



TAHOE FOREST HOSPITAL DISTRICT

2025-06-18 Regular Meeting of the Truckee Surgery Center Board of Managers

Quarter 2

Monday, June 18, 2025, at 12:00 p.m.

Tahoe Forest Hospital - Aspen Conference Room

10800 Donner Pass Rd, Suite 200, Avenue, Truckee, CA 96161

2025-06-18 Regular Meeting of the Truckee Surgery Center Board of Managers

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TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

AGENDA

Monday, June 18, 2025, at 12:00 p.m.

Aspen Conference Room – Tahoe Forest Hospital
10800 Donner Pass Rd., Suite 200, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL

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

4. INPUT – AUDIENCE

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

5. APPROVAL OF MINUTES ♦

5.1. 03/19/2025 Regular Meeting ATTACHMENT

6. ITEMS FOR BOARD ACTION ♦

6.1. Designate Truckee Surgery Center Board of Managers Chair ♦

TSC Board of Managers will designate a Chair for the Board of Managers.

6.2. Approval of Truckee Surgery Center Organizational Chart ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will approve the organizational chart.

6.3. Fiscal Year 2026 Budget ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will review and consider approval of the FY26 Budget.

6.4. Updated Pre-Printed Orders ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will review and consider approval of updated pre-printed orders.

6.5. 2024 Culture of Safety Survey ♦ ATTACHMENT

Truckee Surgery Center Board of Managers will review and consider approval of 2024 Culture of Safety Survey results.

6.6. Updated Policies ♦

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

6.6.1. Preadmission Assessment and Patient Selection Criteria (NS-1939) ATTACHMENT

Regular Meeting of the Truckee Surgery Center Board of Managers
June 18, 2025, AGENDA – Continued

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

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

7.1.1. Q1 FY25 Financial Statement..... ATTACHMENT*

7.1.2. Q1 FY25 Balance Sheet ATTACHMENT*

7.1.3. Monthly Dashboard - May 2025..... ATTACHMENT

7.2. Administrator Update..... ATTACHMENT

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

7.3. Facility / Equipment Updates..... ATTACHMENT

Truckee Surgery Center Board of Managers will receive an update on remediation processes and insurance claims.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes ♦

8.1.1. 03/19/2025 Regular Meeting

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

Subject Matter: First Quarter 2025 Infection Control Data Summary

Number of items: One (1)

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

Subject Matter: First Quarter 2025 Quality Assurance Performance Improvement Data

Number of items: Nine (9)

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

Subject Matter: 2025 Quality Improvement Project

Number of items: Two (1)

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

Subject Matter: First Quarter 2025 Ambulatory Surgery Center Association (ASCA) and California Ambulatory Surgery Center Association (CASA) Clinical Benchmarking Survey

Number of items: One (2)

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

10. ITEMS FOR NEXT MEETING

11. ADJOURN

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

A copy of the board meeting agenda is posted on Tahoe Forest Hospital District's web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Managers, or a majority of the Board, after distribution of the agenda are available for public inspection in the District's Administration Office, 10800 Donner Pass Rd., Suite 200, Truckee, CA 96161, during normal business hours.

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

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



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

DRAFT MINUTES

Wednesday, March 19, 2025 at 12:00 p.m.
Human Resources Conference Room – Tahoe Forest Hospital
10054 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

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

2. ROLL CALL

Board of Managers: Louis Ward, Crystal Felix, Dr. Jeffrey Dodd; Anna Roth

Staff in attendance: Courtney Leslie, Truckee Surgery Center Administrator; Heidi Fedorchak, Truckee Surgery Center Nursing Supervisor; Jan Iida, Chief Nursing Officer; Sarah Jackson, Executive Assistant / Clerk of the Board

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

No changes were made to the agenda.

4. INPUT – AUDIENCE

No public comment was received.

5. APPROVAL OF MINUTES

5.1. 12/04/2024 Regular Meeting

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the Truckee Surgery Center Board of Managers meeting minutes of December 04, 2024 as presented, seconded by Crystal Felix.

AYES: Dodd, Felix, Ward

Abstention: Roth

NAYS: None

Absent: None

5.2. 01/30/2025 Regular Meeting

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the Truckee Surgery Center Board of Managers meeting minutes of December 04, 2024 as presented, seconded by Crystal Felix.

AYES: Dodd, Felix, Ward

Abstention: Roth

NAYS: None

Absent: None

6. ITEMS FOR BOARD ACTION ♦

6.1. Appoint Manager to Truckee Surgery Center ♦

TSC Board of Managers will appoint a Manager to fill the vacant position on the Board of Managers.

Mr. Ward noted that Anna Roth, RN, MSN, MPH has been hired by the TFHD Board of Directors as the TFHD President & CEO effective 03/10/2025 with all the authority and duty that entails.

ACTION: Motion made by Dr. Jeffrey Dodd, to appoint TFHD President & CEO, Anna Roth as a Manager of the Truckee Surgery Center, seconded by Crystal Felix.
AYES: Dodd, Felix, Ward
Abstention: Roth
NAYS: None
Absent: None

6.2. Designate Truckee Surgery Center Board of Managers Chair ♦

TSC Board of Managers will designate a Chair for the Board of Managers.

Discussion was held regarding the appropriate Manager to fill the role of Chair of the TSC Board of Managers.

ACTION: Motion made by Anna Roth, to appoint Louis Ward as a Chair of the Truckee Surgery Center Board of Managers for the next three months, seconded by Dr. Jeffrey Dodd.
AYES: Dodd, Felix, Roth, Roth, Ward
Abstention: None
NAYS: None
Absent: None

6.3. Approval of Truckee Surgery Center Organization Chart ♦

TSC Board of Managers will approve the organizational chart

Discussion was held regarding the Organizational Chart structure.

ACTION: Motion made by Dr. Jeffrey Dodd, to amend Truckee Surgery Center 2025 Organizational Chart, seconded by Crystal Felix.
AYES: Dodd, Felix, Roth, Ward
Abstention: None
NAYS: None
Absent: None

6.4. Updated Policies ♦

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

6.4.1. Discharge Criteria (NS 1909)

6.4.2. Pediatric Patient (NS-1926)

6.4.3. Preadmission Assessment and Patient Selection Criteria (NS-1939)

6.4.4. Scope of Services (GOV-1912)

6.4.5. Staffing Plan (HR-1908)

Truckee Surgery Center Nursing Supervisor reviewed updated policies and procedures. Discussion was held regarding the updated policies and procedures.

ACTION: Motion made by Crystal Felix, to approve the updated policies 6.4.1 – 6.4.5, seconded by Dr. Jeffrey Dodd.

AYES: Dodd, Felix, Roth, Ward

Abstention: None

NAYS: None

Absent: None

6.5. Annual Employee Handbook Review ♦

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

Discussion was held regarding the proposed Annual Employee Handbook updates.

ACTION: Motion made by Dr. Jeffrey Dodd, to the updated Annual Employee Handbook, seconded by Crystal Felix.

AYES: Dodd, Felix, Roth, Ward

Abstention: None

NAYS: None

Absent: None

6.6. Updated Pre-Printed Orders ♦

Truckee Surgery Center Board of Managers will review and consider approval of updated pre-printed orders.

Discussion was held regarding the updated Pre-Printed Orders.

ACTION: Motion made by Dr. Jeffrey Dodd, to approve the updated Pre-Printed Orders, seconded by Crystal Felix.

AYES: Dodd, Felix, Roth, Ward

Abstention: None

NAYS: None

Absent: None

6.7. Amended and Restated Operating Agreement ♦

Truckee Surgery Center Board of Managers will review edits and consider approval of the Amended and Restated Operating Agreement.

Discussion was held regarding the Amended and Restated Operating Agreement. Director Felix would like a Strategic Plan update brought back to support this change prior to recommending approval for this change.

ACTION: No Action taken, recommend bringing back when ready to present to TSC Board of Managers.

7. ITEMS FOR BOARD DISCUSSION

7.1. Financial Reports

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

7.1.1. Q2 FY25 Financial Statement

7.1.2. Q2 FY25 Balance Sheet

7.1.3. Surgical Notes Dashboard

TSC Administrator reviewed the financial reports.

TSC Administrator reviewed the surgical notes dashboard. January volumes were low due to closure for mold remediation. New billing company is more supportive.

7.2. Coding Audit Report

Truckee Surgery Center Board of Managers will review the Third & Fourth Quarter 2024 Coding Audit Report.

TSC Administrator reviewed the coding audit report. Coding Aid reviews coding changes with providers prior to adjusting the codes.

7.3. Administrator Update

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

Urology scheduling and Dr. Naftulin's privileging was reviewed. Administration will meet with MSC Urology.

Discussion was held about OR block times and office procedures.

Further discussion was held regarding OR2, a smell identified and

7.4. Truckee Surgery Center Growth

Truckee Surgery Center Board of Managers will review options for expanding service lines.

No discussion was held.

Open Session recessed at 12:34 p.m.

8. CLOSED SESSION

8.1. Approval of Closed Session Minutes

8.1.1. 12/04/2024 Regular Meeting

Discussion was held on a privileged item.

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

Subject Matter: Fourth Quarter 2024 Infection Control Data Summary

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: Fourth Quarter 2024 Quality Assurance Performance Improvement Data

Number of items: Nine (9)

Discussion was held on a privileged item.

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

Subject Matter: 2024 Annual Quality Report

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: 2024 Quality Improvement Project Study & Annual Evaluation

Number of items: Two (2)

Discussion was held on a privileged item.

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

Subject Matter: Third - Fourth Quarter 2024 Ambulatory Surgery Center Association (ASCA)

Clinical Benchmarking Survey

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: 2025 Utility Risk Assessment

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: 2024-2025 Hazard and Vulnerability Assessments

Number of items: Two (2)

Discussion was held on a privileged item.

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

Subject Matter: Medical Staff Credentials

Number of items: One (1)

Discussion was held on a privileged item.

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

Subject Matter: 2024 Quality Assurance Performance Improvement Annual Risk Assessment

Number of items: One (1)

Discussion was held on a privileged item.

Open Session reconvened at 12:47 p.m.

9. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

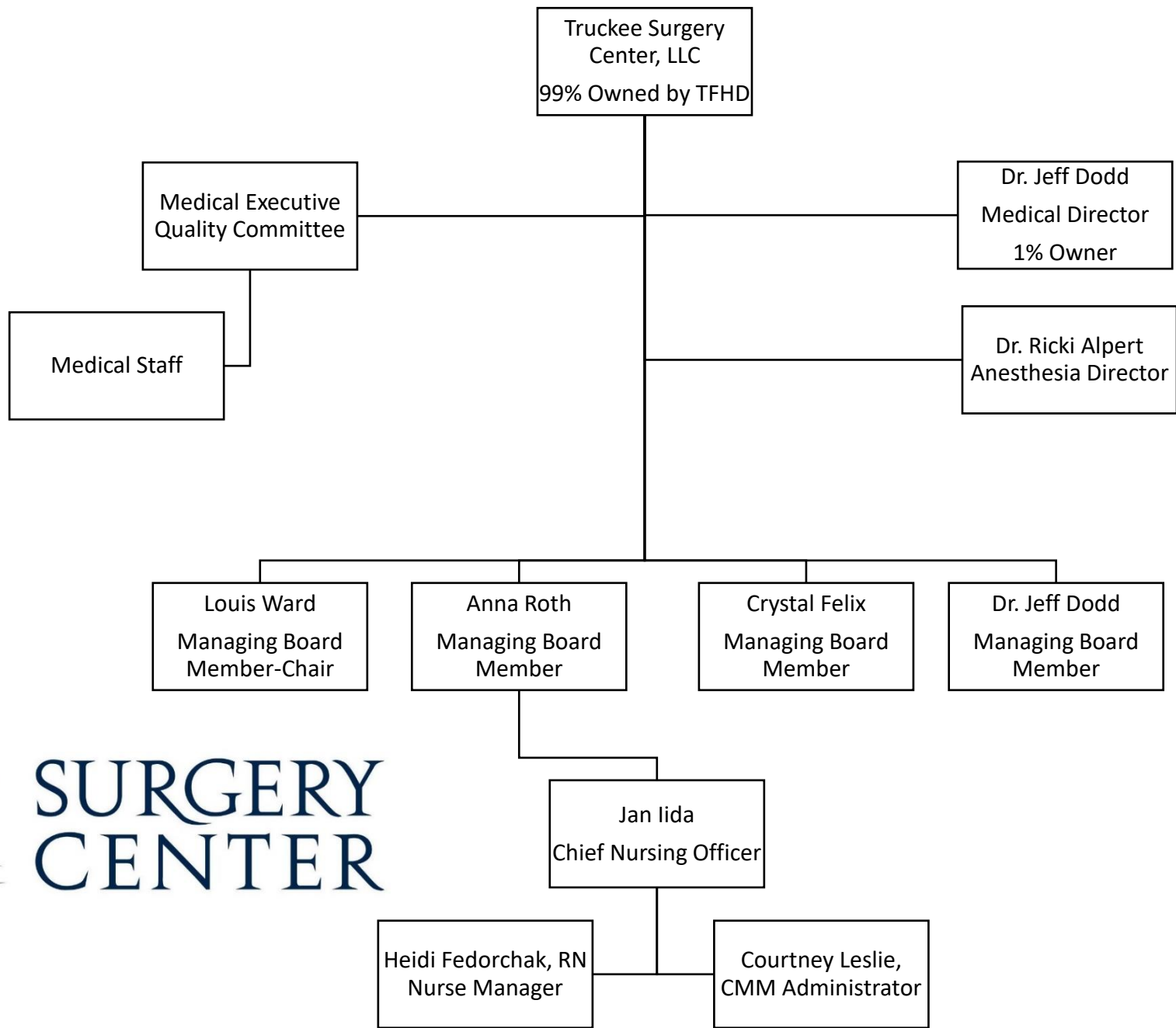
Item 8.1. Closed Session Minutes was approved on a 4-0 vote. There was no reportable action on items 8.2. through 8.8. and 8.10. Item 8.9. Medical Staff Credentialing were approved on a 3-0-1 vote with Dr. Dodd abstaining from voting as he is listed in the Medical Staff Credentials.

10. ITEMS FOR NEXT MEETING

- Q2 Regular Meeting of the Truckee Surgery Center Board of Managers, 06/18/2025, 12:00 p.m.
- Under Items for Board Action add position of Truckee Surgery Center Chair and draft Organizational Chart.
- Under Items for Board Discussion add review Urology scheduling at Truckee Surgery Center.

11. ADJOURN

Meeting adjourned at 12:48 p.m.



Truckee Surgery Center, LLC
Statement of Revenue and Expense
For the Fiscal Year Ended June 30, 2026

Ordinary Income/Expense

Income

Patient Revenue

Private Pay	30,000
Commercial & Government Payors	1,728,000
Medical Record Copy Fee	50

Total Patient Revenue	<u>1,758,050</u>
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Refunds

Insurance Refund	(2,500)
Patient Refund	(18,000)

Total Refunds	<u>(20,500)</u>
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Total Income	<u>1,737,550</u>
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Gross Profit	<u>1,737,550</u>
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Expense

Sales Tax

Service Fee	42,000
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Purchased Services	15,000
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Bad Debt	86,400
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Billing Fee:

Billing Fee - Other	103,680
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Total Billing Fee	<u>103,680</u>
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Collection Agency Reimbursement

Collection Agency Reimbursement - Other	8,790
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Total Collection Agency Reimbursement	<u>8,790</u>
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General Office

Document Destruction	1,400
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Dues and Subscriptions	12,000
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Office Supplies	12,000
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Postage and Delivery	720
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Printing and Reproduction	4,500
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General Office - Other	1,600
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Total General Office	<u>32,220</u>
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Liability Gen'l, Prof Insurance	6,853
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Licenses and Permits	2,400
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Linen	43,951
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Medical Supplies Total:

Implants-Tissue Products

Gas Medical	38,677
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Implants-Tissue Products	367,433
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Instrument Expense	2,400
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Medical Supplies	367,433
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Pharmacy	67,685
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Patient Nutrition	1,934
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Medical Supplies Total - Other	800
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Total Medical Supplies Total	<u>846,362</u>
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Other Expenses

Advertising & Promotion

Bank Charges	1,000
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Cleaning Supplies	240
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Educational	14,000
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Equipment Rental/Lease	2,200
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Meals & Entertainment	1,500
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Merchant Fees	13,185
Travel	7,000
Total Other Expenses	39,125
Payroll Expenses	
Voluntary Benefits	2,000
Basic Employee Life AD&D	480
Health Insurance:	
Health	263,583
Dental	17,639
Vision	2,171
Total Health Insurance Total	283,393
Employee Benefit	3,200
Payroll Taxes	111,540
Retirement Contribution	22,820
Service Fee	400
Wages	1,239,332
Work Comp	9,250
Payroll Expenses - Other	6,000
Total Payroll Expenses	1,678,015
Professional Fees	
Consulting	2,000
Pension Fees	2,800
Transcription Services	3,516
Total Professional Fees	8,316
Rent & CAM	191,674
Repairs:	
Building/Equipment Repairs	24,000
Instrument Refurbishing	1,800
Instrument Repairs	3,000
Maintenance-Preventative	55,000
Total Repairs	83,800
Taxes	
Property	36,000
State	6,800
Total Taxes	42,800
Utilities	
Alarm Monitor	1,400
Cable	800
Gas and Electric	55,000
Medical Waste	1,200
Total Utilities	58,400
Depreciation Expense	163,050
Total Expense	3,452,836
Net Ordinary Income	(1,715,286)
Other Income/Expense	
Other Income:	
Interest Income	20
Total Other Income	20
Other Expense	
Amortization Expense	130,477
Total Other Expense	130,477
Net Other Income	(130,457)
Net Income	(1,845,743)

PostOp Diagnosis: _____

Surgeon: _____ Assistant: ☐ None ☐ Name: _____

Procedure: _____

Findings: ☐ See PostOp Diagnosis ☐ Other: _____

Estimated Blood Loss: ☐ None ☐ Amount: _____

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

Complications: ☐ No ☐ Yes _____

POSTOP & DISCHARGE ORDERS

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

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

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

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

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

Medications:

☐ Resume home medications ☐ Prescriptions given at surgical preop visit

☐ Aspirin 81mg by mouth: ☐ Daily ☐ Twice Daily: ☐ For _____ day(s) post op OR ☐ until patient resumes normal activity

Make appointment for: _____ days

Surgeon's Signature _____ Date/Time _____

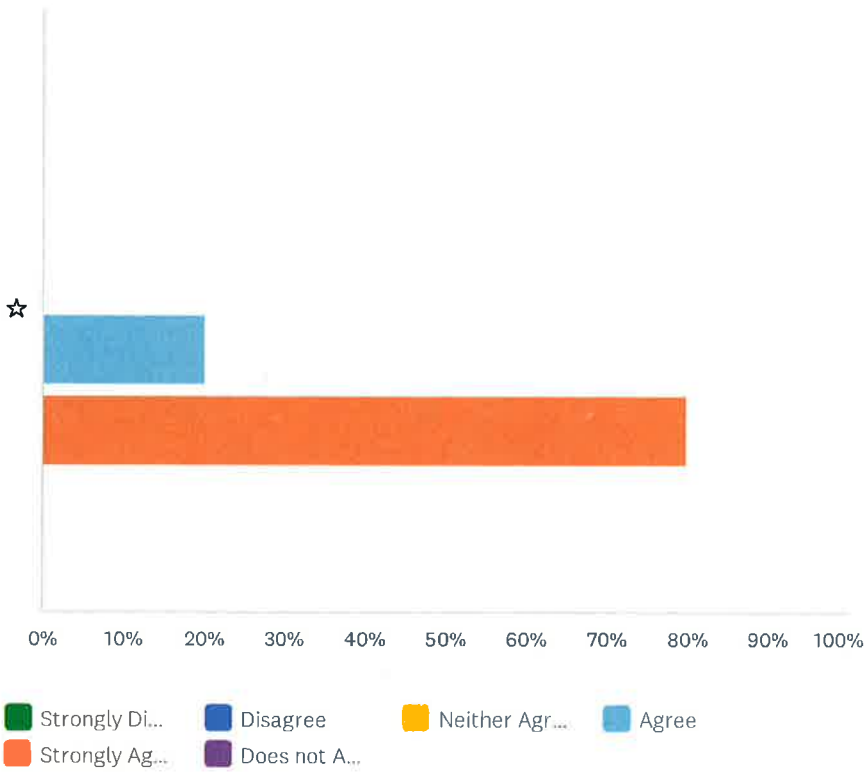
Order Verified _____ Date/Time _____

[PATIENT STICKER]



Q1 Important patient care information is clearly communicated across areas in this facility

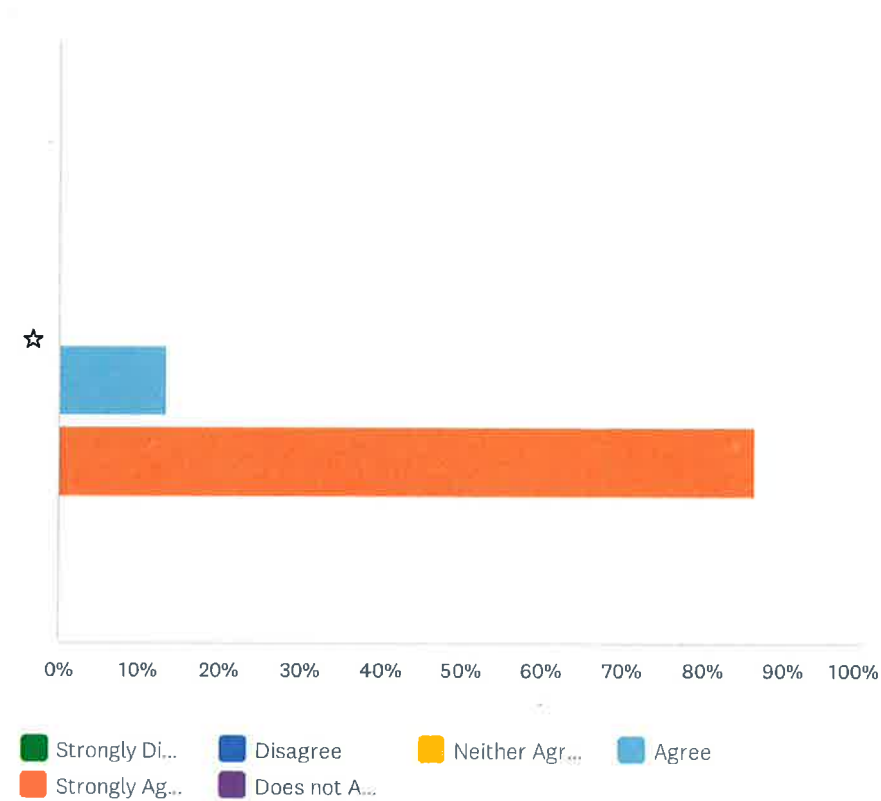
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	20.00% 3	80.00% 12	0.00% 0	15	4.80

