

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.

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.

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Or join by phone:

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Public comment will also be accepted by email to <u>mrochefort@tfhd.com</u>. 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. <u>APPROVAL OF MINUTES OF:</u> 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 procedure	es:
6.1.1. Sentinel Alert Analysis AT	TACHMENT
6.1.2. Discharge Criteria AT	TACHMENT

	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 a checking account.	ccess the	
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		
	7.1.2. TSC Profit & Loss Q2 FY22		
	7.1.3. Medbridge Quarterly Report		
	7.2. Semi-Annual Contracted Services Review		
	Truckee Surgery Center Board of Managers will conduct a semi-annual review of contra	acted services.	
	7.3. Fire and Disaster Drill Update		
	Truckee Surgery Center Board of Managers will receive an update on recent fire and di	saster	
	drills.		
	7.4. Facility/Equipment Update	_	
	Truckee Surgery Center Board of Managers will receive an update on facility and equip needs.	ment	
	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 Dat	a	
	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) Cli	nical	
	Benchmarking Survey		
	Number of items: One (1)		
	8.7. Hearing (Health & Safety Code § 32155)		
	Subject Matter: 2021 Annual Report		
	Number of items: One (1)		

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) <u>may</u> 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.

<u>ACTION:</u> 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. <u>CLOSED SESSION</u>

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.

Current Status: Retired

PolicyStat ID: 8353419



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 <u>www.jointcommission.org</u> 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, <u>or</u> provides an explanation for not implementing a relevant change as appropriate.

Sentinel Event Alert Analysis, QA-1910. Retrieved 03/2022. Official copy at http://tsc.policystat.com/policy/8353419/, Copyright © 2022 Truckee Surgery Center 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

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

Current Status: Active

PolicyStat ID: 11118022



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 SpO2 of 92% on room air
- ii. A score of 1 is assigned when the patient requires supplemental O2 to maintain an SpO2 greater than 90%
- iii. A score of 0 is assigned when the patient is unable to maintain an SpO2 greater than 90%, even with supplemental O2
- 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, patter, 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
- I. 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.
 - 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
- I. 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.
- 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 postanesthetic 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



Current Status: Draft

PolicyStat ID: 11231791



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.

- 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 Adminsitrator 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





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	e Part Time
Title of course or program:			_
School/Institution:	Date course be	gins:	_
1. Is the course required to me Check one: 🛛 Yes	et minimum educational require J No	ements for your current job?	
2. Is this a graduate level cours Check one: 🔲 Yes	e (Masters and above?) D No (President of the Board of	f Managers signature is require	d)
President signature:		Date:	
2. Does the course provide you Check one:	with the capacity to qualify for ☐ No	a new job?	
requirements for you	f how this course or program is ir current job or provides you w about the course or program f Yes INO (Pleas	ith the capacity to qualify for a	
5. Anticipated expenses: Tuition: \$ Books: \$ Other Fees: \$			
Total Cost: \$			
Are you eligible for benefits unde	r the G.I. Bill? 🗖 Yes 🗖 No		
Reimbursement received from G	I. Bill or other scholarship grant	:s: \$	
The employ	vee is responsible for obtaining	all required signatures below.	
Employee signature:		Date:	-2
Administrator signature:		Date:	_
Administrative Director of Surgica	al 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 <u>AFTER</u> 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) Tuitic	on:\$
	Books: \$
	Total Cost: \$
Scholarship or Government Assistance	ce received: \$
	Net Costs \$
My education was a graduate level course: Check one:	Date:
Total Cost: \$ x 75% Amount Appr	

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:

Current Status: Pending

PolicyStat ID: 11307272



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



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)
	amputate, amputation
amp Ant	Anterior
Arthro	arthroscopy
AS	
Auto	arthroscopy
B,bil,bilat	Autograft (from the patient) bilateral
Bi mal	Bimalleolar
Chondro	
C&S	chondroplasty culture and sensitivities
c/r CRPP	closed reduction
CRPP	Closed reduction percutaneous
OTD	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	flouroscopy
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
LIG	laryngeal mask airway
LMA	lateral meniscectomy
LMR	
LMR	lateral meniscal repair
MAC	lactated ringers
	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 NPO	no known allergies
	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
ро	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

Current Status: Retired

PolicyStat ID: 8353419



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 <u>www.jointcommission.org</u> 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, <u>or</u> provides an explanation for not implementing a relevant change as appropriate.

Sentinel Event Alert Analysis, QA-1910. Retrieved 03/2022. Official copy at http://tsc.policystat.com/policy/8353419/, Copyright © 2022 Truckee Surgery Center 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

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

Current Status: Active

PolicyStat ID: 11118022



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 SpO2 of 92% on room air
- ii. A score of 1 is assigned when the patient requires supplemental O2 to maintain an SpO2 greater than 90%
- iii. A score of 0 is assigned when the patient is unable to maintain an SpO2 greater than 90%, even with supplemental O2
- 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, patter, 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
- I. 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.
 - 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
- I. 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.
- 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 postanesthetic 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



Current Status: Draft

PolicyStat ID: 11231791



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.

- 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.
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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.

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- 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
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- 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 Adminsitrator 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





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	e Part Time
Title of course or program:			_
School/Institution:	Date course be	gins:	_
1. Is the course required to me Check one: 🛛 Yes	et minimum educational require J No	ements for your current job?	
2. Is this a graduate level cours Check one: 🔲 Yes	e (Masters and above?) D No (President of the Board of	f Managers signature is require	d)
President signature:		Date:	
2. Does the course provide you Check one:	with the capacity to qualify for ☐ No	a new job?	
requirements for you	f how this course or program is ir current job or provides you w about the course or program f Yes INO (Pleas	ith the capacity to qualify for a	
5. Anticipated expenses: Tuition: \$ Books: \$ Other Fees: \$			
Total Cost: \$			
Are you eligible for benefits unde	r the G.I. Bill? 🗖 Yes 🗖 No		
Reimbursement received from G	I. Bill or other scholarship grant	:s: \$	
The employ	vee is responsible for obtaining	all required signatures below.	
Employee signature:		Date:	-2
Administrator signature:		Date:	_
Administrative Director of Surgica	al 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 <u>AFTER</u> 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) Tuitic	on:\$
	Books: \$
	Total Cost: \$
Scholarship or Government Assistance	ce received: \$
	Net Costs \$
My education was a graduate level course: Check one:	Date:
Total Cost: \$ x 75% Amount Appr	

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:

Current Status: Pending

PolicyStat ID: 11307272



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.

- 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



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)
	amputate, amputation
amp Ant	Anterior
Arthro	arthroscopy
AS	
Auto	arthroscopy
	Autograft (from the patient)
B,bil,bilat Bi mal	bilateral Bimalleolar
Chondro	
C&S	chondroplasty
	culture and sensitivities
c/r CRPP	closed reduction
CRPP	Closed reduction percutaneous
0770	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	flouroscopy
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
LIG	laryngeal mask airway
LMA	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 NPO	no known allergies
	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
ро	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

Current Status: Retired

PolicyStat ID: 8353419



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 <u>www.jointcommission.org</u> 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, <u>or</u> provides an explanation for not implementing a relevant change as appropriate.

Sentinel Event Alert Analysis, QA-1910. Retrieved 03/2022. Official copy at http://tsc.policystat.com/policy/8353419/, Copyright © 2022 Truckee Surgery Center 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

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

Current Status: Active

PolicyStat ID: 11118022



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.

- 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 SpO2 of 92% on room air
- ii. A score of 1 is assigned when the patient requires supplemental O2 to maintain an SpO2 greater than 90%
- iii. A score of 0 is assigned when the patient is unable to maintain an SpO2 greater than 90%, even with supplemental O2
- 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, patter, 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
- I. 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.
 - 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
- I. 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.
- 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 postanesthetic 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



Current Status: Draft

PolicyStat ID: 11231791



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.

- 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.

- 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 Adminsitrator 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





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	e Part Time
Title of course or program:			_
School/Institution:	Date course be	gins:	_
1. Is the course required to me Check one: 🛛 Yes	et minimum educational require J No	ements for your current job?	
2. Is this a graduate level cours Check one: 🔲 Yes	e (Masters and above?) D No (President of the Board of	f Managers signature is require	d)
President signature:		Date:	
2. Does the course provide you Check one:	with the capacity to qualify for ☐ No	a new job?	
requirements for you	f how this course or program is ir current job or provides you w about the course or program f Yes INO (Pleas	ith the capacity to qualify for a	
5. Anticipated expenses: Tuition: \$ Books: \$ Other Fees: \$			
Total Cost: \$			
Are you eligible for benefits unde	r the G.I. Bill? 🗖 Yes 🗖 No		
Reimbursement received from G	I. Bill or other scholarship grant	:s: \$	
The employ	vee is responsible for obtaining	all required signatures below.	
Employee signature:		Date:	-2
Administrator signature:		Date:	_
Administrative Director of Surgica	al 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 <u>AFTER</u> 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) Tuitic	on:\$
	Books: \$
	Total Cost: \$
Scholarship or Government Assistance received: \$\$	
	Net Costs \$
My education was a graduate level course: Check one:	Date:
Total Cost: \$ x 75% Amount Appr	

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
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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:

Current Status: Pending

PolicyStat ID: 11307272



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.

- 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



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)
	amputate, amputation
amp Ant	Anterior
Arthro	arthroscopy
AS	
Auto	arthroscopy
B,bil,bilat	Autograft (from the patient) bilateral
Bi mal	Bimalleolar
Chondro	
C&S	chondroplasty culture and sensitivities
c/r CRPP	closed reduction
CRPP	Closed reduction percutaneous
OTD	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	flouroscopy
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
LIG	laryngeal mask airway
LMA	lateral meniscectomy
LMR	
LMR	lateral meniscal repair
MAC	lactated ringers
	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 NPO	no known allergies
	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
ро	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

Current Status: Retired

PolicyStat ID: 8353419



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 <u>www.jointcommission.org</u> 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, <u>or</u> provides an explanation for not implementing a relevant change as appropriate.

Sentinel Event Alert Analysis, QA-1910. Retrieved 03/2022. Official copy at http://tsc.policystat.com/policy/8353419/, Copyright © 2022 Truckee Surgery Center 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

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

Current Status: Active

PolicyStat ID: 11118022



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.

- 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 SpO2 of 92% on room air
- ii. A score of 1 is assigned when the patient requires supplemental O2 to maintain an SpO2 greater than 90%
- iii. A score of 0 is assigned when the patient is unable to maintain an SpO2 greater than 90%, even with supplemental O2
- 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, patter, 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
- I. 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.
 - 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
- I. 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.
- 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 postanesthetic 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



Current Status: Draft

PolicyStat ID: 11231791



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.

- 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.

- 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 Adminsitrator 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





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	e Part Time
Title of course or program:			_
School/Institution:	Date course be	gins:	_
1. Is the course required to me Check one: 🛛 Yes	et minimum educational require J No	ements for your current job?	
2. Is this a graduate level cours Check one: 🔲 Yes	e (Masters and above?) D No (President of the Board of	f Managers signature is require	d)
President signature:		Date:	
2. Does the course provide you Check one:	with the capacity to qualify for ☐ No	a new job?	
requirements for you	f how this course or program is ir current job or provides you w about the course or program f Yes INO (Pleas	ith the capacity to qualify for a	
5. Anticipated expenses: Tuition: \$ Books: \$ Other Fees: \$			
Total Cost: \$			
Are you eligible for benefits unde	r the G.I. Bill? 🗖 Yes 🗖 No		
Reimbursement received from G	I. Bill or other scholarship grant	:s: \$	
The employ	vee is responsible for obtaining	all required signatures below.	
Employee signature:		Date:	-2
Administrator signature:		Date:	_
Administrative Director of Surgica	al 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 <u>AFTER</u> 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) Tuitic	on:\$
	Books: \$
	Total Cost: \$
Scholarship or Government Assistance	ce received: \$
	Net Costs \$
My education was a graduate level course: Check one:	Date:
Total Cost: \$ x 75% Amount Appr	

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:

Current Status: Pending

PolicyStat ID: 11307272



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.
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- 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



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)
	amputate, amputation
amp Ant	Anterior
Arthro	arthroscopy
AS	
Auto	arthroscopy
	Autograft (from the patient)
B,bil,bilat Bi mal	bilateral Bimalleolar
Chondro	
C&S	chondroplasty
	culture and sensitivities
c/r CRPP	closed reduction
CRPP	Closed reduction percutaneous
0770	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	flouroscopy
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
LIG	laryngeal mask airway
LMA	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 NPO	no known allergies
	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
ро	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

