
Total Payroll Expenses	54,480.46	33,916.31	60.6%
Professional Fees			
Consulting	0.00	500.00	-100.0%
Pension Fees	765.00	1,440.00	-46.9%
Transcription Services	1,055.28	110.91	851.5%
Total Professional Fees	1,820.28	2,050.91	-11.3%



**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**November 2021**

	Nov 21	Nov 20	% Change
Rent & CAM	14,229.84	13,723.44	3.7%
Repairs			
Building/Equipment Repairs	0.00	0.00	0.0%
Instrument Repairs	3,072.09	0.00	100.0%
Maintenance-Preventative	570.83	74.35	667.8%
<b>Total Repairs</b>	<b>3,642.92</b>	<b>74.35</b>	<b>4,799.7%</b>
Taxes			
Property	1,710.32	1,519.20	12.6%
<b>Total Taxes</b>	<b>1,710.32</b>	<b>1,519.20</b>	<b>12.6%</b>
Utilities			
Alarm Monitor	143.02	0.00	100.0%
Cable	60.12	179.59	-66.5%
Gas and Electric	3,449.54	2,103.31	64.0%
Telephone	479.46	938.39	-48.9%
<b>Total Utilities</b>	<b>4,132.14</b>	<b>3,221.29</b>	<b>28.3%</b>
Depreciation Expense	2,590.01	3,093.05	-16.3%
<b>Total Expense</b>	<b>135,907.96</b>	<b>88,746.66</b>	<b>53.1%</b>
<b>Net Ordinary Income</b>	<b>-148,829.72</b>	<b>-35,036.13</b>	<b>-324.8%</b>
Other Income/Expense			
Other Income			
Other Income	150.00	0.00	100.0%
<b>Total Other Income</b>	<b>150.00</b>	<b>0.00</b>	<b>100.0%</b>
Other Expense			
Amortization Expense	21,746.29	21,746.29	0.0%
<b>Total Other Expense</b>	<b>21,746.29</b>	<b>21,746.29</b>	<b>0.0%</b>
<b>Net Other Income</b>	<b>-21,596.29</b>	<b>-21,746.29</b>	<b>0.7%</b>
<b>Net Income</b>	<b>-170,426.01</b>	<b>-56,782.42</b>	<b>-200.1%</b>

# Truckee Surgery Center LLC Profit & Loss YTD Comparison

03/02/22

Accrual Basis

December 2021

	Dec 21	Dec 20	% Change
Ordinary Income/Expense			
Income			
Patient Revenue			
Medbridge	240,016.60	131,463.09	82.6%
Total Patient Revenue	240,016.60	131,463.09	82.6%
Refunds			
Insurance Refund	0.00	-1,666.26	100.0%
Patient Refund	386.48	-200.00	293.2%
Total Refunds	386.48	-1,866.26	120.7%
Total Income	240,403.08	129,596.83	85.5%
Gross Profit	240,403.08	129,596.83	85.5%
Expense			
Purchased Services	242.00	4,341.75	-94.4%
Bad Debt	1,424.68	2,769.87	-48.6%
General Office			
Dues and Subscriptions	3,200.27	1,233.87	159.4%
Office Supplies	3,463.93	3,486.95	-0.7%
Postage and Delivery	50.00	118.59	-57.8%
Total General Office	6,714.20	4,839.41	38.7%
Liability Gen'l, Prof Insurance	412.01	1,793.18	-77.0%
Linen	5,220.31	3,476.90	50.1%
Medical Supplies Total			
Gas Medical	1,055.99	1,692.98	-37.6%
Implants	9,913.82	27,501.81	-64.0%
Instrument Expense	270.63	0.00	100.0%
Medical Supplies	3,362.45	15,044.90	-77.7%
Pharmacy	4,529.31	4,382.81	3.3%
Patient Nutrition	214.37	156.50	37.0%
Total Medical Supplies Total	19,346.57	48,779.00	-60.3%
Other Expenses			
Advertising & Promotion	0.00	534.00	-100.0%
Bank Charges	13.00	72.37	-82.0%
Educational	299.99	400.00	-25.0%
Equipment Rental/Lease	0.00	103.48	-100.0%
Interest Expense	29.26	117.97	-75.2%
Meals & Entertainment	120.66	0.00	100.0%
Merchant Fees	92.29	68.88	34.0%
Total Other Expenses	555.20	1,296.70	-57.2%
Payroll Expenses			
Health Insurance Total			
Health	6,442.95	2,133.58	202.0%
Dental	416.34	356.18	16.9%
Vision	70.90	31.70	123.7%
Health Insurance Total - Other	0.00	576.26	-100.0%
Total Health Insurance Total	6,930.19	3,097.72	123.7%
Employee Benefit	100.00	547.96	-81.8%
Payroll Taxes	5,865.36	4,287.13	36.8%
Retirement Contribution	1,436.75	770.68	86.4%
Service Fee	100.00	100.00	0.0%
Wages	85,648.69	50,651.33	69.1%
Work Comp	-1,417.08	424.75	-433.6%
Payroll Expenses - Other	188.30	236.50	-20.4%
Total Payroll Expenses	98,852.21	60,116.07	64.4%