Q2 We feel comfortable asking questions when something doesn't seem right

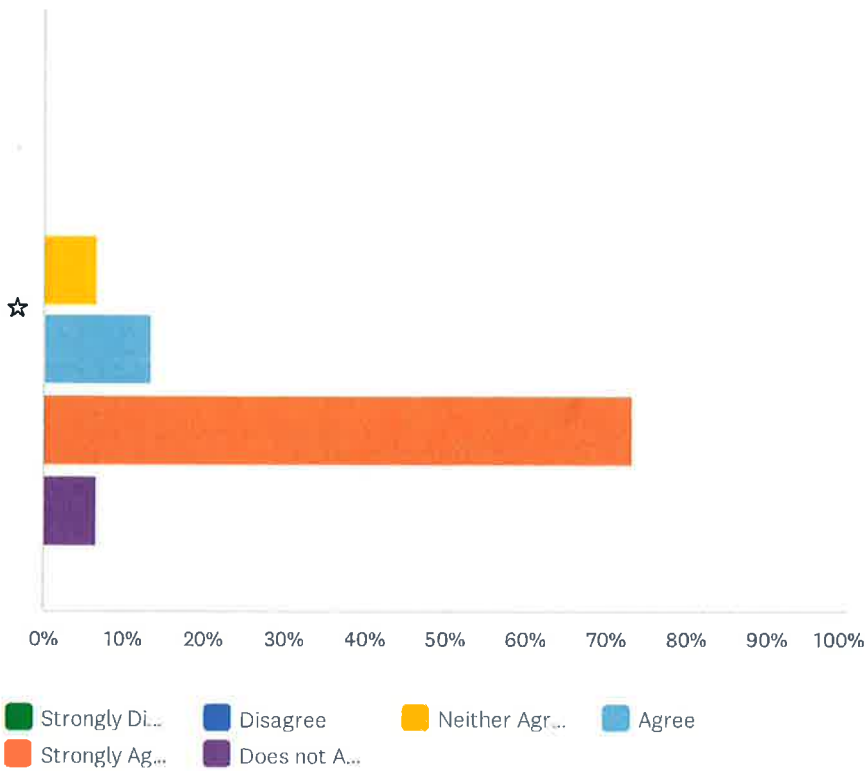
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	13.33% 2	86.67% 13	0.00% 0	15	4.87

Q3 We have enough staff to handle the workload

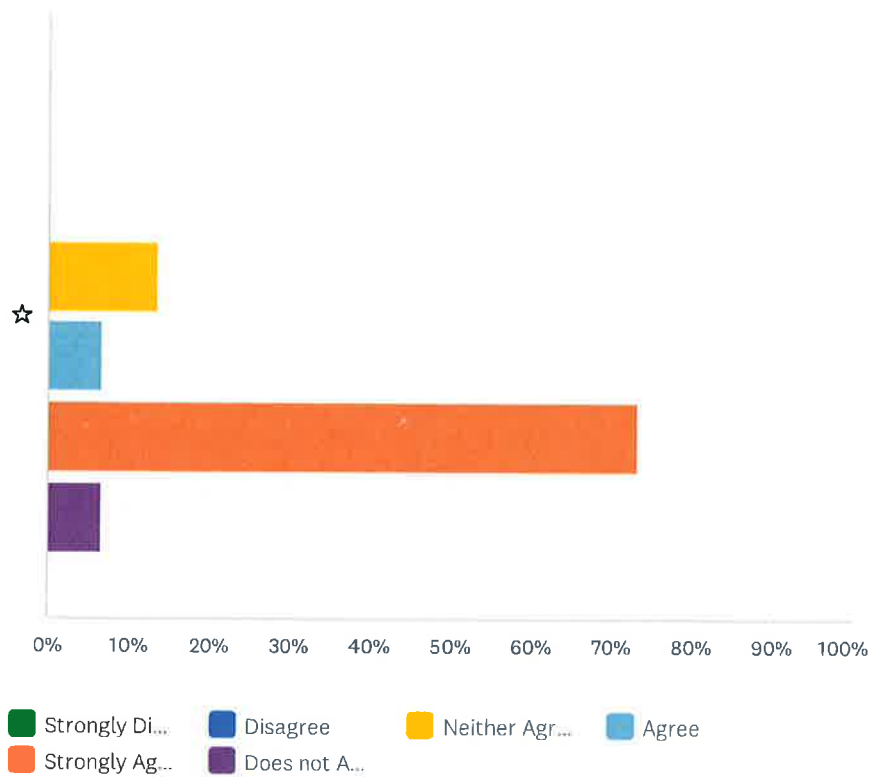
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	13.33% 2	73.33% 11	6.67% 1	15	4.71

Q4 When we see someone with more authority doing something unsafe for patients, we speak up

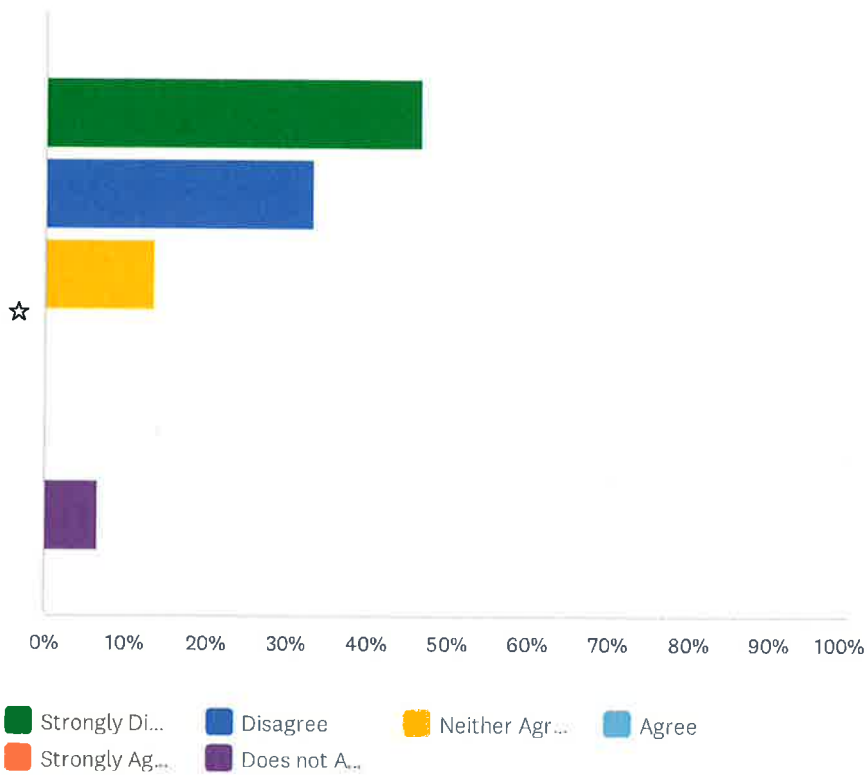
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	13.33% 2	6.67% 1	73.33% 11	6.67% 1	15	4.64

Q5 Key information about patients is missing when it is needed

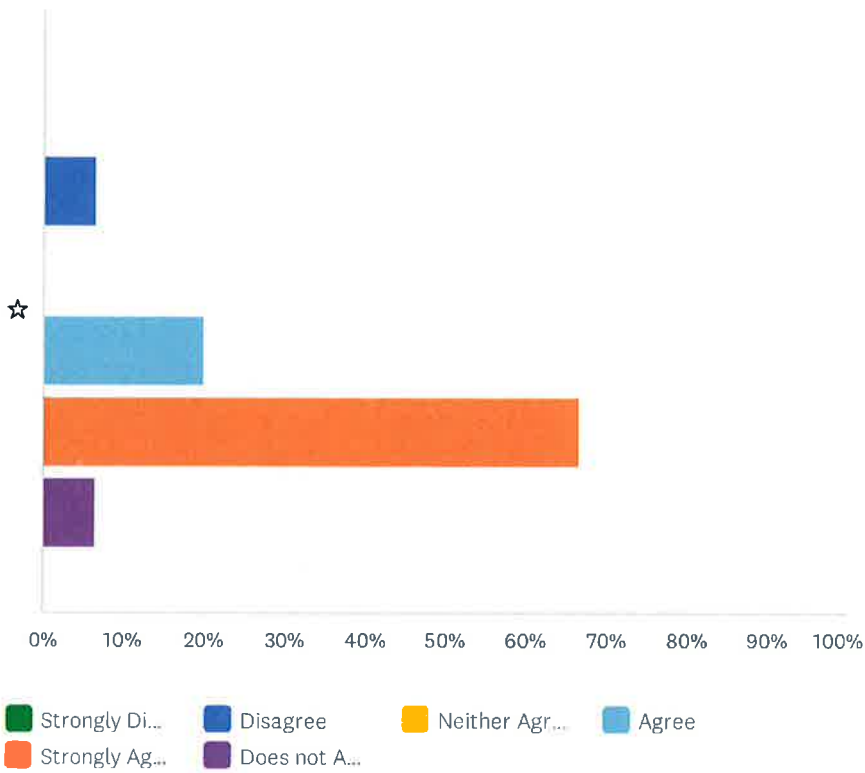
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	46.67% 7	33.33% 5	13.33% 2	0.00% 0	0.00% 0	6.67% 1	15	1.64