03/02/22

Accrual Basis

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

	Oct 31, 21	Oct 31, 20	% Change
ASSETS			
Current Assets			
Checking/Savings			
Bank of the West	117,633.27	53,415.61	120.2%
Petty Cash	298.49	176.10	69.5%
Total Checking/Savings	117,931.76	53,591.71	120.1%
Accounts Receivable			
Accounts Receivable			
Allowance for Doubtful Accounts	-139,424.24	-81,441.84	-71.2%
Accounts Receivable - Other	516,253.09	245,757.73	110.1%
Total Accounts Receivable	376,828.85	164,315.89	129.3%
Total Accounts Receivable	376,828.85	164,315.89	129.3%
Other Current Assets			
Prepaid Expense			
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%
Total Prepaid Expense	6,960.66	10,030.27	-30.6%
Total Other Current Assets	6,960.66	10,030.27	-30.6%
Total Current Assets	501,721.27	227,937.87	120.1%
Fixed Assets			
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			-0.0%
Accumulated Amortization	3,914,333.00 -2,827,018.76	3,914,333,00 -2,566,063.28	-10.2%
	· · · · · · · · · · · · · · · · ·		
Total Fixed Assets	1,846,446.41	2,133,380.45	-13.5%
Other Assets Rent Deposit	20,256.00	20,256.00	0.0%
Total Other Assets	20,256.00	20,256.00	0.0%
TOTAL ASSETS	2,368,423.68	2,381,574.32	-0.6%
= LIABILITIES & EQUITY			
Liabilities Current Liabilities			
Accounts Payable Accounts Payable	615,751.04	271,616.86	126.7%
Total Accounts Payable	615,751.04	271,616.86	126.7%
Credit Cards			
BankCard	6,198.36	-1,126.61	650.2%
Total Credit Cards	6,198.36	-1,126.61	650.2%
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03/02/22 Accrual Basis

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

	Oct 31, 21	Oct 31, 20	% Change
Other Current Liabilities			
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%
Total Other Current Liabilities	1,288,620.50	1,105,277.85	16.6%
Total Current Liabilities	1,910,569.90	1,375,768.10	38.9%
Total Liabilities	1,910,569.90	1,375,768.10	38.9%
Equity Tahoe Forest Hospital			
Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79	0.0%
Truckee Surgery Center Inc			
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
Total Truckee Surgery Center Inc	604,650.70	604,650.70	0.0%
Retained Earnings	-3,014,892.02	-2,501,207.71	-20.5%
Net Income	-118,212.69	-83,944.56	-40.8%
Total Equity	457,853.78	1,005,806.22	-54.5%
TOTAL LIABILITIES & EQUITY	2,368,423.68	2,381,574.32	-0.6%

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03/02/22 Accrual Basis

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

	Nov 30, 21	Nov 30, 20	% Change
ASSETS			
Current Assets			
Checking/Savings			
Bank of the West	112,980.01	38,949,70	190.1%
Petty Cash	298.49	176.10	69.5%
Total Checking/Savings	113,278.50	39,125.80	189.5%
Accounts Receivable			
Accounts Receivable			
Allowance for Doubtful Accounts	-148,285.30	-88,721.38	-67.1%
Accounts Receivable - Other	378,601.89	232,829.09	62.6%
Total Accounts Receivable	230,316.59	144,107.71	59.8%
Total Accounts Receivable	230,316.59	144,107.71	59.8%
Other Current Assets			
Prepaid Expense			
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%
Total Prepaid Expense	6,432.50	10,410.58	-38.2%
Total Other Current Assets	6,432.50	10,410.58	-38,2%
Total Current Assets	350,027.59	193,644.09	80.8%
Fixed Assets			
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%
Total Fixed Assets	1,870,997.26	2,108,541.11	-11.3%
Other Assets			
Rent Deposit	20,256.00	20,256.00	0.0%
Total Other Assets	20,256.00	20,256.00	0.0%
TOTAL ASSETS	2,241,280.85	2,322,441.20	-3.5%
LIABILITIES & EQUITY Liabilities			
Current Liabilities			
Accounts Payable			
Accounts Payable	668,754.22	271,913.45	145.9%
Total Accounts Payable	668,754.22	271,913.45	145.9%
Credit Cards			
BankCard	2,976.27	1,685.11	76.6%
Total Credit Cards	2,976.27	1,685.11	76.6%

03/02/22 Accrual Basis

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

	Nov 30, 21	Nov 30, 20	% Change
Other Current Liabilities			
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 Absenses	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%
Total Other Current Liabilities	1,282,122.59	1,099,818.84	16.6%
Total Current Liabilities	1,953,853.08	1,373,417.40	42.3%
Total Liabilities	1,953,853.08	1,373,417.40	42.3%
Equity Tahoe Forest Hospital Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79	0.0%
Truckee Surgery Center Inc	004.050.70	004.050.70	0.00/
Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
Total Truckee Surgery Center Inc	604,650.70	604,650.70	0.0%
Retained Earnings	-3,014,892.02	-2,501,207.71	-20.5%
Net Income	-288,638.70	-140,726.98	-105.1%
Total Equity	287,427.77	949,023.80	-69.7%
TOTAL LIABILITIES & EQUITY	2,241,280.85	2,322,441.20	-3.5%

03/02/22 Accrual Basis

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

ASSETS Current Assets Chacking/Savings 98,672.92 59,538.18 65.7% Bank of the West 298,49 178.10 69.5% Total Checking/Savings 98,672.92 59,538.18 65.7% Accounts Receivable 39,971.41 59,714.28 65.7% Accounts Receivable 309,316.65 196,601.97 57.4% Accounts Receivable 309,316.65 196,501.97 57.4% Total Accounts Receivable 309,316.65 196,501.97 57.4% Other Current Assets 2,733.77 3,537.11 -22.7% Preventative Maint 2,733.77 3,537.11 -22.7% Prepaid Expense 6,030.59 8,239.54 -26.8% Total Other Current Assets 413.18.65 264.455.79 56.7% Fixed Assets 7051.91 7051.91 0.0% <tr< th=""><th></th><th>Dec 31, 21</th><th>Dec 31, 20</th><th>% Change</th></tr<>		Dec 31, 21	Dec 31, 20	% Change
Checking/Savings 98,672.92 59,538.18 65.7% Benk of the West 298.49 176.10 69.5% Total Checking/Savings 98,971.41 59,714.28 65.7% Accounts Receivable 469,026.63 267,939.22 59.4% Accounts Receivable 309,316.65 196.501.97 57.4% Total Accounts Receivable 309,316.65 196.501.97 57.4% Other Current Assets 77.45.10 257.933.22 59.4% Prepaid Expense 309,316.65 196.501.97 57.4% Other Current Assets 2.733.77 3.537.11 -22.7% Prepaid Expense 6.030.59 6.239.54 -26.8% Total Other Current Assets 6.030.59 6.239.54 -26.8% T	ASSETS			
Bank of the West 98,672.32 195,818 65.7% Petty Cash 298.49 176.10 69.5% Total Checking/Savings 96,971.41 59.74.2 65.7% Accounts Receivable -149,709.98 -91,491.25 60.8% Allowance for Doubtful Accounts -149,709.98 -91,491.25 60.8% Accounts Receivable 309,316.65 196,601.97 57.4% Other Current Assets -91,491.25 60.8% -27.3% Prepaid Expense 2,733.77 3,537.11 -22.7% Prepaid Expense 0.030.59 8.239.54 -26.8% Total Accounts Receivable 0.303.59 8.239.54 -26.8% Total Other Current Assets 6.030.59 8.239.54 -26.8% Total Other Current Assets 14.08.05 284,455.79 50.7% Fixed Assets 7.051.91 7.051.91 0.0% Functinues 17.061.91 7.051.91 0.0% Accounts Receivable 1.003.817.04 991.785.18 1.2% Cotal Other Current Assets	Current Assets			
Petty Cash 298.49 176.10 69.5% Total Checking/Savings 99,971.41 59,714.28 65.7% Accounts Receivable Accounts Receivable - 65.7% 65.7% Accounts Receivable Accounts Receivable 309,316.65 196,501.97 57.4% Total Accounts Receivable 309,316.65 196,501.97 57.4% Other Current Assets - - 55.9% Prepaid Expense - - 2.59.4% Prepaid Expense - - 5.577.11 - - 2.7% Worker's Comp 2.661.46 2.548.60 0.65% - - 6.69% - - - - 6.69% -	Checking/Savings			
Total Checking/Savings 98,971.41 99,714.28 65.7% Accounts Receivable Allowance for Doubtful Accounts Accounts Receivable -149,709.98 -91,491.25 -63.6% Total Accounts Receivable 309,316.65 196,501.97 57.4% Total Accounts Receivable 309,316.65 196,501.97 57.4% Other Current Assets 97.93.27 3.537.11 -22.7% Prepaid Expense 2.733.77 3.537.11 -22.7% Prepaid Expense 0.630.59 8.239.54 -26.8% Total Accounts Receivable 6.030.59 8.239.54 -26.8% Total Prepaid Expense 0.0359 8.239.54 -26.8% Total Other Current Assets 414,318.65 264.455.79 56.7% Fixed Assets 7.051.91 7.051.91 0.0% Computer/Office Equipment 7.051.91 7.051.91 0.0% Fixed Assets 14.087.00 14.087.00 0.0% Computer/Office Equipment 27.806.38 0.0% 0.0% Fixed Assets 1.003.817.04 991.786.18 1.2%	Bank of the West	98,672.92	59,538.18	65.7%
Accounts Receivable Accounts Receivable -149,709.98 -91,491.25 -63.8% Accounts Receivable 309,316.65 196,501.97 57.4% Total Accounts Receivable 309,316.65 196,501.97 57.4% Other Current Assets Prepaid Expense 2,733.77 3,537.11 -22.7% Worker's Comp 2,561.46 2,548.50 0.5% Total Accounts Receivable 6,030.59 8.239.54 -26.8% Total Prepaid Expense 6,030.59 8.239.54 -26.8% Total Other Current Assets 6,030.59 8.239.54 -26.8% Total Other Current Assets 14087.00 14,087.00 0.0% Computer/Office Equipment 7.051.91 7.051.91 0.0% Computer/Office Equipment 7.061.91 7.051.91 0.0% Computer/Office Equipment 7.051.91 7.051.91 0.0% Nactinery & Equipment 130.016.27 87.128.12 50.4% Surgicial & Medical Equipment 21.008.68 215.096.80 0.0% Nactinery & Equipment 131.016.27 87.128.12	Petty Cash	298.49	176.10	69.5%
Accounts Receivable Accounts Receivable -149,709.98 459,026.63 -91,491.25 287,993.22 -63.8% 59.4% Total Accounts Receivable 309,316.65 196,601.97 57.4% Other Current Assets 399,316.65 196,601.97 57.4% Other Current Assets 2,733.77 3,537.11 -22.7% Prepaid Expense 6,030.59 8,239.54 -26.8% Total Other Current Assets 14,087.00 14,087.00 0.0% Instruments 27,805.38 27,805.38 0.0% Computer/Office Equipment 7,051.91 7,051.91 1.2% Machinery & Equipment 13,016.27 87,129.12 50.4% Surgical & Medical Equipment 26,870,00 1.0.0% 0.0% Accurulated Amortization -28,870,511.91 7,785.18 1.2% Machinery & Equipment 13,016.27 87,1	Total Checking/Savings	98,971.41	59,714.28	65.7%
Allowance for Doubtlu Accounts Accounts Receivable -149.709.98 459.026.63 -291.993.22 259.4% -63.8% 287.993.22 Total Accounts Receivable 309.316.65 196.501.97 57.4% Other Current Assets Prepaid Expense Preventative Maint 2,733.77 3,537.11 -22.7% Proventative Maint 2,733.77 3,537.11 -22.7% Vorker's Comp 2,561.48 2,548.50 0.5% Total Prepaid Expense 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Other Current Assets 414,318.65 264.455.79 56.7% Fixed Assets 14,087.00 0.0% 1.40.87.00 0.0% Computer/Office Equipment 7,051.91 7,051.91 0.0% 1.28.45.96 0.0% Computer/Office Equipment 103.817.04 991,765.18 1.28.45.96 0.0% Lossehold Improvements 1.003.817.04 991,765.18 1.28.45.96 0.0% Computer/Office Equipment 215,086.69 20.05.58 -10.0% 0.0% Lossehold Impro	Accounts Receivable			
Accounts Receivable - Other 459,026,63 287,993,22 59,4% Total Accounts Receivable 309,316,65 196,501.97 57,4% Other Current Assets Preventative Maint 2,733,77 3,537,11 -22,7% Worker's Comp 2,561,48 2,548,50 0.5% Prepaid Expense 6,030,59 8,239,54 -26,8% Total Other Current Assets 414,318,65 264,455,79 56,7% Fixed Assets 14,097,00 14,007,00 0,0% Computer/Office Equipment 7,855,38 27,805,38 0,0% Leasehold Improvements 1,003,817,04 91,765,18 1,2% Surgical & Medical Equipment 131,016,27 87,14,333,00 0,0% Goodwill 2,51,098,69 2,008,555,86	Accounts Receivable			
Accounts Receivable - Other 459,026,63 287,993,22 59,4% Total Accounts Receivable 309,316,65 196,501,97 57,4% Other Current Assets 309,316,65 196,501,97 57,4% Other Current Assets 2,733,77 3,537,11 -22,7% Propald Expense 2,561,48 2,548,50 0,5% Prepaid Expense 6,030,59 8,239,54 -26,8% Total Other Current Assets 6,030,59 8,239,54 -26,8% Total Current Assets 14,047,00 14,047,00 0,0% Fixed Assets 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 2,00% 0,0% Machinery & Equipment 215,098,69 2,00%,55,86 -10,0% <t< td=""><td>Allowance for Doubtful Accounts</td><td>-149,709.98</td><td>-91,491.25</td><td>-63.6%</td></t<>	Allowance for Doubtful Accounts	-149,709.98	-91,491.25	-63.6%
Total Accounts Receivable 309,316.65 196,501.97 57.4% Other Current Assets Prepaid Expense Preventative Maint 2,733.77 3,537.11 -22.7% Prepaid Expense 2,561.48 2,548.50 0.5% Prepaid Expense - Other 735.34 2,153.93 -65.9% Total Prepaid Expense 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Current Assets 414,318.65 264.455.79 56.7% Fixed Assets 7,051.91 0.0% 14,087.00 14,087.00 0.0% Instruments 27,805.38 27,805.38 0.0% 30.317.04 991,765.18 1.2% Machinery & Equipment 1130,016.27 87,129.12 50.4% 50.4% Surgical & Medical Equipment 215,098.69 0.0% Accumulated Depreciation -601,086.99 -564,012.65 -6.6% Goodwill 3.914.333.00 3.914.333.00 0.0% Accumulated Amortization -2,280,551.86 -10.0% Total Assets 1,841,660.96	Accounts Receivable - Other			59.4%
Other Current Assets Prepaid Expense 2.733.77 3.537.11 -22.7% Worker's Comp 2.561.48 2.548.50 0.5% Total Prepaid Expense 6.030.59 8.239.54 -26.8% Total Other Current Assets 6.030.59 8.239.54 -26.8% Total Current Assets 141,318.65 264,455.79 56.7% Fixed Assets 7.051.91 7.051.91 0.0% Computer/Office Equipment 7.051.91 7.065.38 0.0% Leasehold Improvements 1.003.817.04 991.765.18 1.2% Machinery & Equipment 215.098.69 2.06% 0.0% Accumulated Depreciation -601036.99 -564.012.65 -66.% Goodwill 3.914,333.00 3.914,333.00 0.0% Accumulated Amorization -2.2870.511.34 -2.260.955.68 -10.0%	Total Accounts Receivable	309,316.65	196,501.97	57.4%
Prepaid Expense 2,733.77 3,537.11 -22.7% Worker's Comp 2,561.48 2,548.50 0.5% Total Prepaid Expense - Other 735.34 2,153.93 -65.9% Total Prepaid Expense - Other 735.34 2,153.93 -65.9% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Computer/Office Equipment 7,051.91 7,051.91 0.0% Fixed Assets 2,7805.38 27,805.38 0.0% Leasehold Improvements 1,003,817.04 991,765.18 1.2% Machinery & Equipment 215,098.69 0.0% Accumulated Depreciation -601036.99 -564.012.65 -6.8% Goodwill 3,914,333.00 3,914,333.00 0.0% Accumulated Amortization -2,870,511.34 -2,609,555.86 -10.0% Total Fixed Assets 2,0256.00 2,0256.00 0.0% 0.0% Accumulated Amortization	Total Accounts Receivable	309,316.65	196,501.97	57.4%
Prepaid Expense 2,733.77 3,537.11 -22.7% Worker's Comp 2,561.48 2,548.50 0.5% Total Prepaid Expense - Other 735.34 2,153.93 -65.9% Total Prepaid Expense - Other 735.34 2,153.93 -65.9% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Current Assets 6,030.59 8,239.54 -26.8% Computer/Office Equipment 7,051.91 7,051.91 0.0% Furniture & Fixtures 14,087.00 14,087.00 0.0% Leasehold Improvements 1,003,817.04 991,765.18 1.2% Surgical & Medical Equipment 215,098.69 256,098 0.0% Accumulated Depreciation -601036.99 -564.412.65 -66.% Goodwill 3,914,333.00 3,914,333.00 0.0% Accumulated Amoritzation -2,870,511.34 -2,609,555.68 -10.0% Total Fixed Assets 2,0256.00 20,256.00 0.0% <tr< td=""><td>Other Current Assets</td><td></td><td></td><td></td></tr<>	Other Current Assets			
Preventative Maint 2,733.77 3,537.11 -22.7% Worker's Comp 2,561.48 2,548.50 0.5% Prepaid Expense - Other 75.34 2,153.93 -65.9% Total Prepaid Expense 6,030.59 8,239.54 -26.8% Total Other Current Assets 6,030.59 8,239.54 -26.8% Total Current Assets 414,318.65 264,455.79 56.7% Fixed Assets 7,051.91 7,051.91 0.0% Computer/Office Equipment 7,051.91 7,051.91 0.0% Instruments 27,805.38 27,805.38 0.0% Leasehold Improvements 10,03,817.04 991,765.18 1.2% Machinery & Equipment 215,098.69 0.0% Accurulated Depreciation -66.9% Goodwill 3,914,333.00 3,914,333.00 0.0% Accurulated Amortization -2,870,511.34 -2,609,555.66 -10.0% Total Fixed Assets 1,841,660.96 2,083,701.77 -111.6% 0.0% 0.0% Cother Assets 20,256.00 20,256.00 0.0% </td <td></td> <td></td> <td></td> <td></td>				
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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% Total Fixed Assets 1,841,660.96 2,083,701.77 -11.6% Other Assets 20,256.00 20,256.00 0.0% Total Other Assets 20,256.00 20,256.00 0.0% TOTAL ASSETS 2,276,235.61 2,368,413.56 -3.9% LIABILITIES & EQUITY Liabilities -3.9% -3.9% Current Liabilities 644,866.37 348,389.93 85.1% Accounts Payable 644,866.37 348,389.93 85.1% Credit Cards 2,056.23 -1,032.87 299.1%	Leasehold Improvements	1,003,817.04	991,765.18	1.2%
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LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable Accounts Payable644,866.37348,389.9385.1%Total Accounts Payable644,866.37348,389.9385.1%Credit Cards BankCard2,056.23-1,032.87299.1%	Total Other Assets	20,256.00	20,256.00	0.0%
Llabilities Current Liabilities Accounts Payable Accounts Payable644,866.37348,389.9385.1%Total Accounts Payable644,866.37348,389.9385.1%Credit Cards BankCard2,056.23-1,032.87299.1%	TOTAL ASSETS	2,276,235.61	2,368,413.56	-3.9%
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Total Accounts Payable 644,866.37 348,389.93 85.1% Credit Cards BankCard 2,056.23 -1,032.87 299.1%	Accounts Payable			
Credit Cards 2,056.23 -1,032.87 299.1%	Accounts Payable	644,866.37	348,389.93	85.1%
BankCard 2,056.23 -1,032.87 299.1%	Total Accounts Payable	644,866.37	348,389.93	85.1%
BankCard 2,056.23 -1,032.87 299.1%	Credit Cards			
Total Credit Cards 2,056.23 -1,032.87 299.1%		2,056.23	-1,032.87	299.1%
	Total Credit Cards	2,056.23	-1,032.87	299.1%