**Truckee Surgery Center LLC**  
**Profit & Loss YTD Comparison**  
**December 2021**

	Dec 21	Dec 20	% Change
<b>Professional Fees</b>			
Consulting	500.00	0.00	100.0%
Transcription Services	605.96	328.11	84.7%
<b>Total Professional Fees</b>	1,105.96	328.11	237.1%
<b>Rent &amp; CAM</b>	14,432.40	13,723.44	5.2%
<b>Repairs</b>			
Building/Equipment Repairs	0.00	0.00	0.0%
Instrument Refurbishing	0.00	860.00	-100.0%
Maintenance-Preventative	2,078.33	25,821.22	-92.0%
<b>Total Repairs</b>	2,078.33	26,681.22	-92.2%
<b>Taxes</b>			
Property	1,710.32	1,710.32	0.0%
<b>Total Taxes</b>	1,710.32	1,710.32	0.0%
<b>Utilities</b>			
Alarm Monitor	149.24	144.90	3.0%
Cable	60.12	116.24	-48.3%
Gas and Electric	2,767.08	4,496.70	-38.5%
Medical Waste	0.00	176.24	-100.0%
Telephone	480.54	472.05	1.8%
<b>Total Utilities</b>	3,456.98	5,406.13	-36.1%
<b>Depreciation Expense</b>	2,590.01	3,093.05	-16.3%
<b>Total Expense</b>	158,141.18	178,355.15	-11.3%
<b>Net Ordinary Income</b>	82,261.90	-48,758.32	268.7%
<b>Other Income/Expense</b>			
Other Expense			
Amortization Expense	21,746.29	21,746.29	0.0%
<b>Total Other Expense</b>	21,746.29	21,746.29	0.0%
<b>Net Other Income</b>	-21,746.29	-21,746.29	0.0%
<b>Net Income</b>	<b>60,515.61</b>	<b>-70,504.61</b>	<b>185.8%</b>



# Truckee Surgery Center

## Monthly Comparison & Quarterly Totals

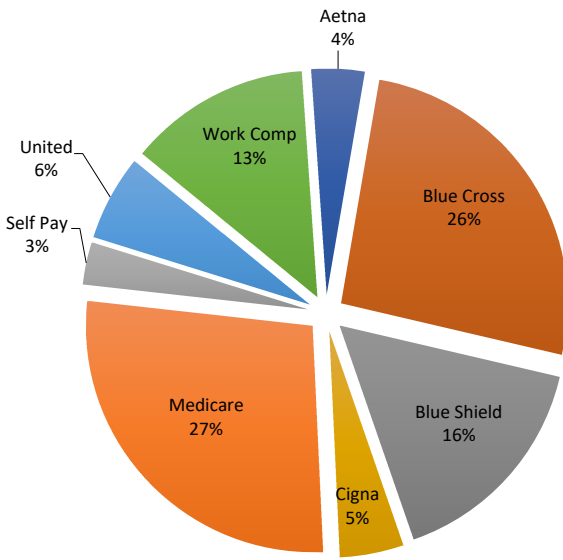
As of December 31, 2021

### Cases and Collections by Payer

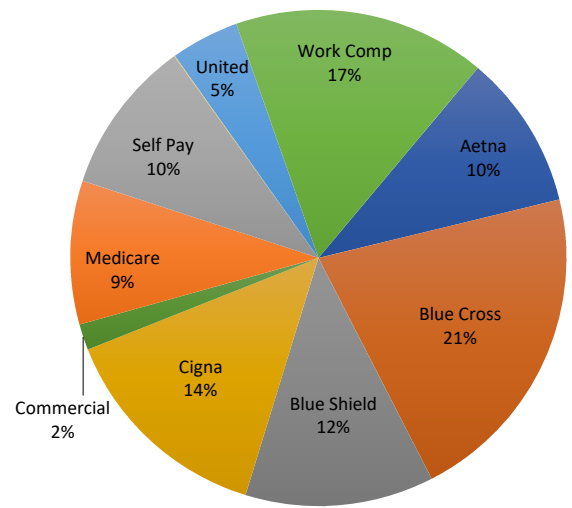
Payer	October 2021			November 2021			December 2021			4th Quarter 2021		
	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total
Aetna	0	\$34,456.92	23.49%	2	\$0.00	0.00%	3	\$8,535.54	5.29%	5	\$42,992.46	10.1%
Blue Cross	10	\$11,106.02	7.57%	15	\$38,269.56	32.52%	9	\$41,004.76	25.43%	34	\$90,380.34	21.2%
Blue Shield	5	\$13,573.45	9.25%	12	\$10,763.08	9.15%	4	\$28,049.61	17.39%	21	\$52,386.14	12.3%
Cigna	1	\$36,668.73	24.99%	1	\$427.58	0.36%	4	\$23,490.94	14.57%	6	\$60,587.25	14.2%
Collections	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
Commercial	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$7,225.51	4.48%	0	\$7,225.51	1.7%
Healthnet	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
Medicare	14	\$16,356.82	11.15%	12	\$12,410.83	10.55%	10	\$11,059.10	6.86%	36	\$39,826.75	9.4%
Self Pay	4	\$14,420.11	9.83%	0	\$19,808.77	16.83%	0	\$8,707.10	5.40%	4	\$42,935.98	10.1%
Tricare	0	\$166.80	0.11%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$166.80	0.0%
United	6	\$11,888.19	8.10%	1	\$2,590.72	2.20%	1	\$4,515.04	2.80%	8	\$18,993.95	4.5%
Work Comp	5	\$8,073.70	5.50%	9	\$33,398.02	28.38%	3	\$28,684.15	17.79%	17	\$70,155.87	16.5%
Painblocks	2	\$0.00	0.00%	4	\$0.00	0.00%	1	\$0.00	0.00%	7	\$0.00	0.0%
<b>Totals</b>	<b>47</b>	<b>\$146,710.74</b>		<b>56</b>	<b>\$117,668.56</b>		<b>35</b>	<b>\$161,271.75</b>		<b>138</b>	<b>\$425,651.05</b>	

- Aetna
- Blue Cross
- Blue Shield
- Cigna
- Collections
- Commercial
- Healthnet
- Medicare
- Self Pay
- Tricare
- United
- Work Comp