Q6 Our ideas and suggestions are valued in this facility

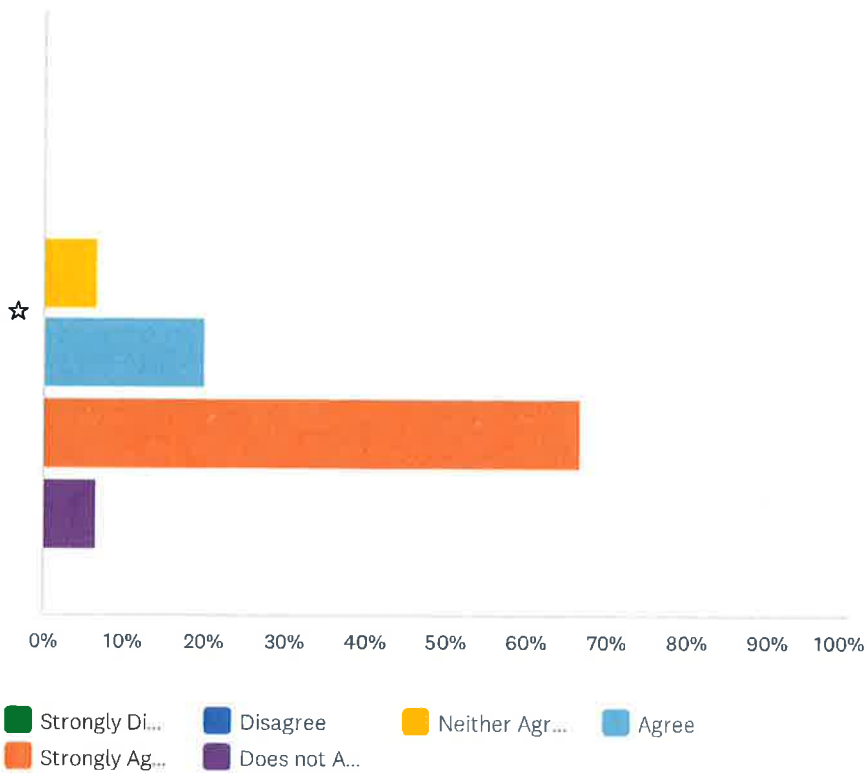
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	6.67% 1	0.00% 0	20.00% 3	66.67% 10	6.67% 1	15	4.57

Q7 We share key information about patients as soon as it becomes available

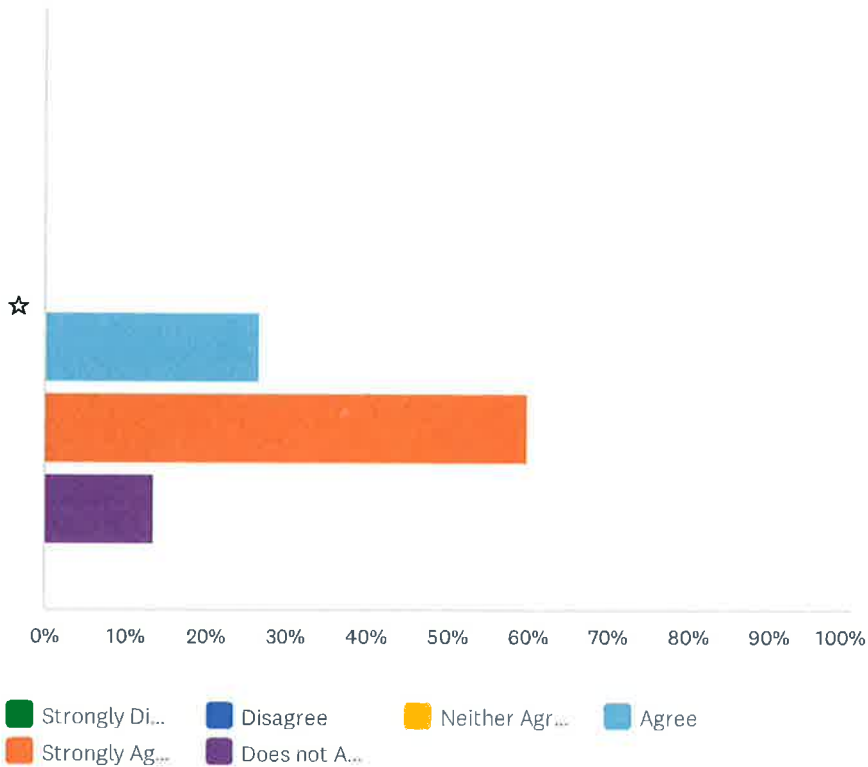
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	20.00% 3	66.67% 10	6.67% 1	15	4.64

Q8 There is enough time between procedures to properly prepare for the next one

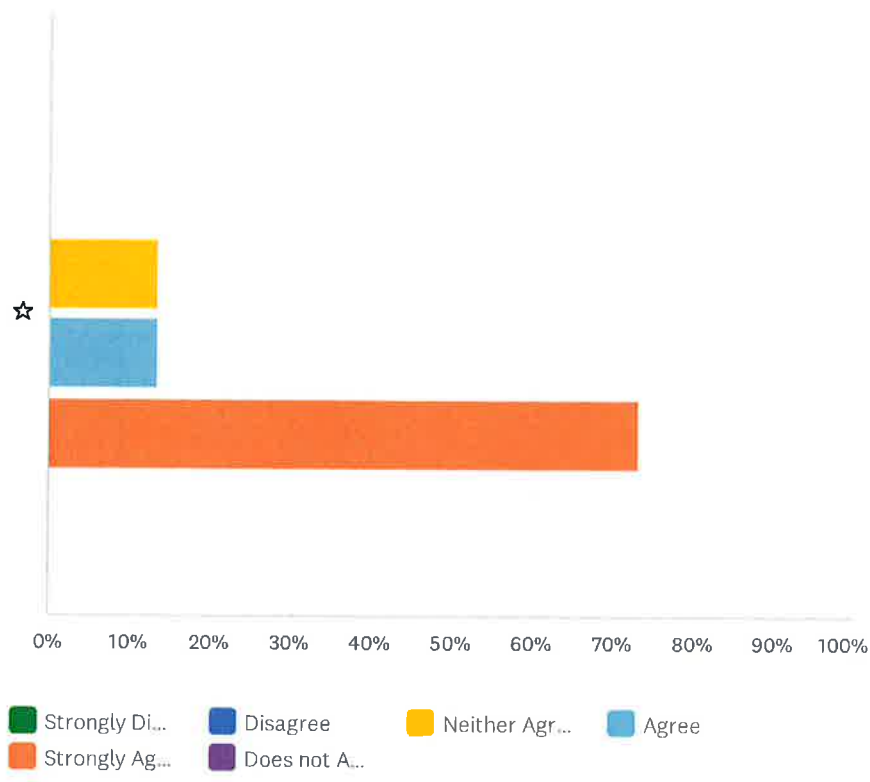
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	26.67% 4	60.00% 9	13.33% 2	15	4.69

Q9 Within this facility, we do a good job communicating information that affects patient care

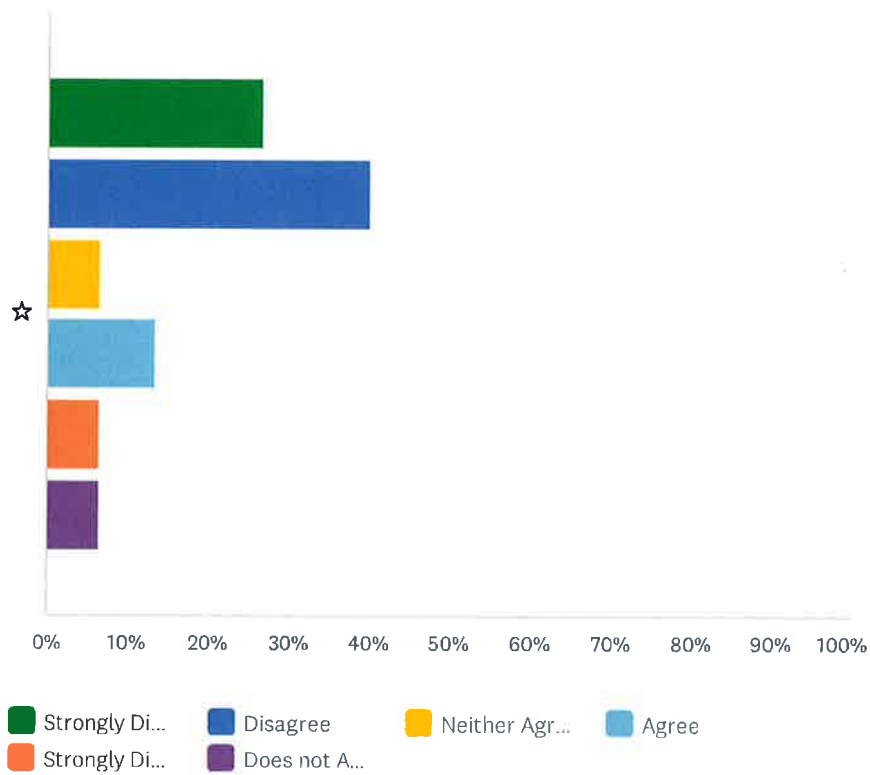
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	13.33% 2	13.33% 2	73.33% 11	0.00% 0	15	4.60

Q10 We feel rushed when taking care of patients

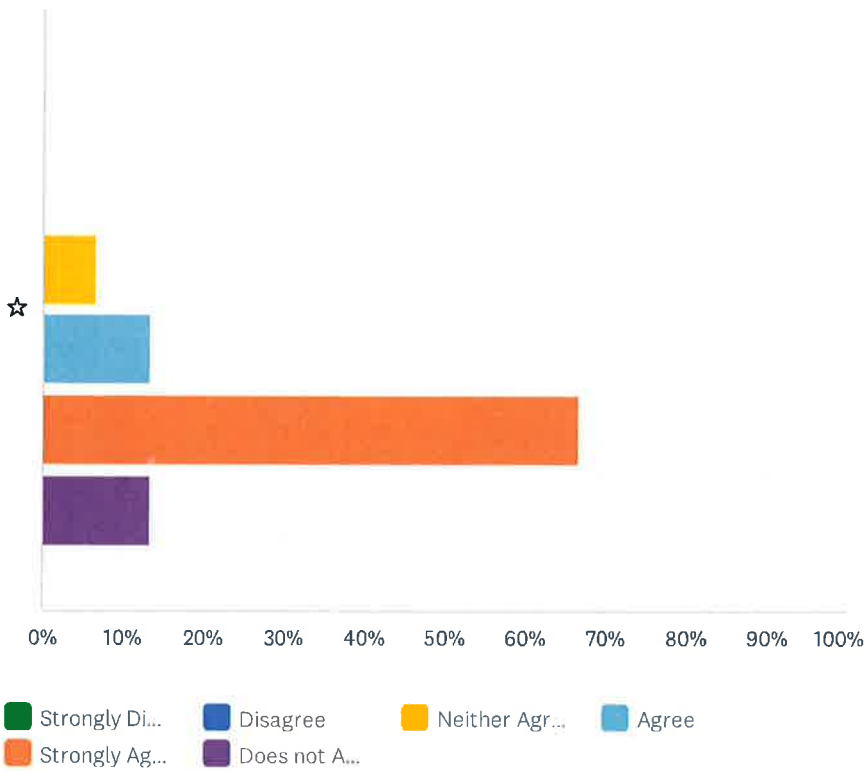
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY DISAGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	26.67% 4	40.00% 6	6.67% 1	13.33% 2	6.67% 1	6.67% 1	15	2.29