03/02/22 Accrual Basis

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

	Dec 31, 21	Dec 31, 20	% Change
Other Current Liabilities			
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%
Total Other Current Liabilities	1,281,369.63	1,142,537.31	12.2%
Total Current Liabilities	1,928,292.23	1,489,894.37	29.4%
Total Liabilities	1,928,292,23	1,489,894.37	29.4%
Equity Tahoe Forest Hospital Tahoe Forest Hospital Equity	2,986,307.79	2,986,307.79	0.0%
Total Tahoe Forest Hospital	2,986,307.79	2,986,307.79	0.0%
Truckee Surgery Center Inc Truckee Surgery Cntr Inc Equity	604,650.70	604,650.70	0.0%
Total Truckee Surgery Center Inc	604,650.70	604,650.70	0.0%
Retained Earnings	-3,014,892.02	-2,501,207,71	-20.5%
Net Income	-228,123.09	-211,231.59	-8.0%
Total Equity	347,943.38	878,519.19	-60.4%
TOTAL LIABILITIES & EQUITY	2,276,235.61	2,368,413.56	-3.9%

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03/02/22 Accrual Basis

Truckee Surgery Center LLC Profit & Loss YTD Comparison October 2021

	Oct 21	Oct 20	% Change
Ordinary Income/Expense Income	47 Cases	37 Cases	
Patient Revenue		-	
Private Pay Medbridge	7,553.06 128,565.51	0.00 56,016.53	100.0% 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	14,141.02	1,102.00	1,100.076
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%

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03/02/22 Accrual Basis

Truckee Surgery Center LLC Profit & Loss YTD Comparison October 2021

	Oct 21	Oct 20	% Change
Repairs			
Instrument Repairs	0.00	250.00	-100.0%
Maintenance-Preventative	3,209.83	2,289.77	40.2%
Total Repairs	3,209.83	2,539.77	26.4%
Taxes			
Property	1,710.32	1,519.20	12.6%
Taxes - Other	1,869.50	0.00	100.0%
Total Taxes	3,579.82	1,519.20	135.6%
Utilities			
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%
Total Utilities	3,934.38	394.44	897.5%
Depreciation Expense	2,590.01	3,093.05	-16.3%
Total Expense	103,686.90	102,824.22	0.8%
Net Ordinary Income	31,006.46	-55,375.01	156.0%
Other Income/Expense			
Other Expense Amortization Expense	21,746.29	21,746.29	0.0%
	21,740.29	21,740.29	0.0%
Total Other Expense	21,746.29	21,746.29	0.0%
Net Other Income	-21,746.29	-21,746.29	0.0%
Net Income	9,260.17	-77,121.30	112.0%

03/02/22

Accrual Basis

Truckee Surgery Center LLC Profit & Loss YTD Comparison November 2021

	Nov 21	Nov 20	% Change
Ordinary Income/Expense Income	Elocases	2 Casos	
Patient Revenue	U		
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			
Total Income	0.00	-3,183.45	100.0% -12 4 .1%
Gross Profit	-12,921.76	53,710.53	-124.1%
	-12,921.70	55,710.55	-124.178
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 Printing and Reproduction	245.56	68.69	257.5%
	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 Medicel Supplier Tetel	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	3 893 00	2 222 22	46.8%
Health Dental	3,882.00 484,94	3,323.23 0.00	16.8% 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 Payroll Expenses - Other	426.92 350.55	-1,751.25 31.50	124.4% 1,012.9%
Total Payroll Expenses	54,480.46	33,916.31	60.6%
Professional Fees	- 1,		
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%

03/02/22 Accrual Basis

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%
Total Repairs	3,642.92	74.35	4,799.7%
Taxes			
Property	1,710.32	1,519.20	12.6%
Total Taxes	1,710.32	1,519.20	12.6%
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%
Total Utilities	4,132.14	3,221.29	28.3%
Depreciation Expense	2,590.01	3,093.05	-16.3%
Total Expense	135,907.96	88,746.66	53.1%
Net Ordinary Income	-148,829.72	-35,036.13	-324.8%
Other Income/Expense			
Other Income			
Other Income	150.00	0.00	100.0%
Total Other Income	150.00	0.00	100.0%
Other Expense			
Amortization Expense	21,746.29	21,746.29	0.0%
Total Other Expense	21,746.29	21,746.29	0.0%
Net Other Income	-21,596.29	-21,746.29	0.7%
Net Income	-170,426.01	-56,782.42	-200.1%

03/02/22 Accrual Basis

Truckee Surgery Center LLC Profit & Loss YTD Comparison December 2021

	Dec 21	Dec 20	% Change
- Ordinary Income/Expense Income	35 cases	44 cases	
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	1,424.00	2,700.07	40.070
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%

03/02/22 Accrual Basis

Truckee Surgery Center LLC Profit & Loss YTD Comparison December 2021

	Dec 21	Dec 20	% Change
Professional Fees			
Consulting	500.00	0.00	100.0%
Transcription Services	605,96	328.11	84.7%
Total Professional Fees	1,105.96	328.11	237.1%
Rent & CAM	14,432.40	13,723.44	5.2%
Repairs			
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%
Total Repairs	2,078.33	26,681.22	-92.2%
Taxes			
Property	1,710.32	1,710.32	0.0%
Total Taxes	1,710.32	1,710.32	0.0%
Utilities			
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%
Total Utilities	3,456.98	5,406.13	-36.1%
Depreciation Expense	2,590.01	3,093.05	-16.3%
Total Expense	158,141.18	178,355.15	-11.3%
Net Ordinary Income	82,261.90	-48,758.32	268.7%
Other Income/Expense Other Expense			
Amortization Expense	21,746.29	21,746.29	0.0%
Total Other Expense	21,746.29	21,746.29	0.0%
Net Other Income	-21,746.29	-21,746.29	0.0%
Net Income	60,515.61	-70,504.61	185.8%