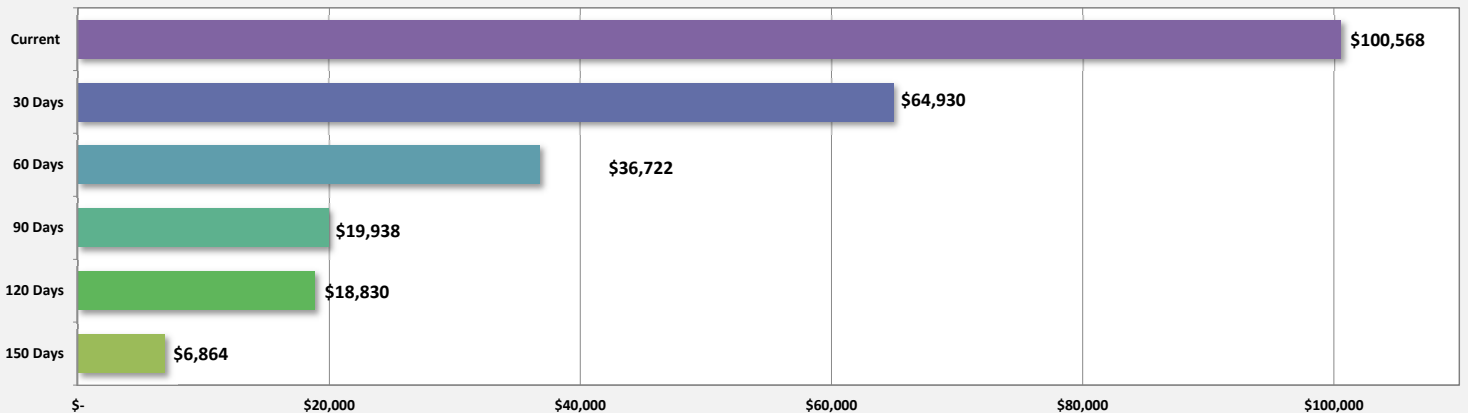
#### Cases by Payer



#### Collections by Payer



### Accounts Receivable Aging





# Truckee Surgery Center

Monthly Comparison & Quarterly Totals

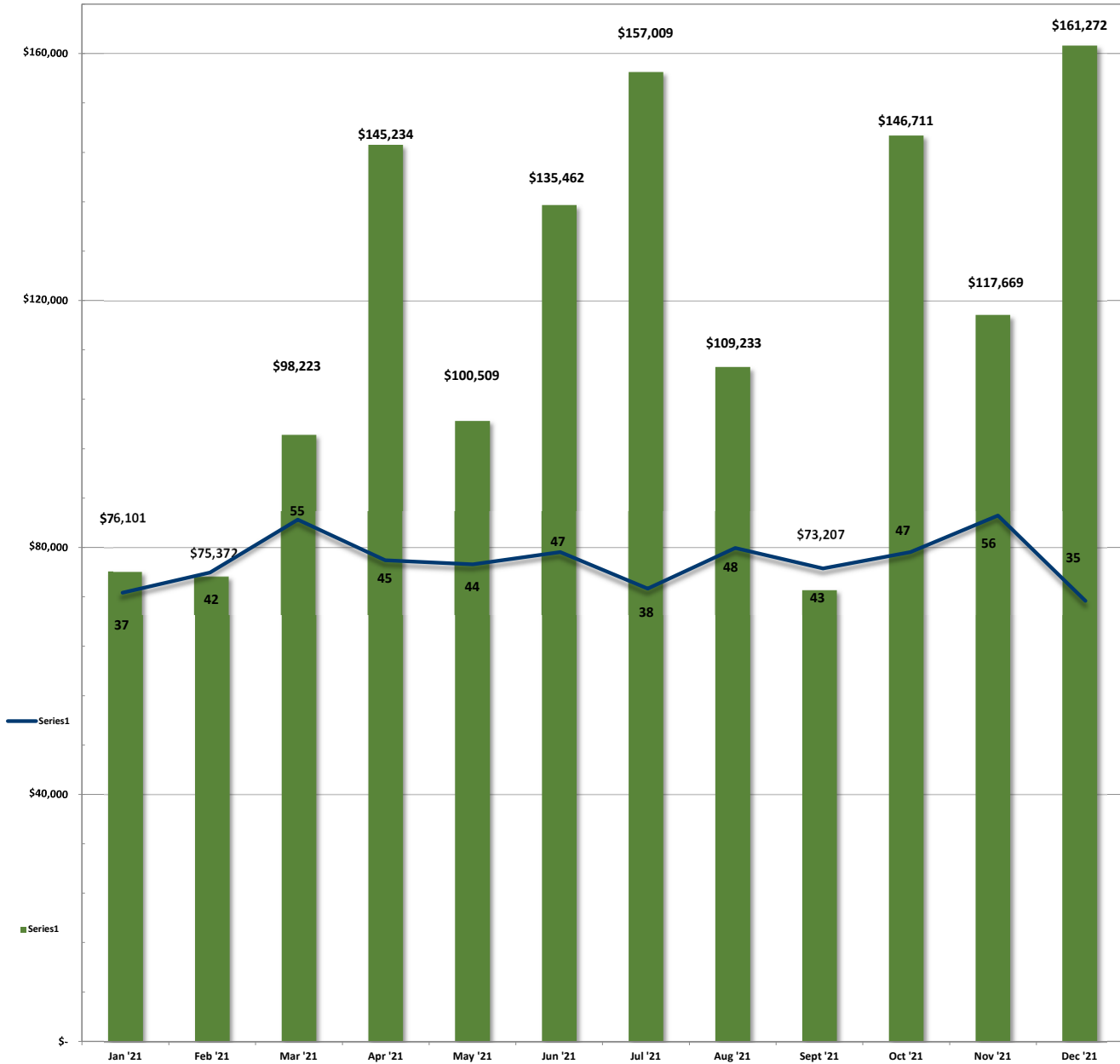
As of December 31, 2021

## Cases and Revenue by Physician

Physician	3rd Quarter 2021					4th Quarter 2021				
	Cases	% Total	Net Revenue	% Total	Rev/Case	Cases	% Total	Net Revenue	% Total	Rev/Case
Condon	1	0.8%	\$ 5,280.00	1.4%	\$5,280.00	2	1.4%	\$ 5,981.02	1.6%	\$2,990.51
Dodd	30	23.1%	\$ 101,148.64	26.3%	\$3,371.62	26	18.8%	\$ 96,536.60	25.1%	\$3,712.95
Ganong	27	20.8%	\$ 21,673.83	5.6%	\$802.73	35	25.4%	\$ 34,485.02	9.0%	\$985.29
Gustafsson	6	4.6%	\$ 7,096.38	1.8%	\$1,182.73	1	0.7%	\$ 1,418.37	0.4%	\$1,418.37
Haeder	0	0.0%	\$ -	0.0%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Hagen	21	16.2%	\$ 95,647.18	24.9%	\$4,554.63	27	19.6%	\$ 92,673.26	24.1%	\$3,432.34
Jernick	0	0.0%	\$ -	0.0%	\$0.00	12	8.7%	\$ 73,214.84	19.0%	\$6,101.24
Ringnes	23	17.7%	\$ 81,183.72	#DIV/0!	\$3,529.73	25	18.1%	\$ 80,494.80	20.9%	\$3,219.79
Stanec	0	0.0%	\$ -	#DIV/0!	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Taylor	1	0.8%	\$ 1,304.93	#DIV/0!	\$1,304.93	0	0.0%	\$ -	0.0%	\$0.00
Ward	1	0.8%	\$ -	0.0%	\$0.00	3	2.2%	\$ -	0.0%	\$0.00
Watson	0	0.0%	\$ -	0.0%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Painblocks	20	15.4%	\$ -	0.0%	\$0.00	7	5.1%	\$ -	0.0%	\$0.00
<b>Totals</b>	<b>130</b>		<b>\$ 313,334.68</b>		<b>\$ 2,410.27</b>	<b>138</b>		<b>\$ 384,803.91</b>		<b>\$2,788.43</b>

## Cases and Collections - Rolling 12 Months

**Collection Min** \$73,206.73    
 **Collection Max** \$161,271.75    
 **Collection Average** \$116,333.33    
 **Cases Min** 35    
 **Cases Max** 56    
 **Cases Average** 45