Q11 When someone in this facility gets really busy, others help out

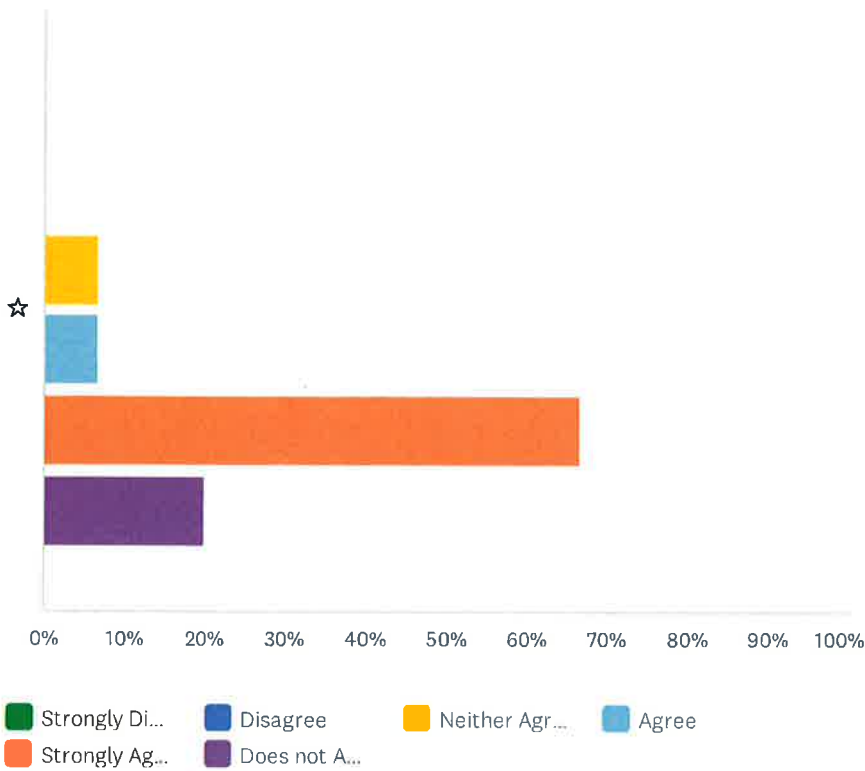
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	13.33% 2	66.67% 10	13.33% 2	15	4.69

Q12 Staff who are new to this facility receive adequate orientation

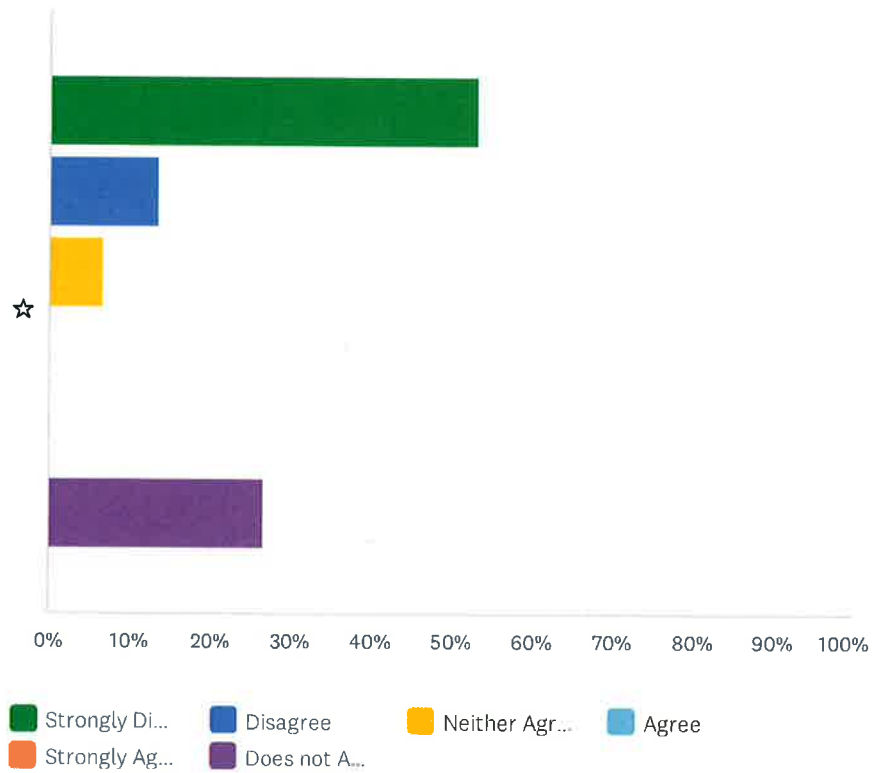
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE OR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	6.67% 1	66.67% 10	20.00% 3	15	4.75

Q13 Staff feel pressured to do tasks they haven't been trained to do

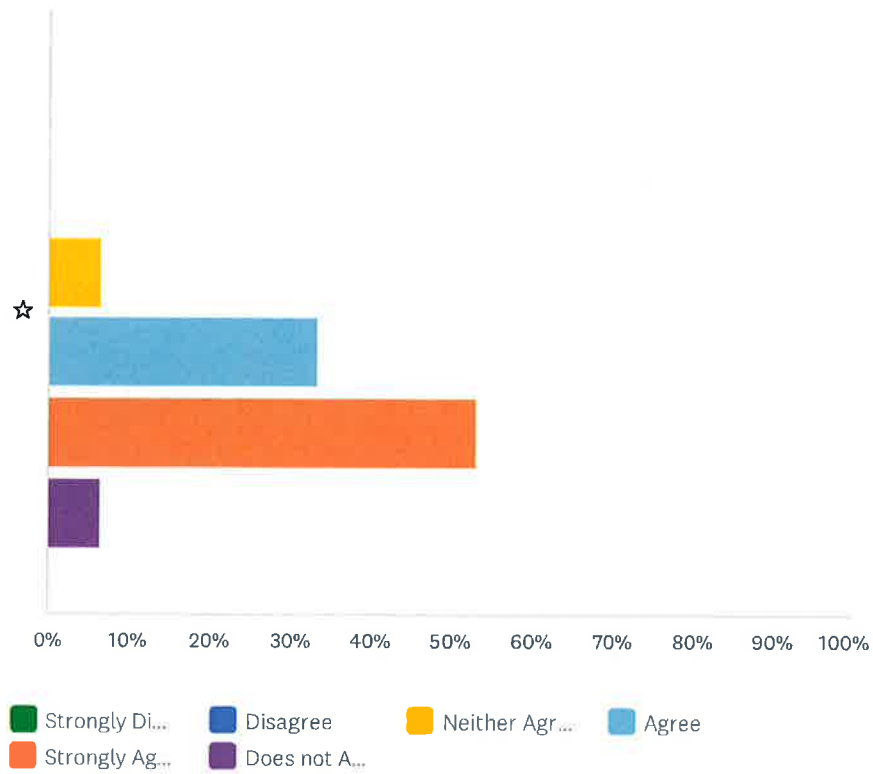
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	53.33% 8	13.33% 2	6.67% 1	0.00% 0	0.00% 0	26.67% 4	15	1.36

Q14 Doctors and staff clearly understand each other's roles and responsibilities

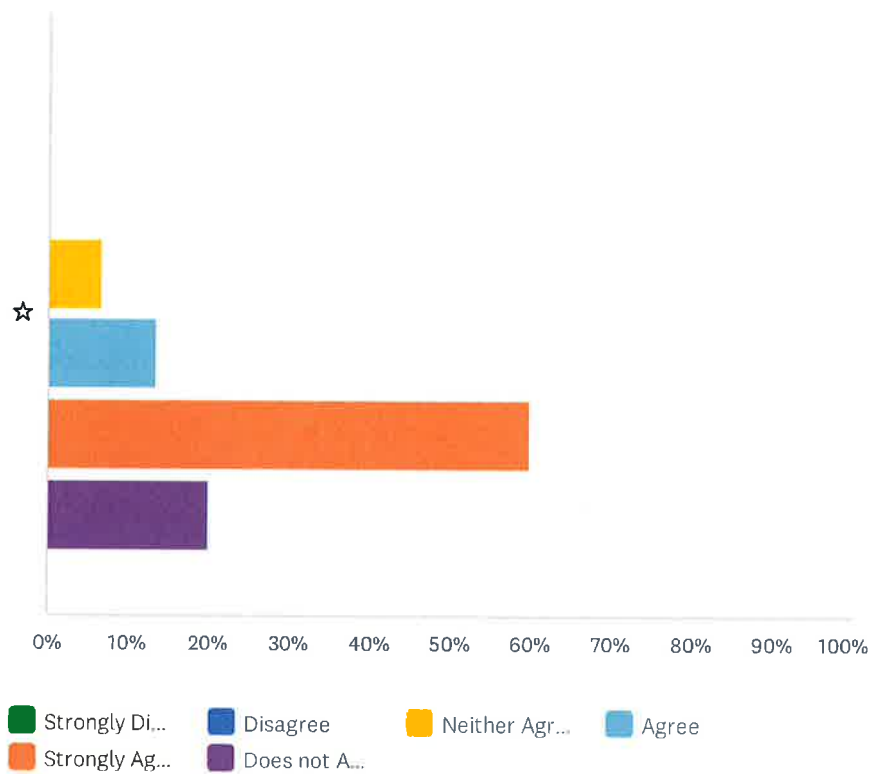
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	33.33% 5	53.33% 8	6.67% 1	15	4.50

Q15 We get the on-the-job training we need in this facility

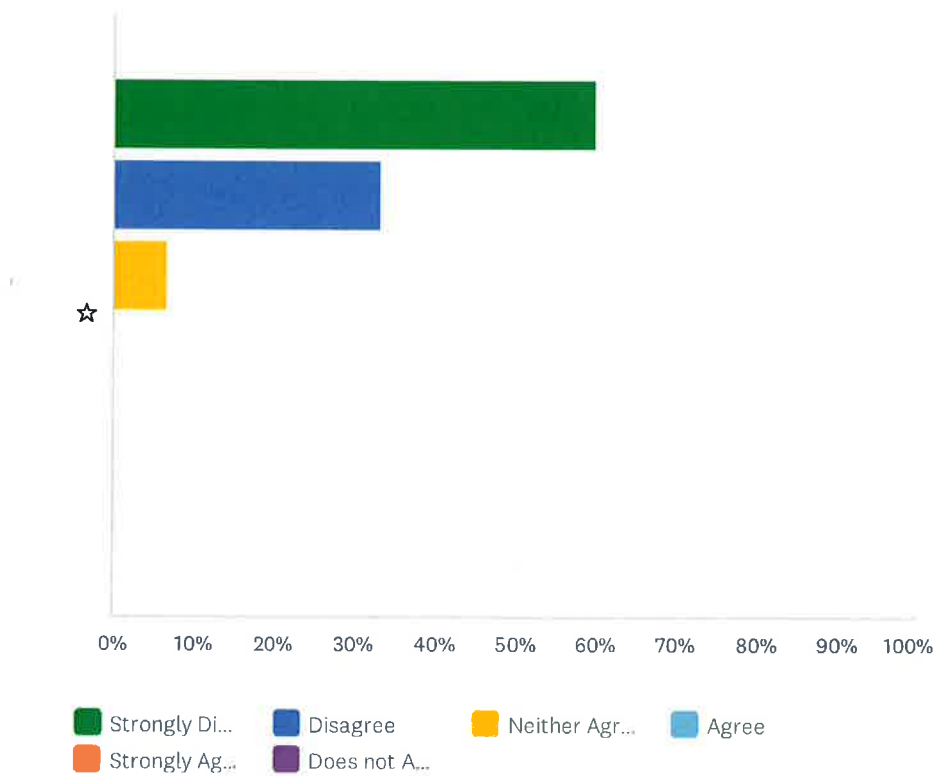
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	13.33% 2	60.00% 9	20.00% 3	15	4.67