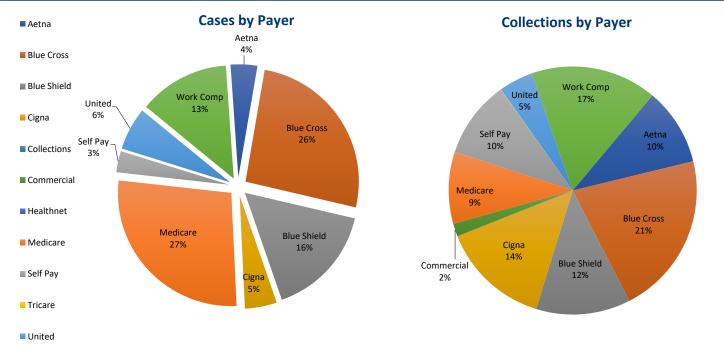


Truckee Surgery Center

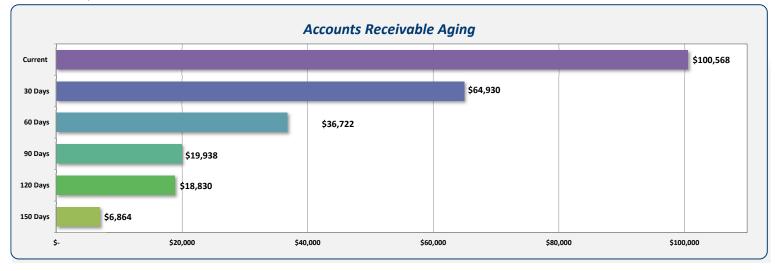
Monthly Comparison & Quarterly Totals

As of December 31, 2021

	Cases and Collections by Payer											
	October 2021				November 2	2021		December	2021		4th Quarter	2021
Payer	Case	s Collections	% Total	Case	s Collections	% Total	Case	s 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%
Totals	47	\$146,710.74		56	\$117,668.56		35	\$161,271.75		138	\$425,651.05	





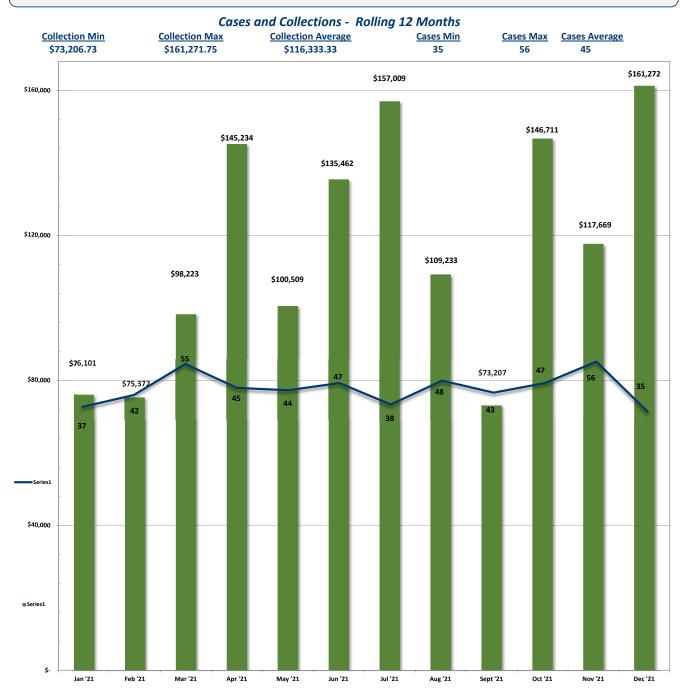




Truckee Surgery Center

Monthly Comparison & Quarterly Totals As of December 31, 2021

	Cases and Revenue by Physician											
			3rc	d Quarter 2	021				4th C	Quarter 20	21	
Physician	Cases	% Total	Ne	et Revenue	% Total	Rev/Case	Cases	% Total	Ne	t 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
Totals	130		\$	313,334.68		\$ 2,410.27	138		\$ 3	384,803.91		\$2,788.4

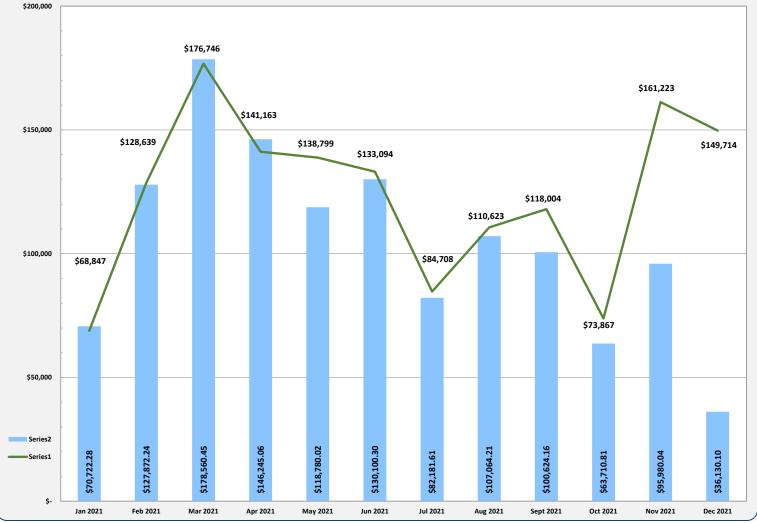


Truckee Surgery Center

Monthly Comparison & Quarterly Totals As of December 31, 2021

		Reve	enue - Boo	ked	d vs Collect	ed		
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%
Totals	539	\$ 1,485,426.10	\$2,755.89	\$	268,924.87	18%	\$ 1,257,971.28	85%





Truckee Projects & Changes

~ Quarterly Updates ~

TRUCKEE SURGERY CENTER SEMI ANNUAL REVIEW OF CONTRACTED SERVICES 07/01/2021 - 12/31/2021
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CONTRACTOR	SERVICE PROVIDED	QUALITY OF SERVICES	SERVICES TIMELINESS OF	ACCURACY OF SERVICES	RESPONSIVENESS	OF PRICING COMPETITIVENESS	ACCURACY OF BILLING	PROTECTION OF PATIENTS' RIGHTS	TOTAL POINTS POSIBLE	TOTAL POINTS DENRAED	РЕRFORMANCE АССЕРТАВLE
Aramark	Linen	15	9	9	æ	5	15	5	80	60	ON
California Security	Burglar/Fire Alarm	25	10	10	10	£	15	5	80	80	YES
Cashman Equipment	Generator	25	10	10	10	5	15	5	80	80	YES
Gateway East	Builiding 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	£	80	80	YES
Iron Mountain	Document Storage	23	ი	ი	10	5	15	2ı	80	76	YES
MedBridge	Billing Service	15	9	8	6	5	15	5	80	63	Q
Medical Gas Diagnostics	Med gas/Suction PM	25	10	10	10	ъ	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	6	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	0	•								2.
Shred-it	Document Shredding	1 H		2	10	ŝ	15	£	80	80	YES	
Siemens	Fire Alarm Danal			9	9	5	15	5	80	80	YES	
-		ę	6	10	10	5	15	Ω	80	80	YES	
Stericycle	Waste Management	25	10	10	10	ιc.	4	L				Τ
Sutter Physics	Annual Physics Testing for C-Arms	25	ę			>	2	n	80	80	YES	
Synergy EVS	Housekeeping/Terminal		2	2	10	5	15	5	80	80	YES	
TFHD- Biomed	Biomed	51	9	თ	10	5	15	S	80	75	YES	
TFHD- Facilities	Facilities EOC	25	10	10	10	5	15	5	80	80	YES	
Uepartment TEHD_1 ab		25	9	10	σ	ų	Ļ					Т
TEHD Matorials	Lab and Pathology	25	10	10	10	יז ר	0 4	ις Γ	80	75	YES	-
Management	Materials	25	10	10	10	o u		0	80	80	YES	ТТ
TFHD- Occupational	Staff/Physician				2	,	<u>0</u>	n	80	80	YES	
Health	Immunization & Screening	25	10	10	10	5	15	S	80	80	YES	T
TFHD- Radiology Department	Radiology	20	9	10	10	5	15	5	8	14		
Total Scope	Arthroscopic Camera &	JE								:	-	1
	Lens Supply & Repair	07	01	10	10	5	15	2J	80	80	YES	
Trusted Employers	Background Screening	25	0	ç	ç							
est Coast X-Ray	West Coast X-Ray Large C-arm PM			2	2	n	15	5	80	80	YES	_
Western Path		25	10	10	10	5	15	5	80	80	YES	
	Lau and Pathology	25	10	10	10	5	15	5	80	80	YES	-

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

Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Aramark					PRI	N
Service/s Provided: Linens Scrubs	Eva	luation Perio	od: 7 1 202	1 - 12 31	2021	-
Performance Aspect	Excellent		factory	Unsatisfa		
Quality of Services Provided		Outo		Ulisalisia	JUTY	
Services are acceptable in quality	5	٨	(2)	2		
Quality assurance processes in place	5	4	Sec. 1	2	1	
QA meets TSC's minimum requirements	5	4	3	2	1	
Services are consistently high quality	5	4	3	2	1	15
Contractor stays current with technology/proces	5	4	3	2	1	
e contractor etayo carrent with technology/proces	565 0	4	3	2	1	
Timeliness of Services Provided						
Services are provided in a timely manner	F		Ô	•		
Contractor meets TSC's deadlines	5 5	4	3	2	1	1.
Contractor meets 100 3 deadimes	Э	4	(3)	2	1	Ŷ
Accuracy of Services Provided						
Services provided are consistently accurate	5		Ô	-		
Contractor corrects errors in timely manner	5 5	4	3	2 2	1	ما
contractor concetts chors in amery manner	J	4	(3)	2	1	~
Responsiveness to TSC's Requirements						
Contractor is responsive to TSC's requirements	F		•	-	_	
Contractor adapts to meet TSC's needs improvin	5	4	3	2	1	B
contractor adapts to meet 130's needs improvi	ng p	4	3	2	1	υ
Competitiveness of Pricing						
Contractor's prices are competitive			•	•		F
	(5)	4	3	2	1	5
Accuracy of Billing						
Contractor's invoices are timely and accurate			2	•		
Billing errors are promptly corrected	(5) (5) (5)	4	3	2	1	15
Invoices are detailed and itemized	S S	4	3	2	1	15
and dotalled and hemized	9	4	3	2	1	
Protection of Patients' Privacy						
Contractor safeguards patients' privacy	(5)	4	2	•	4	5
Salad patiente privacy	9	4	3	2	1	.,
Total Points Possible: 80						
<u>مون</u> :Total Points Earned						
Contractor's performance is deemed:	Acceptable	(10	O Not Accepta	ble (<70)		
Notest O	& hales. A			· · /		
	n stock a	ramark	aware a		Ive_	
quality of product still needs	improveme	nt.	onse to lo	o supply,	but.	
Evaluation completed by:	•					
$\mathcal{O}(\mathcal{O})$		1		a. 31	1	
Signature Brana L	yon	QAPI	IC Coordin	atur 12	28 21	
Evaluation approved by:	-	Title		q	ate 1	
faith author	Lestor	Adamin	strater	1/2-1	2000	
Signature Printed Name		Title	IN INI UP	<i>1 201</i> .	ate	

Eval Frequency: Monthly Quarterly

Semi-Annually

Truckee Surgery Center Contract Services Evaluation

Contractor Name: California Se	scuinty				PRN	
Service/s Provided: Burglar/Fire	Alarm Ev	aluation Per	iod: 7 1 20	21 - 123	2021	
Performance Aspect	Excellent		sfactory	l Unsatisfa		
Quality of Services Provided				enoutoru	otory	
Services are acceptable in quality	(5)	4	3	2	1	
Quality assurance processes in place	(5) (5)	4	3	2	1	
QA meets TSC's minimum requirements	5	4	3	2	ı 1	25
Services are consistently high quality		4	3	2	ı 1	
Contractor stays current with technology/pro	ے cesses 5	4	3	2	1	
Timeliness of Services Provided						
Services are provided in a timely manner	5	A	2	2		
Contractor meets TSC's deadlines	(5) (5)	4 4	3 3	2 2	1	10
	V	4	3	2	1	
Accuracy of Services Provided						
Services provided are consistently accurate	(5) (5)	4	3	2	1	
Contractor corrects errors in timely manner	5	4	3	2	1	10
Responsiveness to TSC's Requirement	s					
Contractor is responsive to TSC's requirement		4	2	2		
Contractor adapts to meet TSC's needs	its (5) (5)	4	3 3	2 2	1	10
Competitiveness of Pricing						
Contractor's prices are competitive	æ		•	-		6
competitive	5	4	3	2	1	5
Accuracy of Billing						
Contractor's invoices are timely and accurate	(5)	4	3	2	1	
Billing errors are promptly corrected	(5)	4	3	2 2	1	15
Invoices are detailed and itemized	(1) (1) (1)	4	3	2	1	
Protoction of Definition 1.D.	\bigcirc	-	·	-	•	
Protection of Patients' Privacy	6					r
Contractor safeguards patients' privacy	(5)	4	3	2	1	5
Total Points Possible: 80						
Total Points Earned: <u>80</u>						
Contractor's performance is deemed: $$	80 Acceptable		Not Accept	able (<70)		
Notes:						
· · · · · · · · · · · · · · · · · · ·						
Evaluation completed by:						
Bry PN Briana L	ynn	QAPILI	e Coordin	ator 12	28 21	
Signaturel Printed Name Evaluation approved by:	1	title			Date	
And approver by.	1 1		as s			