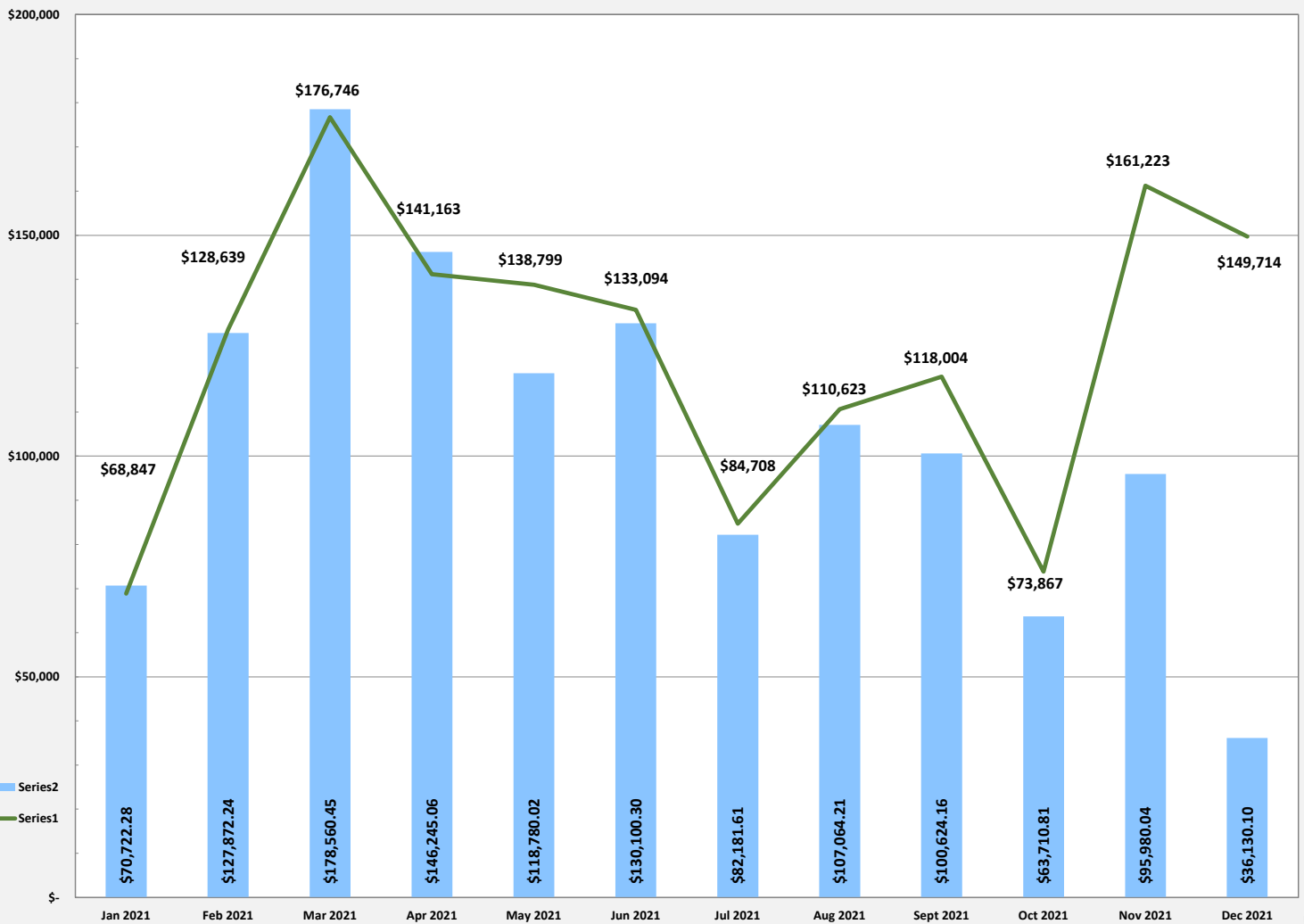


### Revenue - Booked vs Collected

Month	Cases	Revenue	Rev/Case	Open A/R	% Open	Collected	% Collected
Jan 2021	37	\$ 68,847.08	\$1,860.73	\$ 1,892.51	2%	\$ 70,722.28	102%
Feb 2021	42	\$ 128,638.53	\$3,062.82	\$ 1,327.92	0%	\$ 127,872.24	100%
Mar 2021	55	\$ 176,745.99	\$3,213.56	\$ 7,710.12	25%	\$ 178,560.45	81%
Apr 2021	45	\$ 141,162.86	\$3,136.95	\$ 2,292.96	12%	\$ 146,245.06	94%
May 2021	44	\$ 138,798.62	\$3,154.51	\$ 20,862.93	22%	\$ 118,780.02	79%
Jun 2021	49	\$ 133,094.43	\$2,716.21	\$ 6,906.44	12%	\$ 130,100.30	89%
Jul 2021	38	\$ 84,707.63	\$2,231.26	\$ 4,253.06	18%	\$ 82,181.61	84%
Aug 2021	48	\$ 110,622.98	\$2,304.62	\$ 13,894.30	32%	\$ 107,064.21	77%
Sept 2021	43	\$ 118,004.07	\$2,604.52	\$ 23,843.61	76%	\$ 100,624.16	24%
Oct 2021	47	\$ 73,867.36	\$1,571.65	\$ 8,842.60	12%	\$ 63,710.81	86%
Nov 2021	56	\$ 161,222.95	\$2,878.98	\$ 63,514.89	39%	\$ 95,980.04	60%
Dec 2021	35	\$ 149,713.60	\$4,277.53	\$ 113,583.53	76%	\$ 36,130.10	24%
<b>Totals</b>	<b>539</b>	<b>\$ 1,485,426.10</b>	<b>\$2,755.89</b>	<b>\$ 268,924.87</b>	<b>18%</b>	<b>\$ 1,257,971.28</b>	<b>85%</b>

### 4th Quarter QuickFacts

- Cases: 138
- Revenue: \$ 384,803.91
- Collections: \$425,651.05
- Outstanding Physician: Jernick  
8.7% of cases, 19.0% of revenue
- Outstanding Payer: Cigna 4.35% of cases. 42% of collections



### Truckee Projects & Changes

~ Quarterly Updates ~


**TRUCKEE SURGERY CENTER**  
**SEMI ANNUAL REVIEW OF CONTRACTED SERVICES**  
**07/01/2021 - 12/31/2021**

CONTRACTOR	SERVICE PROVIDED	QUALITY OF SERVICES	TIMELINESS OF SERVICES	ACURACY OF SERVICES	RESPONSIVENESS	COMPETITIVENESS OF PRICING	ACURACY OF BILLING	PROTECTION OF PATIENTS' RIGHTS	TOTAL POINTS POSSIBLE	TOTAL POINTS EARNED	PERFORMANCE ACCEPTABLE
Aramark	Linen	15	6	6	8	5	15	5	80	60	NO
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
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
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

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

**TRUCKEE SURGERY CENTER  
SEMI ANNUAL REVIEW OF CONTRACTED SERVICES  
07/01/2021 - 12/31/2021**

Red Rock Water	Water Delivery	25	10	10	10	10	10	10	5	15	5	80	80	YES
Shred-it	Document Shredding	25	10	10	10	10	10	10	5	15	5	80	80	YES
Siemens	Fire Alarm Panel	25	10	10	10	10	10	10	5	15	5	80	80	YES
Stericycle	Waste Management	25	10	10	10	10	10	10	5	15	5	80	80	YES
Sutter Physics	Annual Physics Testing for C-Arms	25	10	10	10	10	10	10	5	15	5	80	80	YES