Q16 Our facility allows disrespectful behavior by those working here

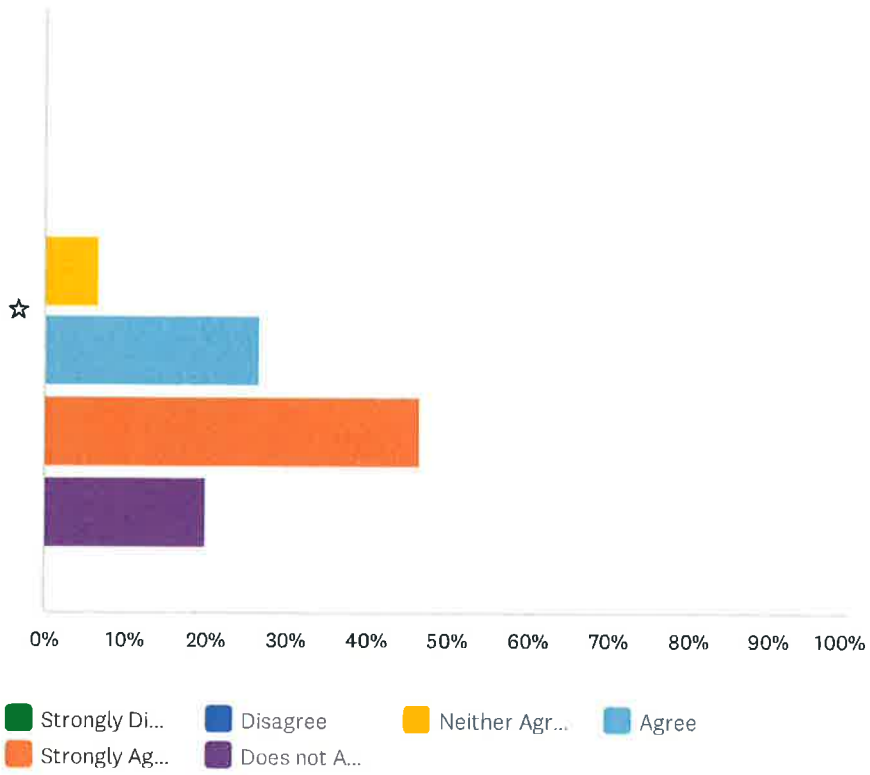
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	60.00% 9	33.33% 5	6.67% 1	0.00% 0	0.00% 0	0.00% 0	15	1.47

Q17 Staff get the refresher training they need

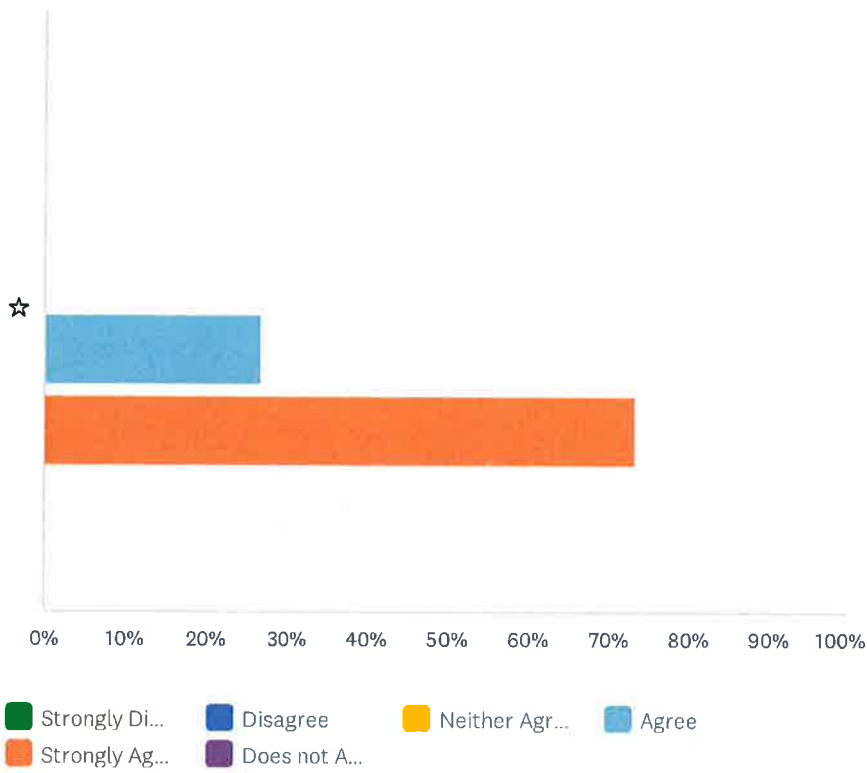
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	26.67% 4	46.67% 7	20.00% 3	15	4.50

Q18 We work together as an effective team

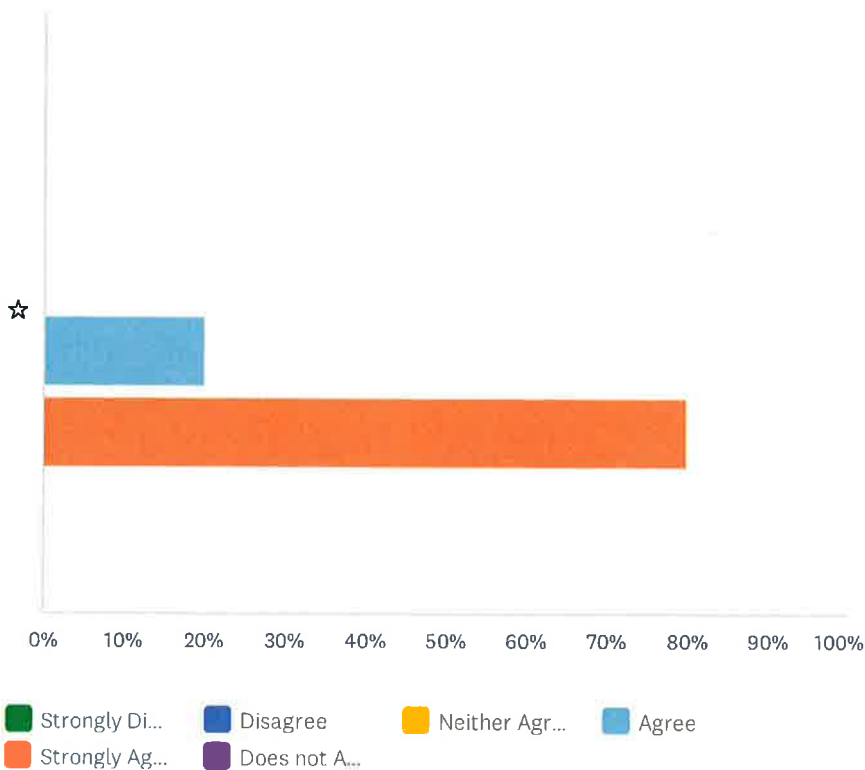
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	26.67% 4	73.33% 11	0.00% 0	15	4.73

Q19 This facility actively looks for ways to improve patient safety

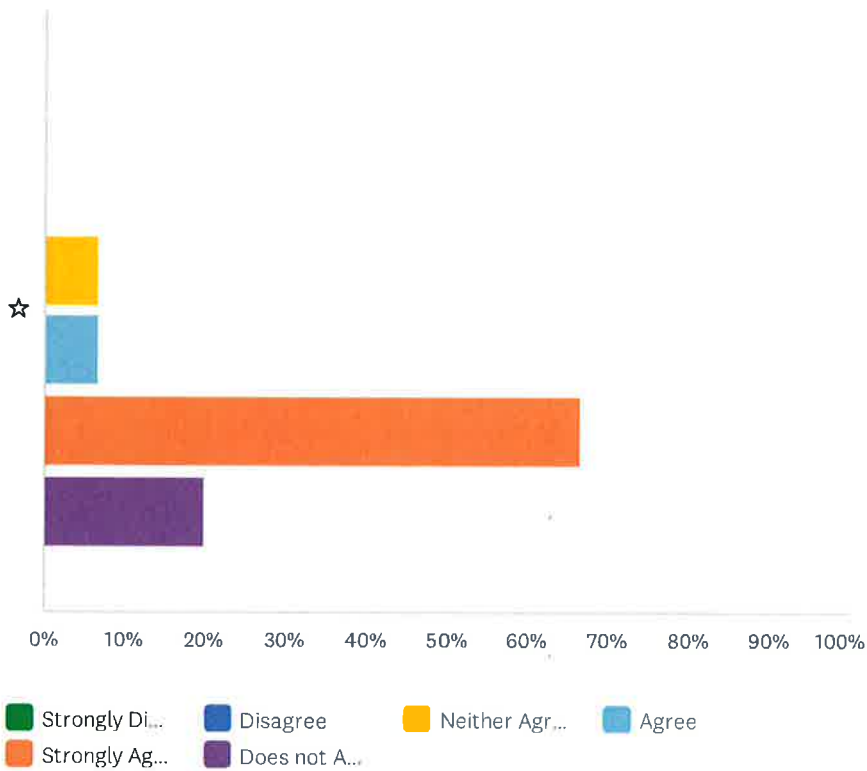
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	20.00% 3	80.00% 12	0.00% 0	15	4.80

Q20 Staff are treated fairly when they make mistakes

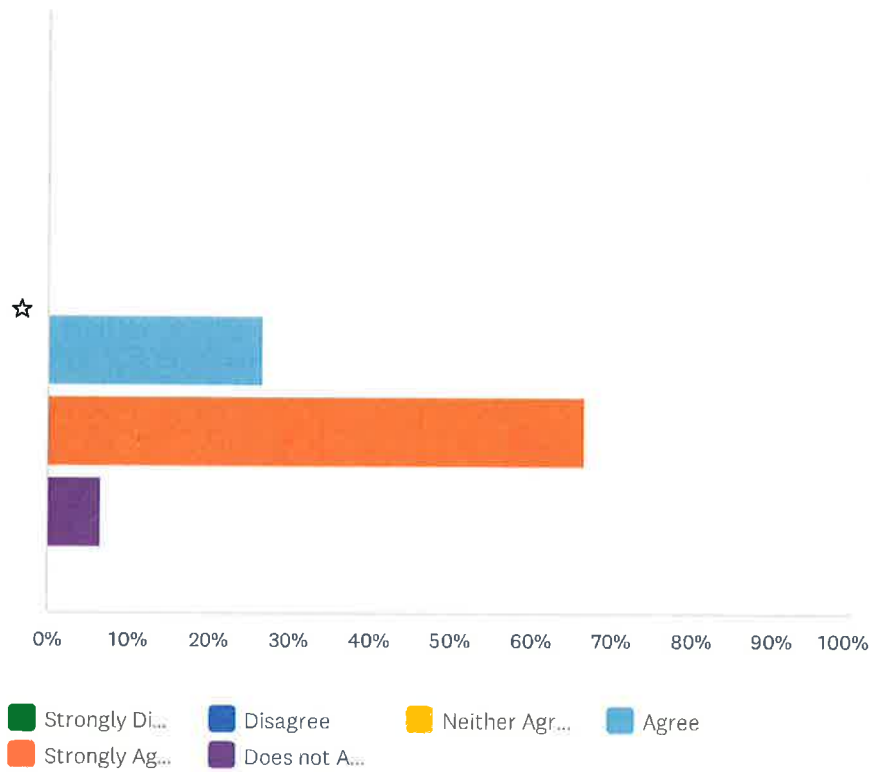
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	6.67% 1	66.67% 10	20.00% 3	15	4.75