2821 Date Printed Name title 1 Administrater Title Printed Name 1/20/2022 Signature Date

Eval Frequency: Monthly

Quarterly Semi-Annually

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Cashman Equi	n mart				PR	N
Service/s Provided: Generator	Eva	aluation Peri	od: 7/1/20	2 - 2	312	021
Performance Aspect	Excellent		sfactory	Unsatisfa	T	
Quality of Services Provided		Jan	stactory	Ulisalisia	actory	
Services are acceptable in quality	(5)	Λ	2	•		
Quality assurance processes in place	5	4	3	2	1	
QA meets TSC's minimum requirements	S	4	3	2	1	25
Services are consistently high quality		4	3	2	1	
Contractor stays current with technology/proce	(5) (5) (5) (5) sses (5)	4	3 3	2 2	1	
Timeliness of Services Provided	-				•	
Services are provided in a timely manner	(E)		-			
Contractor meets TSC's deadlines	(5) (5)	4 4	3 3	2	1 1	10
Accuracy of Services Provided	-		-	-	I	
Services provided are consistently accurate			-			
Contractor corrects errors in timely manner	(5) (5)	4 4	3 3	2 2	1 1	10
Responsiveness to TSC's Requirements	<u> </u>			-	•	
Contractor is responsive to TSC's requirements	Ē			_		
Contractor adapts to meet TSC's needs	(5) (5)	4 4	3	2 2	1 1	10
Competitiveness of Pricing	-			_	•	
Contractor's prices are competitive	(5)	4	3	2	1	5
Accuracy of Billing	-				-	5
Contractor's invoices are timely and accurate	5	4	2	•		
Billing errors are promptly corrected	(5) (5) (5)	4	3	2	1	15
Invoices are detailed and itemized	5	4	3 3	2	1	
	J	4	3	2	1	
Protection of Patients' Privacy						
Contractor safeguards patients' privacy	5	4	3	2	1	5
Total Points Possible: 80						
Total Points Earned: <u>80</u>						
Contractoril	Acceptable		Not Assent	bla (<70)		
Notes:			Not Accepta	ible (<70)		
Evaluation completed by:						
Brun Prince	Lynn	onn li		`	last	
Signature V Printed Name			C Coordu	nator 12	2821	
Evaluation approved by:		1010			Pate	
Signature Signature Printed Name	Lestre	<u>Admi</u> Title	nistratu	1/20/2	022	

Administratur

1/20/2022 Date

T Signature 7 _

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Gateway East	st				PR
Service/s Provided: Building Lea		valuation Per	iod: 7 1 20:	21 - 12 3	1 202
Performance Aspect	Excellent		sfactory	1	1
Quality of Services Provided	Execution	Jau	Sidciory	Unsatisfa	actory
Services are acceptable in quality	(5)	4	2	•	
Quality assurance processes in place	(5) (6) (6)	4	3	2	1
QA meets TSC's minimum requirements	Ś	4	3	2	1
Services are consistently high quality	K -	4	3 3	2	1
Contractor stays current with technology/prod	cesses 5	4	3	2	1 1
Timeliness of Services Provided				_	•
Services are provided in a timely manner	A			_	
Contractor meets TSC's deadlines	(5) (5)	4	3 3	2 2	1
Accuracy of Services Provided	¥	7	J	2	1
Services provided are consistently accurate	Æ				
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
	-	4	3	2	1
Responsiveness to TSC's Requirements	<u>5</u>				
Contractor is responsive to TSC's requirement	īs ([°] 5)	4	3	2	1
Contractor adapts to meet TSC's needs	ts (5) (5)	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive					
contractor a prices are competitive	(5)	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(E)		•		
Billing errors are promptly corrected	() () ()	4	3	2	1
Invoices are detailed and itemized	<u> </u>	4	3	2	1
	9	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	
	U	-	3	2	1
Total Points Possible: 80 Total Points Earned: <u>80</u>					
Contractor's performance is down it	1				
Contractor's performance is deemed:	✓_Acceptable		Not Accepta	ble (<70)	
Notes:					
Evaluation completed by:					
BED DOLL	1				i

Signature QAPILIC Coordinator Printed Name 2 12 28 Evaluation approved by Date 0 Administrater Title Printed Name 1/20/2022 Signature Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Getinge					PR
Service/s Provided: Stervicers	Fv	aluation Pe	riod -		<u> </u>
Performance Aspect		aluation re		2021 - 12	31 20
Quality of Services Provided	Excellent	Sa	tisfactory	Unsatisf	actory
Services are acceptable in quality	~				uotory
Quality assurance presses	5	4	3	2	
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	5	4	3	2	1
Contractor stove currently high quality	5	4	3	2	1
QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proce	sses (5)	4	3	2	1
Timeliness of Services Provided				2	I
Services are provided in a timely manner	(6)				
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
and the too o deadlines	5	4	3	2	1
Accuracy of Services Provided					•
Services provided are consistently accurate	A				
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
	(5)	4	3	2	1
Responsiveness to TSC's Requirements				_	•
Contractor is responsive to TSC's requirements					
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
	(5)	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	æ				
t are competitive	5	4	3	2	1
Accuracy of Billing					•
Contractor's invoices are timely and accurate	Ê				
Dining errors are promptly corrected	B	4	3	2	1
Invoices are detailed and itemized	(5) (5) (5)	4	3	2	1
	(5)	4	3	2	1
Protection of Patients' Privacy					-
Contractor safeguards patients' privacy	(r)				
	(5)	4	3	2	1
otal Points Possible: 80					
otal Points Earned: <u>80</u>					
contractor's performance is deemed:	_Acceptable				
lotes:			Not Acce	otable (<70)	

Evaluation <u>completed</u> by: <u>Bry RN</u> <u>Briana Lynn</u> <u>QAPI / IC Coordinator</u> 12/28/21 <u>Signature</u> <u>Printed Name</u> <u>Printed Name</u> <u>Administrator</u> 1/20/2022 <u>Title</u> <u>Date</u>

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Hologic INC					PRI
Service/s Provided: Mini C-Arm PM	Ev	aluation Peric	od: 7/1/2	021 - 12	31 20
Performance Aspect	Excellent		factory		
Quality of Services Provided		Odila	lactory	Unsatisfa	ctory
Services are acceptable in quality	(5)	A	2	•	
Quality assurance processes in place	G	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/proces	(5) (5) (5) (5) (5) (5)	4 4	3 3	2 2	1 1
Timeliness of Services Provided	U			-	•
Services are provided in a timely manner					
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
1441 - 2017 No. 14	9	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	3	2	4
Contractor corrects errors in timely manner	5	4	3	2	1
Responsiveness to TSC's Requirements				_	•
Contractor is responsive to TSC's requirements	6				
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
soundered adapts to meet 150 s needs	(5)	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	2	2	
	U	4	3	2	1
Accuracy of Billing					
contractor's invoices are timely and accurate	(5)	4	3	2	1
illing errors are promptly corrected	(5) (5) (5)	4	3	2	1
voices are detailed and itemized	(5)	4	3	2	1
rotection of Patients' Privacy					
ontractor safeguards patients' privacy	(5)				
entractor saleguards patients privacy	(5)	4	3	2	1
otal Points Possible: 80					
otal Points Earned: <u>80</u>					
ontractor's performance is deemed:	_Acceptable		Not Accepta	abla (<70)	
otes:					

Evaluation completed by:		4	
BAD RN Signature	Brana Lynn Printed Name	QAPILIC Coordinator	
Evaluation approved by:		Title	Date
Signature	Printed Name	Administrater	1/20/2022
	i inted Name /	Title	Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Intech PRN Service/s Provided: HVAC Services Evaluation Period: 1 2021 - 12 31 2021 Performance Aspect Excellent Satisfactory Unsatisfactory Quality of Services Provided Services are acceptable in quality 6006 4 3 Quality assurance processes in place 2 1 4 3 2 QA meets TSC's minimum requirements 1 4 3 2 1 Services are consistently high quality 4 3 2 Contractor stays current with technology/processes 5 1 4 3 2 1 **Timeliness of Services Provided** Services are provided in a timely manner (D) (D) 4 3 2 1 Contractor meets TSC's deadlines 4 3 2 1 Accuracy of Services Provided Services provided are consistently accurate (5) (5) 4 3 Contractor corrects errors in timely manner 2 1 4 3 2 1 Responsiveness to TSC's Requirements Contractor is responsive to TSC's requirements (5) (5) 4 3 2 Contractor adapts to meet TSC's needs 1 4 3 2 1 **Competitiveness of Pricing** Contractor's prices are competitive (5) 4 3 2 1 Accuracy of Billing Contractor's invoices are timely and accurate (5) (5) 4 3 Billing errors are promptly corrected 2 1 4 3 2 Invoices are detailed and itemized 1 4 3 2 1 Protection of Patients' Privacy Contractor safeguards patients' privacy (5) 4 3 2 1 Total Points Possible: 80 Total Points Earned: 80 Contractor's performance is deemed: ____ Acceptable Not Acceptable (<70) Notes:_____

Evaluation completed by:			
Signature	Briana Lynn Printed Name	QAPI IC Coording	tor 12/28/21
Evaluation approved by:		Tiļle	Date
Signature	Courney Leslie		1/20/2022
	rinted Name J	Title	Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Iron Meuntai					PRN
Service/s Provided: Document S-	torage Evi	aluation Perio		021 - 12	31202
Performance Aspect	Excellent		1 1		1 1 -
Quality of Services Provided	LACEMENT	Saus	factory	Unsatisfa	ctory
Services are acceptable in quality	(5)	4	2	•	
Quality assurance processes in place	(5) (5) 5	4	3 3	2 2	1
QA meets TSC's minimum requirements	5		3	2	1
Services are consistently high quality	5		3	2	1
Contractor stays current with technology/pr	ocesses (5)	4	3	2	ſ
Timeliness of Services Provided	<u> </u>				
Services are provided in a timely manner	5	$\widehat{\mathbf{A}}$	2	n	4
Contractor meets TSC's deadlines	(5)	4	3 3	2 2	1
	Ċ	·	Ū	۷	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 Requirement	ite				
Contractor is responsive to TSC's requireme		4	2		4
Contractor adapts to meet TSC's needs	ents (5) (5)	4 4	3 3	2 2	1
Competitiveness of Brising	U		-	-	•
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	e (5)	4	3	2	1
Billing errors are promptly corrected	5	4	3	2	1
Invoices are detailed and itemized	e (5) (5) (5)	4	3	2	1
Protoction of D-the table	U		•	-	
Protection of Patients' Privacy	~				
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80					
Total Points Earned: 16					
Contractor's performance is deemed:	Acceptable		Not Accept	ablo (<70)	
Notes: Persistent reminders	needed to	aboto in		T 5 2'	r i
		and a	CCESS 10		harts
Evaluation completed by					

Evaluation completed by:			
Bfyp en	Briana Lynn	QAPI IC Coordinator	12 28/21
Signature I Evaluation approved by:	Printed Name	Title	Date
fant	Courtney Leslic	Administrater	1/20/2022
CSignature	Printed Name	Title	Date

Truckee Surgery Center Contract Services Evaluation

Sto ckings Eva	luation Peri	iod: 7 1 20:	21 - 12 31	2021
J			linsatisfa	1 ^
	Juli	onuolony	Unsatisit	iciory
(5)	4	2	2	4
(5)	4			1
(S)	4			1
Ś	4		2	1
sses (5)	4	3	2	1
(5)	A	2	2	4
5	4	3	2	1
		•		
()	4			1
(3)	4	3	2	1
(5)	٨	2	2	
(5)	4			1
G	4	5	2	1
(5)	4	3	2	1
•		-	-	
0				
(5)	4	3	2	1
(5)	4	3	2	1
(5)	4	3	2	1
(5)	4	3	2	1
Ũ		-	-	•
Accentable		Not Accort	abla (<70)	
			aule (<td></td>	
	Excellent (5) (5) (5) (5) (5) (5) (5) (5)	Excellent Sati (5) 4	Excellent Satisfactory 5 4 3	Excellent Satisfactory Unsatisfactory (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4 3 2 (5) 4

Evaluation completed by:			
BADSEN	Briana Lynn	QAPI IC Coordinator	12 28/21
Signature () Evaluation approved by:	Printed Name	Title	Date
Signature	Courtmay Leslie	Administrater	1/20/2022
oignature	Printed Name	Title	Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Med Bridge					PF	RN
Service/s Provided: Billing Services	ΕΕ.	valuation Per	riod: 1 202	1 - 12	31 20	_
Performance Aspect	Excellent		isfactory	- 1	l	41
Quality of Services Provided		Jai	islacioly	Unsatisfa	ctory	
Services are acceptable in quality	5	4				
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 3 3 3 3 3 3	(2) 2 (2) 2 2 2	1	15
Contractor stays current with technology/proces		4	(3)	2	1	
	sses (j)	4	3	2	1	
Timeliness of Services Provided						
Services are provided in a timely manner	E		~			
Contractor meets TSC's deadlines	5	4	(3) (3)	2 2	1	L.
i co o deadimes	5	4	(3)	2	1	4
Accuracy of Services Provided						
Services provided are consistently accurate	-	6				
Contractor corrects errors in timely manner	5	4	3	2	1	n
som acter corrects errors in timely manner	5	(4)	3	2	1	8
Responsiveness to TSC's Requirements		Ũ			•	
Contractor is responsive to TSCI						
Contractor is responsive to TSC's requirements		4	3	2	1	9
Contractor adapts to meet TSC's needs	(5)	4	3	2 2	1	1
Competitiveness of Pricing	U			_		
Contractor's prices or Fricing						
Contractor's prices are competitive	(5)	4	3	2	1	5
Accuracy of Billing				-		
Contractor's invoices and time to						
Contractor's invoices are timely and accurate	(S	4	3	2	1	
Billing errors are promptly corrected	(5)	4	3	2	1	15
Invoices are detailed and itemized	(I) (I) (I)	4	3	2	1	
Protoction of Dation () D)	•		•	Ł		
Protection of Patients' Privacy						_
Contractor safeguards patients' privacy	(5)	4	3	2	4	2
Total Points Possible: 80	<u> </u>		0	2		
Total Points Earned: <u>63</u>						
Contractor's performance is deemed:	Acceptable		Not Acceptat	ale (<70)		
Notes: Persistent reminders nee periods of time lapses a hilling	ded for	billing d			ĭ .	
periods of time lapses a billing		oning	Take pl	ace. Ex	tende	e d
1	Juccors.	<u>y</u>				
Evaluation completed by:						
Bring RN Briana Lyn	~ ~	and line			ĩ	
Signature 1	(RAPI IC (Coordinator	12 28	21	
Evaluation approved by:		1 100		• Di	ite	
Signature Durmey (eshe	Admini	strater	1/20/2	. 77	
Printed Name	2	Title		and the second of the second of the	ite	