Synergy EVS	Housekeeping/Terminal cleaning	21	10	9	10	10	10	10	5	15	5	80	80	YES
TFHD- Biomed Department	Biomed	25	10	10	10	10	10	10	5	15	5	80	80	YES
TFHD- Facilities Department	Facilities, EOC	25	6	10	10	10	10	10	5	15	5	80	75	YES
TFHD- Lab	Lab and Pathology	25	10	10	10	10	10	10	5	15	5	80	80	YES
TFHD- Materials Management	Materials	25	10	10	10	10	10	10	5	15	5	80	80	YES
TFHD- Occupational Health	Staff/Physician Immunization & Screening	25	10	10	10	10	10	10	5	15	5	80	80	YES
TFHD- Radiology Department	Radiology	20	6	10	10	10	10	10	5	15	5	80	71	YES
Total Scope	Arthroscopic Camera & Lens Supply & Repair	25	10	10	10	10	10	10	5	15	5	80	80	YES
Trusted Employers	Background Screening	25	10	10	10	10	10	10	5	15	5	80	80	YES
West Coast X-Ray	Large C-arm PM	25	10	10	10	10	10	10	5	15	5	80	80	YES
Western Path	Lab and Pathology	25	10	10	10	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    Blue = 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: Linens | Scrubs Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory	
<b>Quality of Services Provided</b>						
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	15
Services are consistently high quality	5	4	3	(2)	1	
Contractor stays current with technology/processes	5	(4)	3	2	1	
<b>Timeliness of Services Provided</b>						
Services are provided in a timely manner	5	4	(3)	2	1	
Contractor meets TSC's deadlines	5	4	(3)	2	1	6
<b>Accuracy of Services Provided</b>						
Services provided are consistently accurate	5	4	(3)	2	1	
Contractor corrects errors in timely manner	5	4	(3)	2	1	6
<b>Responsiveness to TSC's Requirements</b>						
Contractor is responsive to TSC's requirements	5	(4)	3	2	1	
Contractor adapts to meet TSC's needs improving	5	(4)	3	2	1	8
<b>Competitiveness of Pricing</b>						
Contractor's prices are competitive	(5)	4	3	2	1	5
<b>Accuracy of Billing</b>						
Contractor's invoices are timely and accurate	(5)	4	3	2	1	
Billing errors are promptly corrected	(5)	4	3	2	1	15
Invoices are detailed and itemized	(5)	4	3	2	1	
<b>Protection of Patients' Privacy</b>						
Contractor safeguards patients' privacy	(5)	4	3	2	1	5

Total Points Possible: 80

Total Points Earned: 60

Contractor's performance is deemed: Acceptable  60 Not Acceptable (<70)

Notes: Continued issues re stains & holes. Aramark aware of defective linen count. Improvement noted on stock and response to low supply, but quality of product still needs improvement.