Q21 We make improvements when someone points out patient safety problems

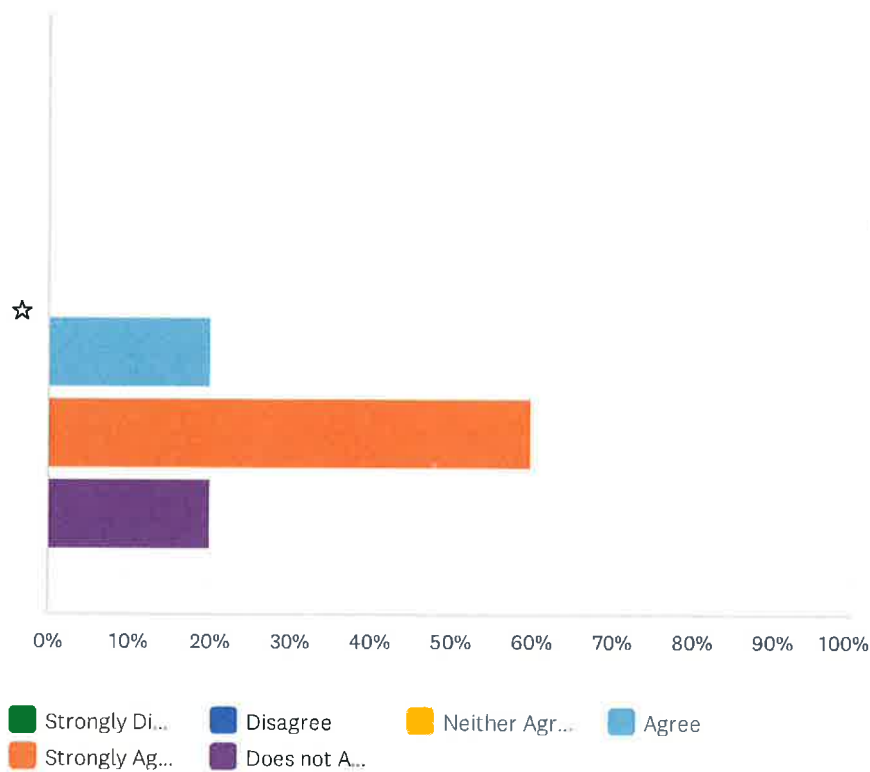
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	26.67% 4	66.67% 10	6.67% 1	15	4.71

Q22 Learning, rather than blame, is emphasized when mistakes are made

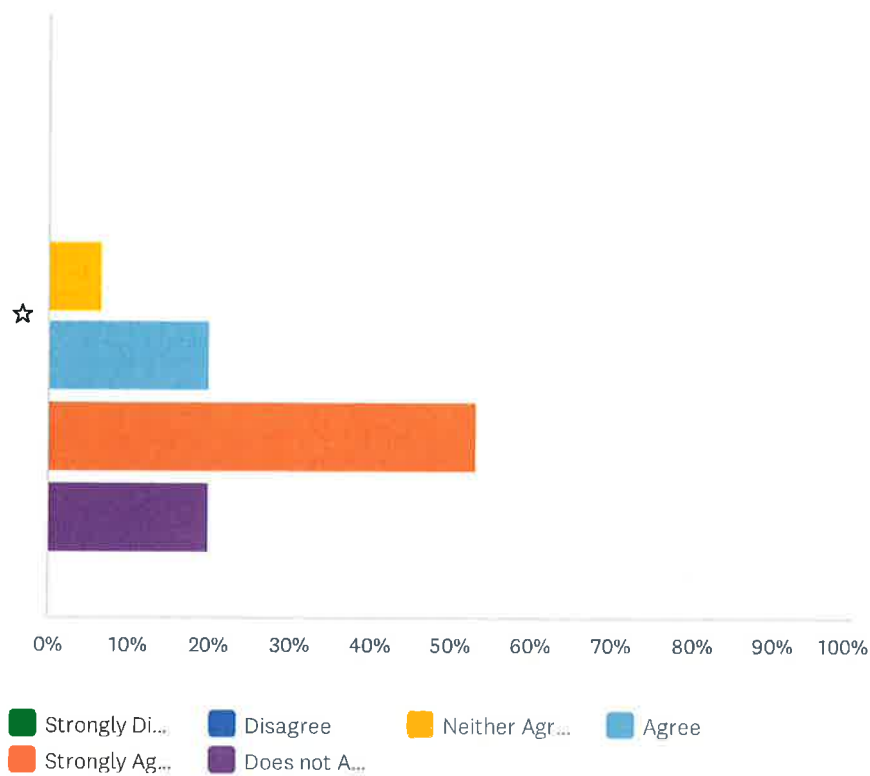
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	20.00% 3	60.00% 9	20.00% 3	15	4.75

Q23 Staff are told about patient safety problems that happen in this facility

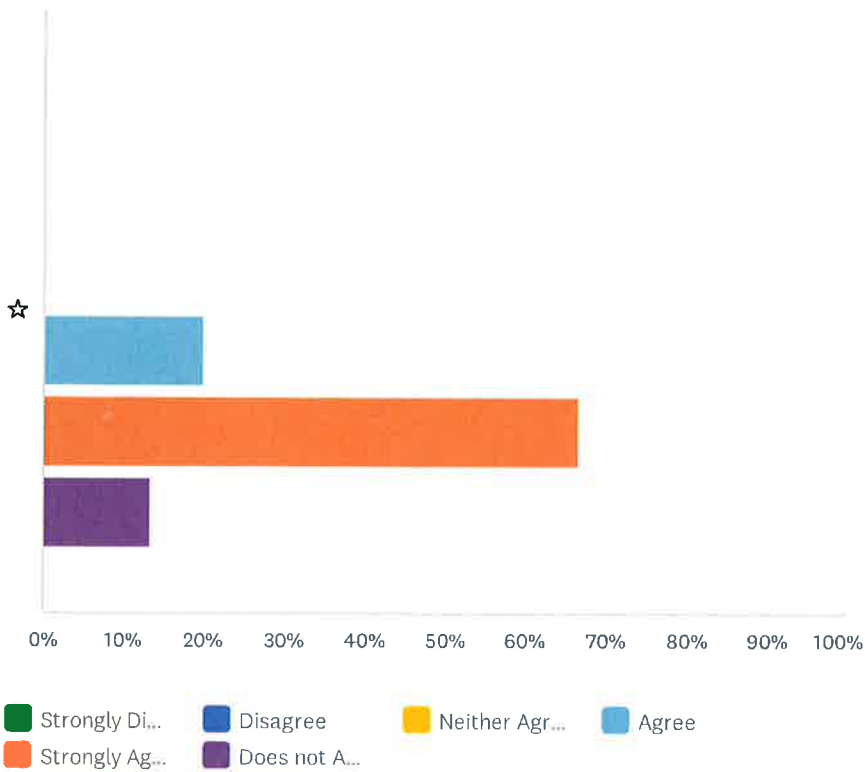
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	20.00% 3	53.33% 8	20.00% 3	15	4.58

Q24 We are good at changing processes to make sure the same patient safety problems don't happen again

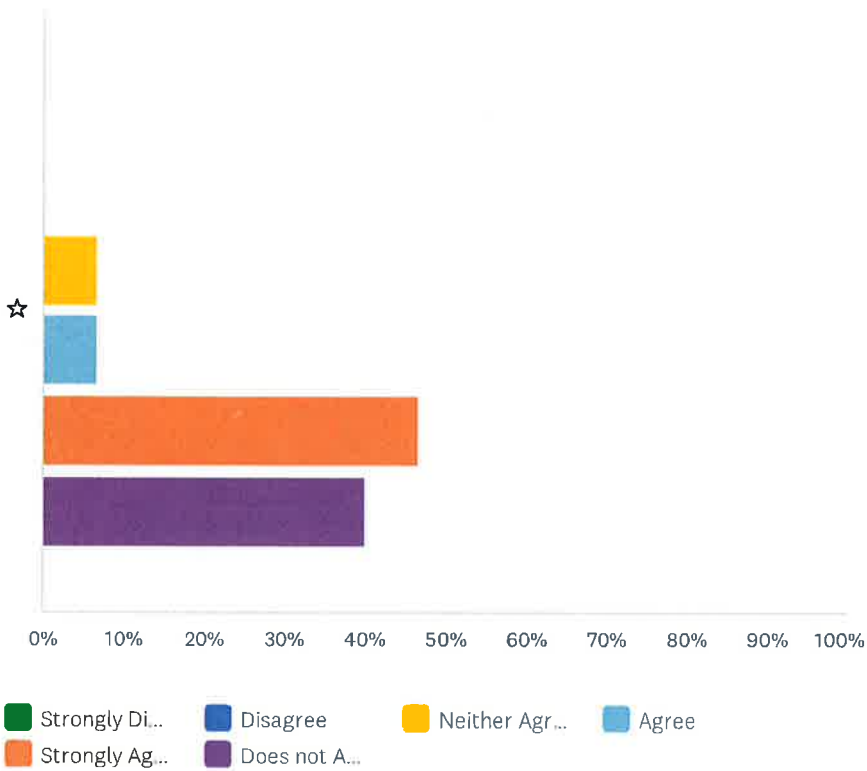
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	20.00% 3	66.67% 10	13.33% 2	15	4.77

Q25 When something happens that could harm the patient, but does not, how often is it documented in an incident or occurrence report?