Truckee Surgery Center Contract Services Evaluation

	 2 			\subseteq	PR
Contractor Name: Medical Gas D	aquostics				1
Service/s Provided: Med Gas Suc	tion PM Eva	luation Peri	od: 7/1/202	21 - 12 3	1 202
Performance Aspect	Excellent	Satio	sfactory	Uncetiefe	otom
Quality of Services Provided	Exochem	Jan	siactory	Unsatisfa	ctory
Services are acceptable in quality	(5)	4	2		
Quality assurance processes in place	Ğ	4	3 3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
Services are acceptable in quality Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proce	sses (5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	3	2	4
Contractor meets TSC's deadlines	(5) (5)	4	3	2 2	1
	Ŭ	•	v	L	
Accuracy of Services Provided	_				
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements				-	
Contractor adapts to meet TSC's needs	(5) (5)	4	3 3	2	1
	¥	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(Ĵ)	4	3	2	1
Accuracy of Dilling				-	•
Accuracy of Billing	<u>(</u>)				
Contractor's invoices are timely and accurate	(5) (5) (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)		2		
	U)	4	3	2	1
Total Points Possible: 80					
Total Points Earned: 80					
Contractor's performance is deemed:	✓_Acceptable		Not Accepta	able (<70)	
Notes:					
	-				
Evaluation completed by:					
		260			

Brianalyn Date Signature Brianalyn Date Signature Brianalyn Date Printed Name Date Brianalyn Date Date Discussionator 12/20/2022 Title Date Date Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Merchant Se Service/s Provided: California	muine				F	
Service/s Provided: Credit Card Pro	cessing Fr	aluation Do	right		-1	
Performance Aspect				21-12	31 21	
Quality of Services Provided	Excellent	Sat	tisfactory	Unsatisf	actory	
Services are acceptable in quality	6					
	(5)	4	3	2	1	
QA meets TSC's minimum requirements	(5)	4	3	2	1	
Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proc	(5)	4	3	2	1	
Contractor stays current with technology/pre-	LE CE	4	3	2	1	
	esses (5)	4	3	2	1	
Timeliness of Services Provided				-		
Services are provided in a timely manner						
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1	
	(5)	4	3	2 2	1	
Accuracy of Services Provided				-		
Services provided are consistently accurate	Â					
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1	
	5	4	3	2 2	1	
Responsiveness to TSC's Requirements				_	'	
Contractor is responsive to TSC's requirement						
Contractor adapts to meet TSC's needs	5 (5) (5)	4	3	2	1	
	(5)	4	3	2 2	1	
Competitiveness of Pricing						
Contractor's prices are competitive	Æ					
	(5)	4	3	2	1	
Accuracy of Billing					·	
Contractor's invoices are timely and accurate	Ē					
- initig citols are promitiv corrected	Q	4	3	2	1	
nvoices are detailed and itemized	(5) (5) (5)	4	3	2	1	
	(5)	4	3	2	1	
Protection of Patients' Privacy					•	
Contractor safeguards patients' privacy	(F)					
	(5)	4	3	2	1	
otal Points Possible: 80					•	
otal Points Earned: <u>80</u>						
ontractor's performance is deemed:	∠ Acceptable					
otes:			Not Acceptab	Not Acceptable (<70)		
aluation completed by:						
DEUDEN RUI		a 1				
nature Printed Namo	ynn	QAPI IC	Coordian	the in	anl	

Evaluation approved by; Printed Name 2 2 8 21 Date Tifle Courney Printed Name estic Administratur Title 1 20/2022 Date

Signature

cu

Contractor Name: Pacific Medical					PRI
Service/s Provided: DME Supply		aluation Peri	od: 7/1/202	1 - 12 31	2021
Performance Aspect	Excellent	Satis	sfactory	Unsatisfa	
Quality of Services Provided		outi	Juctory	Ulisatisia	ciory
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/process	(5) (5) (5) ses (5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	3	2	4
Contractor meets TSC's deadlines	(5) (5)	4	3	2 2	1
	C	-	5	L	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	(5)	4	2	2	
Contractor adapts to meet TSC's needs	(5) (5)	4	3 3	2 2	1
Competitiveness of Pricing	-				
Contractor's prices are competitive	(5)	4	3	2	4
	5	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5) (5) (5)	4	3	2	1
Protection of Patiente' Driveou	\bigcirc		•	-	
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	5	4	3	2	1
Total Points Possible: 80					
Total Points Earned: 90					
Contractor's performance is deemed: $$	_Acceptable		Not Accept	abla (<70)	
Notes:		<u> </u>		avie (110)	
E look to the					

Evaluation completed by:				
Bhn, PN	Briana Lynn	QAPI	1c Coordinator	12 20 21
signatule Evaluation approved by:	Printed Name		Title	Date
1 and the	Courtney Leslie	A	Aministrator	1/20/2022
Signature	Printed Name		Title	Date

Eval Frequency: Monthly

Quarterly

Semi-Annually Contractor Name: Pharmacist Consultant Daniel Ohan PRN 2021 - 12 31 2021 Performance Aspect Excellent Satisfactory Unsatisfactory Quality of Services Provided Services are acceptable in quality (5) (5) (5) 4 3 Quality assurance processes in place 2 1 4 QA meets TSC's minimum requirements 3 2 1 Δ 3 Services are consistently high quality 2 1 Contractor stays current with technology/processes 5 4 3 2 1 3 2 1 Timeliness of Services Provided Services are provided in a timely manner (5) (5) Contractor meets TSC's deadlines 4 3 2 1 4 3 2 1 Accuracy of Services Provided Services provided are consistently accurate 5 (5) (4) Contractor corrects errors in timely manner 3 2 1 3 2 1 Responsiveness to TSC's Requirements Contractor is responsive to TSC's requirements (5) (5) Contractor adapts to meet TSC's needs 4 3 2 1 4 3 2 1 Competitiveness of Pricing Contractor's prices are competitive (5) 4 3 2 1 Accuracy of Billing Contractor's invoices are timely and accurate (5) (5) (5) 4 Billing errors are promptly corrected 3 2 1 Invoices are detailed and itemized 4 3 2 1 4 3 2 1 Protection of Patients' Privacy Contractor safeguards patients' privacy (5) 4 3 2 1 Total Points Possible: 80 Total Points Earned: ____9 Contractor's performance is deemed: ✓_Acceptable Not Acceptable (<70) Notes: Improved timeframe on quarterly audits + services. Evaluation completed by: Brianal QAPI IC Coordinator unn 12/20/21 Signature

Evaluation approved by:	Finiteu Name	Title	Date
Signature	Printed Name	Admin istratur	1/20/2022 Date

Contractor Name: Pitney Bowes					
Service/s Provided: Postage Meter	Ev	aluation Peri	od: 7 1 2 0	21 - 12:	31 202
Performance Aspect	Excellent	Satis	sfactory	Unsatisfa	
Quality of Services Provided		outio	shactory	Ulisatisia	ciory
Services are acceptable in quality	(5)	4	3	2	4
Quality assurance processes in place	() () () () () () () () () () () () () (4	3	2 2	1
QA meets TSC's minimum requirements	5	4	3	2	1
Services are consistently high quality	Š	4	3	2	1
Contractor stays current with technology/proces	ses 5	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	3	2	4
Contractor meets TSC's deadlines	6 5	4	3	2 2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	2	2	
Contractor corrects errors in timely manner	(5) (5)	4	3 3	2 2	1 1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	(5)	4	2	2	4
Contractor adapts to meet TSC's needs	(5) (5)	4	3 3	2 2	1 1
Competitiveness of Pricing					-
Contractor's prices are competitive	(5)	4	3	2	4
	۲	4	3	2	1
Accuracy of Billing	^				
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	(5) (5) (5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80					
Total Points Earned: <u>80</u>					
	Acceptable		Not Accep	table (<70)	
Notes:					

-			
Evaluation completed by:			
BEPREN	Briana Lynn	QAPILIC Coordinator	12/20/21
signature Evaluation approved by:	Printed Name	Title	Date
for por	Courtney Leslin	- Administratar	1/20/2022
Signature	Printed Name	Title	Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Ray Morgan Ri	colo				PRN
Service/s Provided: Copier	Ev	aluation Per			
Performance Aspect				21 ~ 12	31 2021
Quality of Services Provided	Excellent	Sat	isfactory	Unsatisf	actory
Services are acceptable in quality	0-				
Quality assurance processes in place	(5)	4	3	2	1
QA meets TSC's minimum requirements	Ğ	4	3	2	1
QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proce	(5)	4	3	2	1
Contractor stave current with technol	(5)	4	3	2	1
eenhautor stays current with technology/proce	sses (5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner			_		
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
	0	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(15)		-		
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
	9	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements			_		
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
	9	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	-		
	9	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	•	_	
During errors are promptly corrected	X	4	3	2	1
Invoices are detailed and itemized	(5) (5) (5)	4	3	2	1
	\odot	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4		_	
_	U	4	3	2	1
Total Points Possible: 80					
Total Points Earned: <u>90</u>					
Contractor's performance is deemed:	Acceptable		Not Accorte	bla (~70)	
Notes:			Not Accepta	ibie (0)</td <td></td>	

Evaluation completed by: P Bi Briana Printed Name RN QAPI/IC Coordinator L signatule Evaluation approved by: Inn 28 21 Date 12 iac Printed Name Administrater Title Leslic 1/20/2022 Signature Date

Eva	aluation Peri	od: Julzoz	1 - 12 3	2021
1		11	1-1-1	and the second sec
Excellent	Satis	sfactory	Unsatisfa	ctory
5	4	3	2	1
(5)	4		2	1
(5)	4		2	1
(5)	4			1
esses (5)	4	3	2	1
	٨	2	2	
E	4		2	1
Gr	-	3	2	
(5)	4	3	2	1
Ğ	4			1
-		Ū	-	
(5)	4	3	2	1
(5)	4	3	2	1
U				
1				
(5)	4	3	2	1
Â				
<u>چ</u>				1
Q		3		1
(5)	4	3	2	1
	4	2	•	
0	4	3	2	1
✓ Acceptable		Not Accen	table (<70)	
	Excellent (5) (5) (5) (5) (5) (5) (5) (5)	Evaluation Periodic Satistics Excellent Satistics (5) 4 (5)	Evaluation Period: 1 Excellent Satisfactory (5) 4 3 (5) 4 <td>Evaluation Period: $1 + 2021 - (2) 31$ Excellent Satisfactory Unsatisfa (5) 4 3 2 (5) 4 3 <td< td=""></td<></td>	Evaluation Period: $1 + 2021 - (2) 31$ Excellent Satisfactory Unsatisfa (5) 4 3 2 (5) 4 3 <td< td=""></td<>

Evaluation completed by:			
Bfyn RN Signature	Briana Lynn	OAPI IC Coordinat	or 122821
Evaluation approved by:	Printed Name	Title	Date
Jan Lo	Courtney Leslic	Administratur	1/20/2022
Signature	Printed Name	Title	Date

Eval Frequency: Monthly Quarterly

Truckee Surgery Center Contract Services Evaluation

Semi-Annually

Contractor Name: Shred-1+					PRN
Service/s Provided: Document Shred	Idina	Evaluation Peri	od: -		
Performance Aspect	Excelle				31 2021
Quality of Services Provided	Excelle	it Satis	sfactory	Unsatisfa	actory
Services are acceptable in quality					
Quality assurance processes in place	(5) (5) (5)	4	3	2	1
QA meets TSC's minimum requirements	G	4	3	2	1
	(5 /	4	3	2	1
Services are consistently high quality Contractor stays current with technology/proce		4	3	2	1
	sses 5	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner		4			
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
	9	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(E)	4	-		
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
	9	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requiremente	(5)		•		
Contractor adapts to meet TSC's needs	(5) (5)	4 4	3	2	1
	J	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	0	-	
A	U	-	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	0	
bining errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5) (5) (5)	4	3	2	1
Protoction of D. H.	0	7	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	
Total Points Possible: 80	\bigcirc	•	5	2	1
Total Points Earned: <u>80</u>					
Contractor's performance is deemed:	,				
Notes:	Acceptabl	e	Not Accepta	ble (<70)	
NOICS			-	(••)	
Evaluation completed by:					
A.L.		Ĩ.			-
Signature I Dritana Lu	nn	QAPI IC	Coordina	tor 12/2	8/21
Evaluation approved by:		Title		D	ate
for Couprail	eslie	Admini	shite	10-1-	
Signature Printed Name		Title	0114701	1/20/2	
				Da	ate