Evaluation completed by:

Briana Lynn Signature Printed Name QA/PI/IC Coordinator Title 12/28/21 Date

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title 1/20/2022 Date

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: California Security

Service/s Provided: Burglar/Fire Alarm Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory	
<b>Quality of Services Provided</b>						
Services are acceptable in quality	(5)	4	3	2	1	25
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	
<b>Timeliness of Services Provided</b>						
Services are provided in a timely manner	(5)	4	3	2	1	10
Contractor meets TSC's deadlines	(5)	4	3	2	1	
<b>Accuracy of Services Provided</b>						
Services provided are consistently accurate	(5)	4	3	2	1	10
Contractor corrects errors in timely manner	(5)	4	3	2	1	
<b>Responsiveness to TSC's Requirements</b>						
Contractor is responsive to TSC's requirements	(5)	4	3	2	1	10
Contractor adapts to meet TSC's needs	(5)	4	3	2	1	
<b>Competitiveness of Pricing</b>						
Contractor's prices are competitive	(5)	4	3	2	1	5
<b>Accuracy of Billing</b>						
Contractor's invoices are timely and accurate	(5)	4	3	2	1	15
Billing errors are promptly corrected	(5)	4	3	2	1	
Invoices are detailed and itemized	(5)	4	3	2	1	
<b>Protection of Patients' Privacy</b>						
Contractor safeguards patients' privacy	(5)	4	3	2	1	5

Total Points Possible: 80

Total Points Earned: 80

Contractor's performance is deemed:  80 Acceptable  Not Acceptable (<70)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluation completed by:

Bryan RN Signature      Briana Lynn Printed Name      QAPI/IE Coordinator Title      12/28/21 Date

Evaluation approved by:

Courtney Leslie Signature      Courtney Leslie Printed Name      Administrator Title      1/20/2022 Date

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Cashman Equipment

Service/s Provided: Generator

Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory	
<b>Quality of Services Provided</b>						
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	25
Services are consistently high quality	(5)	4	3	2	1	
Contractor stays current with technology/processes	(5)	4	3	2	1	
<b>Timeliness of Services Provided</b>						
Services are provided in a timely manner	(5)	4	3	2	1	
Contractor meets TSC's deadlines	(5)	4	3	2	1	10
<b>Accuracy of Services Provided</b>						
Services provided are consistently accurate	(5)	4	3	2	1	
Contractor corrects errors in timely manner	(5)	4	3	2	1	10
<b>Responsiveness to TSC's Requirements</b>						
Contractor is responsive to TSC's requirements	(5)	4	3	2	1	
Contractor adapts to meet TSC's needs	(5)	4	3	2	1	10
<b>Competitiveness of Pricing</b>						
Contractor's prices are competitive	(5)	4	3	2	1	5
<b>Accuracy of Billing</b>						
Contractor's invoices are timely and accurate	(5)	4	3	2	1	
Billing errors are promptly corrected	(5)	4	3	2	1	15
Invoices are detailed and itemized	(5)	4	3	2	1	
<b>Protection of Patients' Privacy</b>						
Contractor safeguards patients' privacy	(5)	4	3	2	1	5

Total Points Possible: 80

Total Points Earned: 80

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

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluation completed by:

Brynn RN  
Signature

Briana Lynn  
Printed Name

QAPI/IC Coordinator 12/28/21  
Title Date

Evaluation approved by:

[Signature]  
Signature

Courtney Lester  
Printed Name

Administrator 1/26/2022  
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: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 PRN  
Signature

Briana Lynn  
Printed Name

QA/PI/IC Coordinator  
Title

12/28/21  
Date

Evaluation approved by:

Courtney  
Signature

Courtney Leslie  
Printed Name

Administrator  
Title

1/20/2022  
Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Getinge  
Service/s Provided: Sterilizers

Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:

Signature: Briana Lynn Printed Name: Briana Lynn Title: QA/PI/IC Coordinator Date: 12/28/21

Evaluation approved by:

Signature: Courtney Leslie Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

# 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: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:  
 Signature: Brynn RN Printed Name: Briana Lynn Title: QA/PI/IC Coordinator Date: 12/30/21

Evaluation approved by:  
 Signature: Courtney Lepic Printed Name: Courtney Lepic Title: Administrator Date: 1/26/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Intech  
 Service/s Provided: HVAC Services Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:

Signature: Brynn RN Printed Name: Briana Lynn Title: QA/PI/IC Coordinator Date: 12/28/21

Evaluation approved by:

Signature: [Signature] Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Iron Mountain

Service/s Provided: Document Storage Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	5	(4)	3
Contractor meets TSC's deadlines	(5)	4	3
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	5	(4)	3
Contractor corrects errors in timely manner	(5)	4	3
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5)	4	3
Contractor adapts to meet TSC's needs	(5)	4	3
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5)	4	3
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
Contractor safeguards patients' privacy	(5)	4	3

Total Points Possible: 80

Total Points Earned: 76

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

Notes: Persistent reminders needed to obtain access to TSC's charts

Evaluation completed by:

B Lynn RN Signature      Briana Lynn Printed Name      QA/IC Coordinator Title      12/28/21 Date

Evaluation approved by:

[Signature] Signature      Courtney Leslie Printed Name      Administrator Title      1/20/2022 Date



## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: MedVantage  
 Service/s Provided: SCD Pump/BVT Stockings Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:  
 Signature: Briana Lynn Printed Name: Briana Lynn Title: QA PIC Coordinator Date: 12/28/21  
 Evaluation approved by:  
 Signature: Courtney Leslie Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: MedBridge  
 Service/s Provided: Billing Services Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory	
<b>Quality of Services Provided</b>				
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 15
Services are consistently high quality	5	4	(3)	2 1
Contractor stays current with technology/processes	(5)	4	3	2 1
<b>Timeliness of Services Provided</b>				
Services are provided in a timely manner	5	4	(3)	2 1 6
Contractor meets TSC's deadlines	5	4	(3)	2 1
<b>Accuracy of Services Provided</b>				
Services provided are consistently accurate	5	(4)	3	2 1 8
Contractor corrects errors in timely manner	5	(4)	3	2 1
<b>Responsiveness to TSC's Requirements</b>				
Contractor is responsive to TSC's requirements	5	(4)	3	2 1 9
Contractor adapts to meet TSC's needs	(5)	4	3	2 1
<b>Competitiveness of Pricing</b>				
Contractor's prices are competitive	(5)	4	3	2 1 5
<b>Accuracy of Billing</b>				
Contractor's invoices are timely and accurate	(5)	4	3	2 1 15
Billing errors are promptly corrected	(5)	4	3	2 1
Invoices are detailed and itemized	(5)	4	3	2 1
<b>Protection of Patients' Privacy</b>				
Contractor safeguards patients' privacy	(5)	4	3	2 1 5

Total Points Possible: 80  
 Total Points Earned: 63  
 Contractor's performance is deemed: Acceptable  Not Acceptable (<70)

Notes: Persistent reminders needed for billing to take place. Extended periods of time lapses a billing occurs.

Evaluation completed by: Briana Lynn Briana Lynn QA/PI/IC Coordinator 12/28/21  
Signature Printed Name Title Date

Evaluation approved by: Courtney Leslie Courtney Leslie Administrator 1/20/2022  
Signature Printed Name Title Date

## 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: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:

Signature: B. Lynn RN Printed Name: Briana Lynn Title: QA PIC Coordinator Date: 12/20/21

Evaluation approved by:

Signature: Courtney Leslie Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

# 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: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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  
Signature

Briana Lynn  
Printed Name

QA/PI/IC Coordinator  
Title

12/28/21  
Date

Evaluation approved by:

[Signature]  
Signature

Courtney Leslie  
Printed Name

Administrator  
Title

1/20/2022  
Date

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Pacific Medical

Service/s Provided: DME Supply

Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 RN      Briana Lynn      QAPI/IC Coordinator      12/20/21  
Signature      Printed Name      Title      Date

Evaluation approved by:

Courtney Leslie      Administrater      1/20/2022  
Signature      Printed Name      Title      Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Pharmacist Consultant Daniel Ohan  
 Service/s Provided: Pharmacy/Reconciliation/Evaluation Period: 7/1/2021 - 12/31/2021  
Consulting

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	5 (4) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
Contractor safeguards patients' privacy	(5) 4	3	2 1

Total Points Possible: 80

Total Points Earned: 79

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

Notes: Improved timeframe on quarterly audits + services.

Evaluation completed by:

Bryan RN Briana Lynn QA/IC Coordinator 12/28/21  
 Signature Printed Name Title Date

Evaluation approved by:

Courtney Leshre Courtney Leshre Administrator 1/20/2022  
 Signature Printed Name Title 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: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 Briana Lynn QA/PI/C Coordinator 12/20/21  
 Signature Printed Name Title Date

Evaluation approved by:

Courtney Leslie Courtney Leslie Administrator 1/20/2022  
 Signature Printed Name Title Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Ray Morgan/Risch

Service/s Provided: Copier

Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 RN  
Signature

Briana Lynn  
Printed Name

QAPI/IC Coordinator  
Title

12/28/21  
Date

Evaluation approved by:

[Signature]  
Signature

Courtney Leslie  
Printed Name

Administrator  
Title

1/20/2022  
Date



## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Redrock Water

Service/s Provided: Water Delivery

Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 RN Briana Lynn QA PIC Coordinator 12/28/21  
Signature Printed Name Title Date

Evaluation approved by:

Courtney Lesic Courtney Lesic Administrator 1/20/2022  
Signature Printed Name Title Date

**Truckee Surgery Center  
Contract Services Evaluation**

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Shred-It

Service/s Provided: Document Shredding Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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      12/28/21 Date

Evaluation approved by:

[Signature] Signature      Courtney Leslie Printed Name      Administrator Title      1/20/2022 Date

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Seimens

Service/s Provided: Fire Alarm Panel Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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 QA/PI/IC Coordinator 12/20/21  
 Signature Printed Name Title Date  
 Evaluation approved by: Courtney Leslie Administrator 1/20/2022  
 Signature Printed Name Title Date

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Stericycle  
 Service/s Provided: Waste Management Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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:

Bj Lynn, RN Signature Printed Name Briana Lynn Title QAPI/IC Coordinator Date 12/28/21

Evaluation approved by:

[Signature] Signature Printed Name Courtney Leslie Title Administrator Date 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Sutter Physics  
 Service/s Provided: C-Arm Physics Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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 RN Signature Printed Name Briana Lynn Title QA/PI/IC Coordinator Date 12/20/21

Evaluation approved by:

[Signature] Signature Printed Name Courtney Leslie Title Administrator Date 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Synergy EVS

Service/s Provided: Housekeeping/Terminal Cleaning Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory	
<b>Quality of Services Provided</b>						
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
<b>Timeliness of Services Provided</b>						
Services are provided in a timely manner	(5)	4	3		2	1
Contractor meets TSC's deadlines	(5)	4	3		2	1
<b>Accuracy of Services Provided</b>						
Services provided are consistently accurate	5	(4)	3		2	1
Contractor corrects errors in timely manner	(5)	4	3		2	1
<b>Responsiveness to TSC's Requirements</b>						
Contractor is responsive to TSC's requirements	(5)	4	3		2	1
Contractor adapts to meet TSC's needs	(5)	4	3		2	1
<b>Competitiveness of Pricing</b>						
Contractor's prices are competitive	(5)	4	3		2	1
<b>Accuracy of Billing</b>						
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
<b>Protection of Patients' Privacy</b>						
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: Improved cleaning in pre/post areas + reception area noted.