Truckee Surgery Center Contract Services Evaluation

PRN

Contractor Name: Seimens Service/s Provided: Fire Alarm Panel Evaluation Period: 7 1 2021 - 12 31 2021 Performance Aspect Excellent Satisfactory Unsatisfactory Quality of Services Provided Services are acceptable in quality (5) (5) (5) (5) 4 3 2 Quality assurance processes in place 1 4 3 2 QA meets TSC's minimum requirements 1 4 3 2 Services are consistently high quality 1 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) (5) 4 3 2 1 Contractor meets TSC's deadlines 4 3 2 1 Accuracy of Services Provided Services provided are consistently accurate (5) (5) 4 3 2 1 Contractor corrects errors in timely manner 4 3 2 1 Responsiveness to TSC's Requirements Contractor is responsive to TSC's requirements (5) (5) 4 3 2 1 Contractor adapts to meet TSC's needs 4 3 2 1 **Competitiveness of Pricing** Contractor's prices are competitive (5) 4 3 2 1 Accuracy of Billing Contractor's invoices are timely and accurate (5) (5) 4 3 2 Billing errors are promptly corrected 1 4 3 2 1 Invoices are detailed and itemized 3 2 1 Protection of Patients' Privacy Contractor safeguards patients' privacy (5) 4 3 2 1 Total Points Possible: 80 Total Points Earned: <u>80</u> Contractor's performance is deemed: Acceptable Not Acceptable (<70) Notes:

Evaluation completed by:			
Bry RN Signature Evaluation <u>approved</u> by:	Briana Lynn Printed Name	QAPI IC Ceardinat	02 12 28 21 Date
Signature	Courney Leslic Printed Name	Administrater	1/2.0/2022 Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Stenayale					
Service/s Provided: Waste Manager	ment Eva	luation Peri	od: 7 1 2 c	2 - 2	31 202
Performance Aspect	Excellent		sfactory	Unsatisfa	
Quality of Services Provided	Excellent	Jan	siactory	Ulisalisia	ictory
Services are acceptable in quality	(5)	Α	2	2	
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	Ś	4	3 3	2	1
Contractor stays current with technology/proces	(5) (5) (5) (5) (5) (5) (5)	4	3	2 2	1 1
Timeliness of Services Provided					
Services are provided in a timely manner	A		0	-	
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
a service inclusive of a dadalines	9	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	5	4	2	•	
Contractor corrects errors in timely manner	(5) (5)	4	3 3	2	1
	J	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	(5)	٨	2	2	
Contractor adapts to meet TSC's needs	(5) (5)	4	3 3	2	1
		-	5	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	A
	U	7	5	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	2	4
Billing errors are promptly corrected	(5)	4	3	2	4
Invoices are detailed and itemized	5 5 9	4	3	2	1
	C	-	5	2	
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80	-		-	-	•
Total Points Earned: <u>Bo</u>					
Contractor's performance is deemed:	Acceptable		Not Accept	able (<70)	
Notes:					

Evaluation completed by:			
Bfyn RN	Briana Lynn	QAPI/IC Coording	tor 12/28/21
signature l Evaluation approved by:	Printed Name	Title	Date Date
Signature	Courney Leiliz	Administrator	1/20/2022
Signature	Printed Name	Title	Date

Eval Frequency: Monthly Quarterly Semi-Annually

Contractor Name: Sutter Physics					PF
Service/s Provided: C-Arm Physics	s Fv	aluation Do	riod: 1 1 2		
Performance Aspect		aiualiuli rei		221 - 12	31 20
Quality of Services Provided	Excellent	Sat	isfactory	Unsatisf	actorv
Services are acceptable in quality	222				
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 stave current with to 1	(5) (5) (3) (5) (5)	4	3	2	1
Contractor stays current with technology/proce	esses (5)	4	3	2	1
Timeliness of Services Provided				-	1
Services are provided in a timely manner	~				
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
actor meets roo's deadlines	(5)	4	3	2	1
Accuracy of Services Provided				_	
Services provided are consistently accurate					
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
sector corrects enois in unley manner	(5)	4	3	2	1
Responsiveness to TSC's Requirements					•
Contractor is responsive to TSC's requirements	•				
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
added addpts to meet 130's needs	(5)	4	3	2	1
Competitiveness of Pricing				-	•
Contractor's prices are competitive	\sim				
o prices are competitive	5	4	3	2	1
Accuracy of Billing				-	
Contractor's invoices are timely and accurate					
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	5	4	3	2	1
involves are detailed and itemized	5	4	3	2	1
Protection of Patients' Privacy			•	2	1
Contractor safeguarda a ti	^ -				
Contractor safeguards patients' privacy	(5)	4	3	2	
Total Points Possible: 80	<u> </u>		•	2	1
Total Points Earned: 80					
Contractor's performance is deemed:	/				
Notes:	_Acceptable		Not Accepta	ble (<70)	
valuation <u>completed</u> by:					
gratupe PN Briana Lyn	2	manl	a a 1'	t	Ň
Ignature Printed Name		QAPILI	C Coordin	ator 12 2	28 21

Title 12 28 21 Date Printed Name oordinator Evaluation approved by: Printed Name Administratur slic 120/2022 Date

80

Signature

Eval Frequency: Monthly Quarterly

Truckee Surgery Center Contract Services Evaluation

Co	ontract Services E	valuation		Sem	i-Annual	V V
Contractor Norma					PRI	
Contractor Name: Synergy EVS	3					
Service/s Provided: Housekeeping/	Terminal Eva	aluation Peri	od: 1120;	21 - 12 3	1 202	
Performance Aspect	Excellent	Sati	factory	L.	1	0
Quality of Services Provided	LACOHOIL	Jali	sfactory	Unsatisfa	ctory	
Services are acceptable in quality	5	(1)	•	•		
Quality assurance processes in place	5	4	3	2	1	
QA meets TSC's minimum requirements	5	Å	3	2	1	21
Services are consistently high quality	5 5	(d)	3	2	1	21
Contractor stays current with technology/p	TOCOSSOS (E)	4	3 3	2	1	
y control with technologyp	locesses ()	4	3	2	1	
Timeliness of Services Provided						
Services are provided in a timely manner	(5)	4	2	2		(0
Contractor meets TSC's deadlines	Š	4	3 3	2 2	1	10
	J	4	3	2	1	
Accuracy of Services Provided	23 E					
Services provided are consistently accurate	5	(\mathcal{D})	2	2	4	
Contractor corrects errors in timely manner	(5)	(4)	3 3	2 2	1	q
	\bigcirc	-	3	2	1	
Responsiveness to TSC's Requirement	nts					
Contractor is responsive to TSC's requirement		4	3	2		10
Contractor adapts to meet TSC's needs	ents (5) (5)	4	3	2 2	1	•
	J	-	5	2	1	
Competitiveness of Pricing						
Contractor's prices are competitive	(5)	4	3	2	4	5
	G	-	J	2	1	,
Accuracy of Billing						
Contractor's invoices are timely and accurate	e (5)	4	3	2	1	
Billing errors are promptly corrected	e (5) (5)	4	3	2	1	15
Invoices are detailed and itemized	(5)	4	3	2	1	(2
_ 2 10 10.00	J	-	5	2		
Protection of Patients' Privacy						
Contractor safeguards patients' privacy	(5)	4	3	2	4	~
		•	0	Z	I	5
Total Points Possible: 80						
Total Points Earned: <u>15</u>						
Contractor's performance is deemed:	Acceptable		Not Accepta	ble (<70)		
Notes: Improved cleaning in pr	elpost areas	t bec	eption an	· · ·	1	
j	<u>р</u>		Pries car	ca note	d	
-						
Evolution						
Evaluation <u>completed</u> by:		1				
Signature Brana	Lynn	QAPI IC	Coordina	tor 12/2	8 21	
Evaluation approved by:		Title			Date	
fund Course	1 Leslive	Adam	ich of here	1011a	~	
Signature Printed Name		Title	ustratur	120/202	12	
				L	/410	

Contractor Name: TFHD Biomed					PRN
Service/s Provided: Surgical Equip	. Ev	aluation Peri	od: 7 1 20	21 - 12	71.0.0
Performance Aspect			1 1		3 202
Quality of Services Provided	Excellent	Sati	sfactory	Unsatisfa	actory
Services are acceptable in quality					
Quality assurance processes in place	(5) (5) (5) (5) (5) (5)	4	3	2	1
QA meets TSC's minimum requirements	(S)	4	3	2	1
Services are consistently high quality	(S)	4	3	2	1
Contractor stays current with technology/proces	5	4	3	2	1
of a later of a yo carrent with technology/proces	ises (5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	•	-	_
Contractor meets TSC's deadlines	(5) (5)	4 4	3 3	2	1
	V	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	٨	2	2	
Contractor corrects errors in timely manner	(5) (5)	4	3 3	2 2	1
	G	T	3	2	1
Responsiveness to TSC's Requirements	772.0				
Contractor is responsive to TSC's requirements	(5)	4	3	2	
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
0	U		Ũ	۲.	
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	1
			·	-	
Accuracy of Billing	6				
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 Patiental Dat	\cup			_	•
Protection of Patients' Privacy	()				
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80					-
Total Points Earned: _80					
Contractor's performance is deemed:	_Acceptable				
			Not Accepta	ble (<70)	
Notes:			• • • • • • • • • • • • • • • • •		

Evaluation completed by:			
Bfyn-	Printed Name	QAPI IC Coordinator	
Evaluation approved by:	, Filled Name	Title	Date
Signature	Printed Name	slie AdMinistrater	20 2022 Date

Eval Frequency: Monthly Quarterly Semi-Annually

Contractor Name: TEHD Facilitie Service/s Provided: Surgive Later					PRN
Service/s Provided: Surgical Equi	s Depar-	tment			
Performance Associ	ρ·Ε	aluation Pe	riod: $\neg \iota 2 \iota$	21 - 12	31 2021
Performance Aspect	Excellent	Sat	isfactory	Unsatisf	actory
Quality of Services Provided				onsatist	actory
Services are acceptable in quality	(5)	4	3	2	
Quality assurance processes in place	(5)	4	3	2	1
Services and the servic	5	4	3	2	1
Services are consistently high quality	5	4	3	2	1
Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proc	esses (5/	4	3	2 2	1
Timeliness of Services Provided			5	2	1
Services are provided in a the					
Services are provided in a timely manner Contractor meets TSC's deadlines	5	4	3	2	1
contractor meets 150's deadlines	5	4	(3)	2	1
Accuracy of Services Provided			G	2	1
Services provided are serviced					
Services provided are consistently accurate	(5) (5)	4	3	2	1
Contractor corrects errors in timely manner	(5)	4	3	2	1
Responsiveness to TSC's Requirements			•	2	1
Contractor is responsive to TOO		-			
Contractor is responsive to TSC's requirements Contractor adapts to meet TSC's needs	5 5	4	3	2	1
contractor adapts to meet 150's needs	(5)	4	3	2	1
Competitiveness of Pricing			_	-	
Contractor's prices are competitive	\sim				
competitive	(5)	4	3	2	1
Accuracy of Billing				-	1
Contractor's invoices are timely and accurate	6				
Billing errors are promptly corrected	(5) (5) (5)	4	3	2	1
Invoices are detailed and itemized	(5)	4	3	2	1
and hermized	(5)	4	3	2	1
Protection of Patients' Privacy				-	•
Contractor safeguards patients' privacy	\sim				
patients privacy	(5)	4	3	2	1
Total Points Possible: 80				-	I
Total Points Earned:					
Contractor's performance is deemed:	1				
Notes' TC O	Acceptable		Not Acceptat	ole (<70)	
	issues c	Service	s + ser	Nie rea	ande
		trequir	es multip	le rea	acte
couple of occasions.	us to fall	out of	complian	ice on	
Evaluation completed by:					<u> </u>
		1			
Signature Brana L Printed Name	ynn	QAPI	1C Coordi	natur 1	2 20 121
Evaluation approved by:		Title		Da	ate
La contra la Ane	a lalix	Admini	shortar	ILA I-	
Signature Printed Name	1-0.00	Title	21100100	1/20/2	
ι		1 tite		Da	ite

Eval Frequency: Monthly Quarterly Semi-Annually N

Contractor Name: TFH Lab					PR
Service/s Provided: Lab and Pathol	oqy Eva	luation Peri	od:		
Performance Aspect	Excellent		sfactory	Unsatisfa	oton
Quality of Services Provided		Uuti	stactory	Ulisatista	actory
Services are acceptable in quality	(5)	4	3	2	
Quality assurance processes in place	Ġ	4	3	2 2	1
QA meets TSC's minimum requirements	්	4	3	2	1
Services are consistently high quality	G	4	3	2	1
Services are acceptable in quality Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proces	ses (5)	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	ர	4	2	•	
Contractor meets TSC's deadlines	(5) (5)	4	3 3	2 2	1
		4	J	Z	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5) (3)	4	3	2 2	1
Responsiveness to TSC's Requirements	-				
Contractor is responsive to TSC's requirements		4	-	_	
Contractor adapts to meet TSC's needs	(5) (5)	4 4	3 3	2 2	1
Competitiveness of Printer	Ũ		v	2	I
Competitiveness of Pricing	$(\cap$				
Contractor's prices are competitive	(5)	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	2	2	4
Billing errors are promptly corrected	Š	4	3 3	2	1
Invoices are detailed and itemized	(5) (5) (6)	4	3	2 2	1
Destanting the state of the	U	-	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80	U				
Total Points Earned: <u>90</u>					
Contractional de la contraction de la contractio	_Acceptable		Not Assant	obla (270)	
Notes:			Not Accept	able (<70)	
Evaluation completed by:					