Evaluation completed by:

Brynn RN Signature Printed Name Briana Lynn Title QA PIC Coordinator Date 12/28/21

Evaluation approved by:

[Signature] Signature Printed Name Courtney Leslie Title Administrator Date 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: TFHD Biomed

Service/s Provided: Surgical Equip.

Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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:

Bjorn  
Signature

Briana Lynn  
Printed Name

QA/PIIC Coordinator  
Title

12/28/21  
Date

Evaluation approved by:

[Signature]  
Signature

Courtney Leslie  
Printed Name

Administrator  
Title

1/20/2022  
Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: TFHD Facilities Department  
 Service/s Provided: Surgical Equip. Evaluation Period: 7/1/2021 - 12/31/2021

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: 75

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

Notes: TSC continues to have issues w services + service records being provided in a timely manner. It requires multiple requests on our end, and has caused us to fall out of compliance on a couple of occasions.

Evaluation completed by:

Signature: [Signature] Printed Name: Briana Lynn Title: QA/PI/IC Coordinator Date: 12/20/21

Evaluation approved by: [Signature] Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022



## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: TFH Lab  
 Service/s Provided: Lab and Pathology Evaluation Period: \_\_\_\_\_

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 Briana Lynn Title QA/IC Coordinator Date 12/20/21

Evaluation approved by:

Courtney Leslie Signature Printed Name Administrator Title Date 1/20/2022

# 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: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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: Briana Lynn Title: QA PI/IC Coordinator Date: 12/28/21

Evaluation approved by: Courtney Leslie Signature  
 Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: TFH Occupational Health

Service/s Provided: Immunization / Labs Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent		Satisfactory		Unsatisfactory
<b>Quality of Services Provided</b>					
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
<b>Timeliness of Services Provided</b>					
Services are provided in a timely manner	(5)	4	3	2	1
Contractor meets TSC's deadlines	(5)	4	3	2	1
<b>Accuracy of Services Provided</b>					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
<b>Responsiveness to TSC's Requirements</b>					
Contractor is responsive to TSC's requirements	(5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
<b>Competitiveness of Pricing</b>					
Contractor's prices are competitive	(5)	4	3	2	1
<b>Accuracy of Billing</b>					
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
<b>Protection of Patients' Privacy</b>					
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 Briana Lynn QA/PI/IC Coordinator 12/20/21  
Signature Printed Name Title Date

Evaluation approved by: Courtney Leslie Administrator 1/20/2022  
Signature Printed Name Title Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: TFHD Radiology Department  
 Service/s Provided: Fluoro Checks / Large C-Arm Operation Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

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

Total Points Possible: 80

Total Points Earned: 71

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

Notes: Quality + Timeliness score low due to lack of updating the weekly fluoro testing logs on a consistent basis, per regulations. This leaves TSC a gaps of missing data that could jeopardize us in a survey. Other than that, services are great.

Evaluation completed by:

Signature: Bryana Lynn Printed Name: Bryana Lynn Title: QA/PI/IC Coordinator Date: 12/28/21  
 Signature: Courtney Leslie Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Trusted Employers

Service/s Provided: Background Screening Evaluation Period: 7/1/2021 - 12/31/2021

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: Blynn RN Printed Name: Briana Lynn Title: QAPI IC Coordinator Date: 12/28/21

Evaluation approved by:

Signature: [Signature] Printed Name: Courtney Leslie Title: Administrator Date: 1/20/2022

## Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Total Scope  
 Service/s Provided: Arthroscopic Camera / Scope Repair Evaluation Period: \_\_\_\_\_

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:

Brynn R Signature      Briana Lynn Printed Name      QA/PIIC coordinator Title      12/28/21 Date

Evaluation approved by:

[Signature] Signature      Courtney Leslie Printed Name      Administrator Title      1/20/2022 Date

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: West Coast Xray

Service/s Provided: Large C-Arm PM Evaluation Period: 7/1/2021 - 12/31/2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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 Bryan Lynn Title QA/PI/IC Coordinator Date 12/20/21

Evaluation approved by:

Carlynn Leslie Signature Printed Name Carlynn Leslie Title Administrator Date 1/20/2022

# Truckee Surgery Center Contract Services Evaluation

Eval Frequency:  
Monthly  
Quarterly  
Semi-Annually  
PRN

Contractor Name: Western Pathology  
 Service/s Provided: Lab/Pathology Evaluation Period: 7 | 1 | 2021 - 12 | 31 | 2021

Performance Aspect	Excellent	Satisfactory	Unsatisfactory
<b>Quality of Services Provided</b>			
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
<b>Timeliness of Services Provided</b>			
Services are provided in a timely manner	(5) 4	3	2 1
Contractor meets TSC's deadlines	(5) 4	3	2 1
<b>Accuracy of Services Provided</b>			
Services provided are consistently accurate	(5) 4	3	2 1
Contractor corrects errors in timely manner	(5) 4	3	2 1
<b>Responsiveness to TSC's Requirements</b>			
Contractor is responsive to TSC's requirements	(5) 4	3	2 1
Contractor adapts to meet TSC's needs	(5) 4	3	2 1
<b>Competitiveness of Pricing</b>			
Contractor's prices are competitive	(5) 4	3	2 1
<b>Accuracy of Billing</b>			
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
<b>Protection of Patients' Privacy</b>			
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 QA/PI/IC Coordinator Title 12/28/21 Date  
 Evaluation approved by:  
Courtney Leslie Signature Printed Name Administrator Title 1/20/2022 Date