Ev tea by: Briana Lynn Printed Name QAPI IC Coordinator D 12 28 21 Date Signature Evaluation approved by: 11 Administrater Printed Name 1 20 2022 Signature Date

ontractor's mant-	Acceptable		Not Accepta	ble (<70)	
Dtal Points Possible: 80 Dtal Points Earned: $\underline{\ThetaO}$					
ontractor safeguards patients' privacy otal Points Possible: 80	(5)	4	3	2	1
rotection of Patients' Privacy	\sim				
rotection of Potiontal D	-	т	3	2	1
nvoices are detailed and itemized	5	4	3	2	1
aning errors are promptly corrected	5	4	3 3	2	1
Contractor's invoices are timely and accurate	(5)	4	2	-	
Accuracy of Billing					
-	(5)	4	3	2	1
Contractor's prices are competitive					
Competitiveness of Pricing					
	5	4	3	2	1
Contractor adapts to meet TSC's requirements	(5) (5)	4	3	2	1
Contractor is responsive to TSC's requirements	-0				
Responsiveness to TSC's Requirements	0		v	2	1
Contractor corrects errors in timely manner	(5) (5)	4	3	2 2	1
Services provided are consistently accurate	(5)	4	3	2	
Accuracy of Services Provided					
	U	4	3	2	1
Contractor meets TSC's deadlines	(5) (5)	4 4	3	2	1
Services are provided in a timely manner	(5)		-		
Timeliness of Services Provided					
	5585 (5)	4	3	2	1
Contractor stays current with technology/proce	(5) (5) (5) (5) (5)	4	3	2	1
Services are consistently high quality	(5)	4	3	2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are acceptable in quality Quality assurance processes in place	3	4	3	2	1
Quality of Services Provided				Uniodia	lactory
Quality of Services D	Excellent	Sat	isfactory	Unsatis	factory
Porformance A	ng E	awation Per	riod: 7 1 2	021 - 12	312
Service/s Provided: Supply Orden: Performance Aspect	hg ٤١	aluation Per	riod: 7/1/2	021 - 12	31

Briana L. Printed Name QAPI IC Coordinator Signature nn 12 21 Evaluation approved by Printed Name Administrator Title Leslic 1/20/2022 Signature Date

Contractor Name: TFH Occupation		- 11/2	12		PR
Service/s Provided: Immunization	Labs	Evaluation Per	iod: 712	21 - 12	31/20
Performance Aspect	Excellent		sfactory	28.0	
Quality of Services Provided	Execution	Jall	STACLOTY	Unsatisf	actory
Services are acceptable in quality	5	4	•		
Quality assurance processes in place	X	4	3	2	1
QA meets TSC's minimum requirements		4	3	2 2	1
Services are consistently high quality	5	4	3	2	1
Contractor stays current with technology/proce	(5) (5) (5) sses (5)	4	3 3	2 2	1
Timeliness of Services Provided	0	·	v	L	1
Services are provided in a timely manner	6				
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
contractor meets 130's deadlines	(5)	4	3	2 2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	2	•	
Contractor corrects errors in timely manner	5 5	4	3 3	2 2	1 1
Responsiveness to TSC's Requirements			·	-	1
Contractor is responsive to TSC's requirements	Æ				
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
	5	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	•	•	
	U	4	3	2	1
ccuracy of Billing					
ontractor's invoices are timely and accurate	(5)	4	2	0	
ning errors are promptly corrected	(5) (5) (5)	4	3	2	1
voices are detailed and itemized	Ś	4	3	2	1
	G	4	3	2	1
rotection of Patients' Privacy					
ontractor safeguards patients' privacy	(5)	4	3	0	
-	G	-	3	2	1
otal Points Possible: 80					
otal Points Earned: <u>BO</u>					
ontractor's performance is deemed:	Acceptable		Not Accepta	ble (<70)	
otes:			····· Accepta		

Evaluation completed by:			
0 0	Briana Lynn Printed Name	QAPILIC Coordina	tor 12 29 21 Date
Signature	Courney Leslie Printed Name	Administrator Title	20 2022_ Date

Eval Frequency: Monthly **Truckee Surgery Center** Quarterly **Contract Services Evaluation** Semi-Annually Contractor Name: TEHD Radiology Department PRN Service/s Provided: Eluoro Checks __ Evaluation Period: inge 2021-12 C-Arm operation 31 2021 Performance Aspect Excellent Satisfactory Quality of Services Provided Unsatisfactory Services are acceptable in quality (5 Quality assurance processes in place 3 2 1 5 QA meets TSC's minimum requirements 3 2 1 5 Services are consistently high quality 3 2 1 20 (5) Contractor stays current with technology/processes 3 2 3 2 1 Timeliness of Services Provided Services are provided in a timely manner 5 Contractor meets TSC's deadlines 4 (3) (3) 2 1 5 2 6 1 Accuracy of Services Provided Services provided are consistently accurate (5) Contractor corrects errors in timely manner 4 3 2 1 (5) Δ 3 2 1 Responsiveness to TSC's Requirements Contractor is responsive to TSC's requirements (5) (5) Contractor adapts to meet TSC's needs 4 3 2 1 4 3 2 1 **Competitiveness of Pricing** Contractor's prices are competitive (5) 4 3 2 1 Accuracy of Billing Contractor's invoices are timely and accurate (5) (5) Billing errors are promptly corrected 3 2 1 Invoices are detailed and itemized 4 3 2 1 3 2 1 Protection of Patients' Privacy Contractor safeguards patients' privacy (5) 4 3 2 1 Total Points Possible: 80 Total Points Earned: Contractor's performance is deemed: Acceptable Not Acceptable (<70) Notes: Quality + Timeliness score low due to lack of updating weekly fluore testing logs on a consistent basis, per regulations. This leaves TSC gaps č missing data of that could jeopardize in a survey. Other that the Setuces Evaluation completed by: great Brana, L Signature QAPI inator Printed Name Evaluation approved by: Signature Printed Name

Truckee Surgery Center Contract Services Evaluation

Contractor Name: Trusted Employ Service/s Provided: Background Scr	ers Realize Eva	luation Por	ind -		PR
Performance Aspect	Excellent		1.1		31/202
Quality of Services Provided	LACCHEIIL	Jai	isfactory	Unsatisfa	actory
Services are acceptable in quality			•	•	
	<u>S</u>	4 4	3	2	1
QA meets TSC's minimum requirements	S	4	3	2	1
Services are consistently high quality	<u>S</u>	4	3	2	1
Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proces	sses (5)	4	3 3	2 2	1 1
Timeliness of Services Provided	U				·
Services are provided in a timely manner			•	_	
Contractor meets TSC's deadlines		4	3	2	1
	3	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) (5)	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements					
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
	0	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	1
Accuracy of Billing			-	-	
Contractor's invoices are timely and accurate	_				
Billing errors are promptly corrected	()	4	3	2	1
nvoices are detailed and itemized	() () (5)	4	3	2	1
and itemized	(5)	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	5	4	3	2	1
otal Points Possible: 80					•
otal Points Earned: 80					
	Acceptable				
lotes:			Not Accept	adie (0)</td <td></td>	

Evaluation completed by: Brana Printed Name R QAPI IC coordinator 12 28 21 Date Signature Inn Evaluation approved by: Loglic owney Administrator Title 1/20/2022 Signature Printed Name T Date

Eval Frequency: Monthly Quarterly Semi-Annually PRN

Contractor Name: Total Scope					
Service/s Provided: Arthroscopic Ca	mera/ Eva	luation Peri	od:		
Performance Aspect Scope Repair	Excellent		sfactory	Unacticat	
Quality of Services Provided	LAGenerit	Jan	stactory	Unsatisfa	actory
	(5)	٨	2	2	
Quality assurance processes in place		4	3 3	2 2	1
QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	5	4	3	2	1
Services are acceptable in quality Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proces	sses 5	4	3	2	1
Timeliness of Services Provided					
Services are provided in a timely manner	(5)	4	2	2	
Contractor meets TSC's deadlines	(5) (5)	4	3 3	2 2	1 1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)		2	•	
Contractor corrects errors in timely manner	(5) (5)	4	3 3	2 2	1
2	G	-	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements	(5) (5)	4	3	2	1
Contractor adapts to meet TSC's needs	(5)	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)	4	3	2	4
	U	-	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	2	1
Billing errors are promptly corrected	ල ල ල	4	3	2	1
Invoices are detailed and itemized	I	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	5	4	3	2	1
Total Points Possible: 80					
Total Points Earned: <u>80</u>					
			Not Accept	table (<70)	
Notes:			itor Accept	anie (~10)	

Evaluation completed by: Brinted Name QAPI/IC Coordinator R 12 28 21 Date Signature | Evaluation approved by: nr 6 C Administratur Title 28/18e ouma 1/20/2022 Signature Printed Name Date

Truckee Surgery Center Contract Services Evaluation

Contractor Name: West Coast Xn					PRN
Service/s Provided: Large C-Arm	PM EV	aluation Per	riod: -11/2	21 - 12	31 207
Performance Aspect				141 16	51/202
Quality of Services Provided	Excellent	Sat	isfactory	Unsatisfa	actory
			-		
Quality assurance processes in place	P	4	3	2	1
QA meets TSC's minimum requirements	G	4	3	2	1
Services are consistently high quality	à	4	3	2	1
Services are acceptable in quality Quality assurance processes in place QA meets TSC's minimum requirements Services are consistently high quality Contractor stays current with technology/proces	sses (5)	4	3 3	2 2	1 1
Timeliness of Services Provided					·
Services are provided in a timely manner		4	0	•	
Contractor meets TSC's deadlines	(S)	4 4	3 3	2 2	1
	<u>U</u>		3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate	(5)	4	3	2	1
Contractor corrects errors in timely manner	(5) (5)	4	3	2 2	1
Responsiveness to TSC's Requirements	-			_	
Contractor is responsive to TSC's requirements					
Contractor adapts to meet TSC's needs	(5) (5)	4	3	2	1
some dela dela to meet 130 s needs	3	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)		•		
	(5)	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate	(5)	4	3	2	4
Billing errors are promptly corrected	(5)	4	3	2	1
Invoices are detailed and itemized	(5 (5 (5)	4	3	2	1
Protection of Patients' Privacy				-	I
Contractor safeguardo patientel mi					
Contractor safeguards patients' privacy	(5)	4	3	2	1
Total Points Possible: 80					
Total Points Earned: 80					
Contractor's performance is deemed:	Acceptable		Not Accort	bla (270)	
Notes:			Not Accepta	ible (0)</td <td></td>	

Evaluation completed by:			
Bignature Evaluation approved by:	Brana Lynn Printed Name	QAPI IC Coordine	12/20/21 Date
Signature	Printed Name	Administrator	1/20/2022 Date

Contractor Name: Western Patho					PRN
Service/s Provided: Lab/Pathology	logy	ivaluation De			
Performance Aspect		valuation Pe		021 - 12	31202
Quality of Sorvices Drevided	Excellent	Sat	tisfactory	Unsatisf	actory
Quality of Services Provided	0				
Services are acceptable in quality	(5)	4	3	2	1
Quality assurance processes in place QA meets TSC's minimum requirements	(5)	4	3	2	1
Services are consistently high quality	(5) (5) (5) (5) (5) (5) (5) (5)	4	3	2	1
Contractor stays current with technology/proce	5	4	3	2	1
e end doter stays current with technology/proce	esses (5)	4	3	2	1
Timeliness of Services Provided					•
Services are provided in a timely manner					
Contractor meets TSC's deadlines	(5) (5)	4	3	2	1
interes roos deadimes	(5)	4	3	2	1
Accuracy of Services Provided					
Services provided are consistently accurate					
Contractor corrects errors in timely manner	(5) (5)	4	3	2	1
	(5)	4	3	2	1
Responsiveness to TSC's Requirements					
Contractor is responsive to TSC's requirements		4			
Contractor adapts to meet TSC's needs	(5 ල	4	3	2	1
	()	4	3	2	1
Competitiveness of Pricing					
Contractor's prices are competitive	(5)		•		
	U	4	3	2	1
Accuracy of Billing					
Contractor's invoices are timely and accurate		٨	0		
bining errors are promptly corrected	() () () ()	4	3	2	1
Invoices are detailed and itemized	E C	4	3	2	1
	9	4	3	2	1
Protection of Patients' Privacy					
Contractor safeguards patients' privacy	(5)	4	2	•	
	Ċ		3	2	1
Total Points Possible: 80					
Total Points Earned: 80	,				
Contractor's performance is deemed:	Acceptable		Not Accepta	ble (<70)	
Notes:					

Evaluation complete du			
Evaluation completed by:		ψ.	
Signature P	- Brianalynn Printed Name	QAPI IC Coordinat	or 12/28/21
Evaluation approved by:	(b)	Title	Date
Signature	Printed Name	Administrater	1/20/2022
		Title	Date