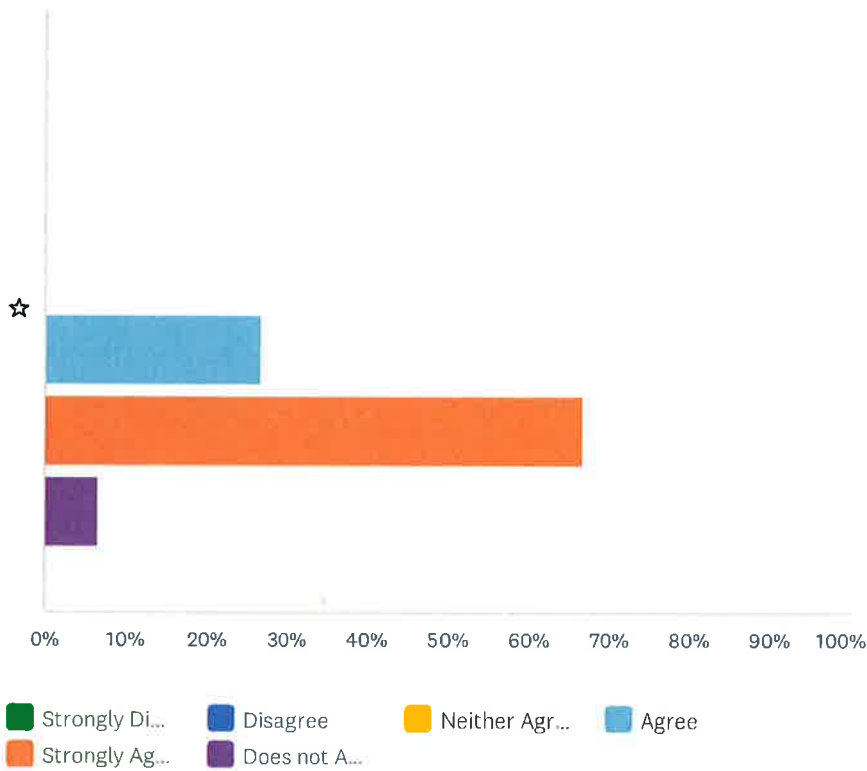
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	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	6.67% 1	46.67% 7	40.00% 6	15	4.67

Q26 Managers encourage everyone to suggest ways to improve patient safety

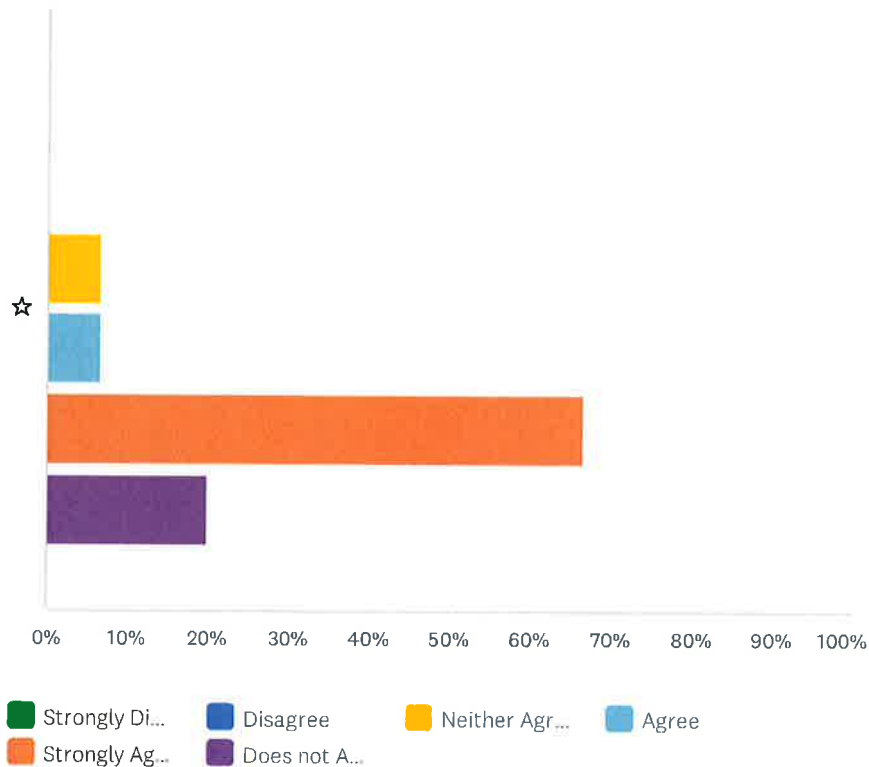
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	26.67% 4	66.67% 10	6.67% 1	15	4.71

Q27 Management examines near-miss events that could have harmed patients but did not

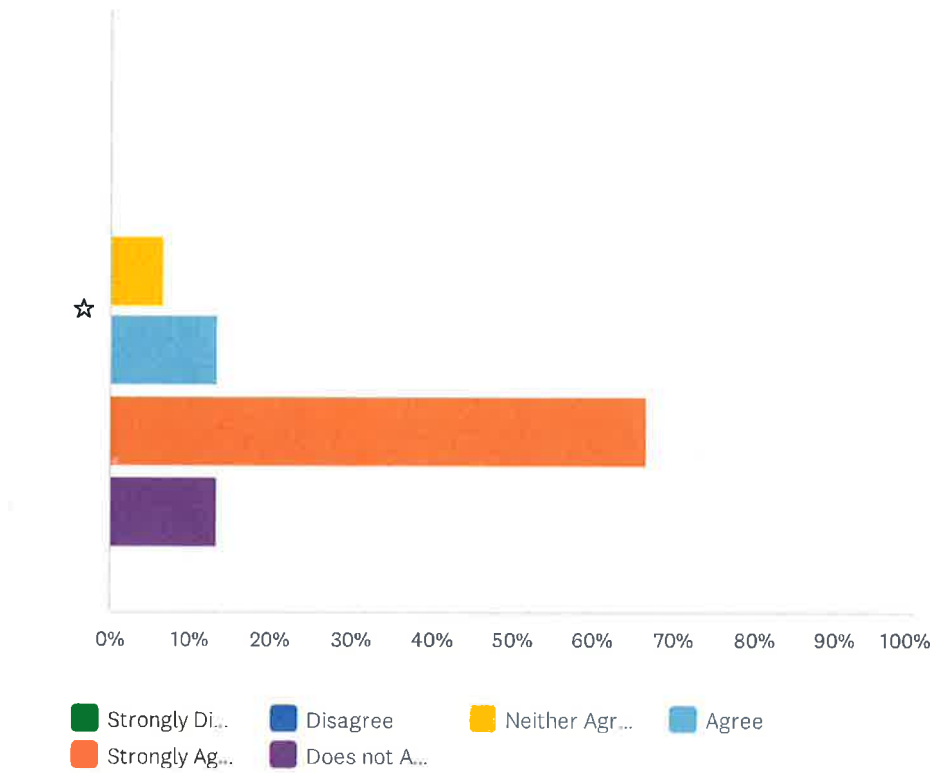
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	6.67% 1	66.67% 10	20.00% 3	15	4.75

Q28 Management provides adequate resources to improve patient safety

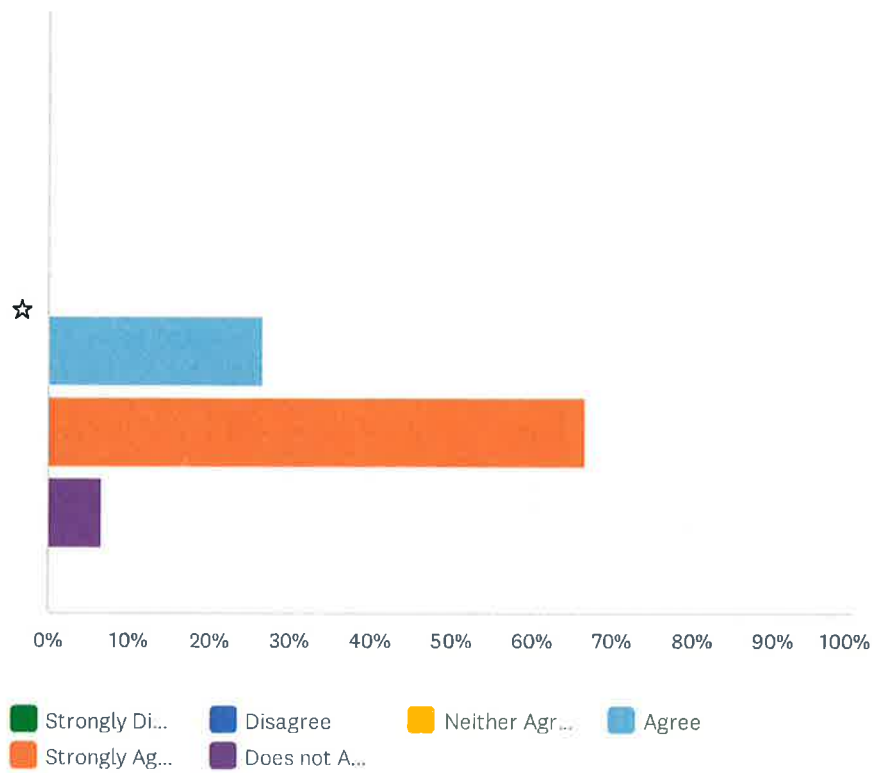
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	6.67% 1	13.33% 2	66.67% 10	13.33% 2	15	4.69

Q29 Please give your facility an overall rating on patient safety.

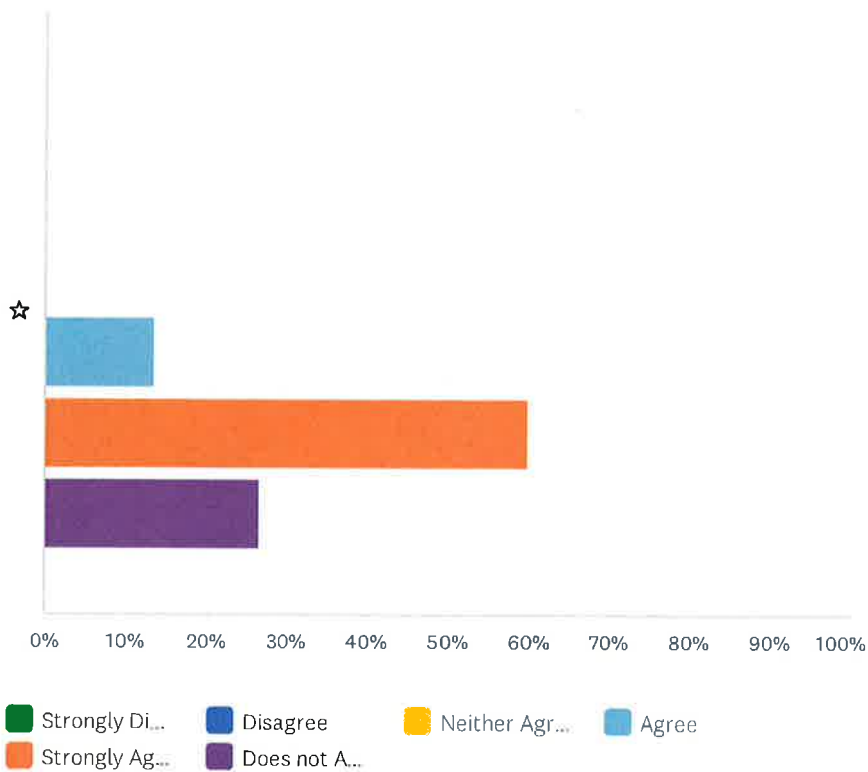
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	26.67% 4	66.67% 10	6.67% 1	15	4.71

Q30 If you are typically in the surgery/procedure room during surgeries, procedures, or treatments, in the past 6 months the following action was done: Just before the start of procedures, all team members stopped to discuss the overall plan of what was to be done

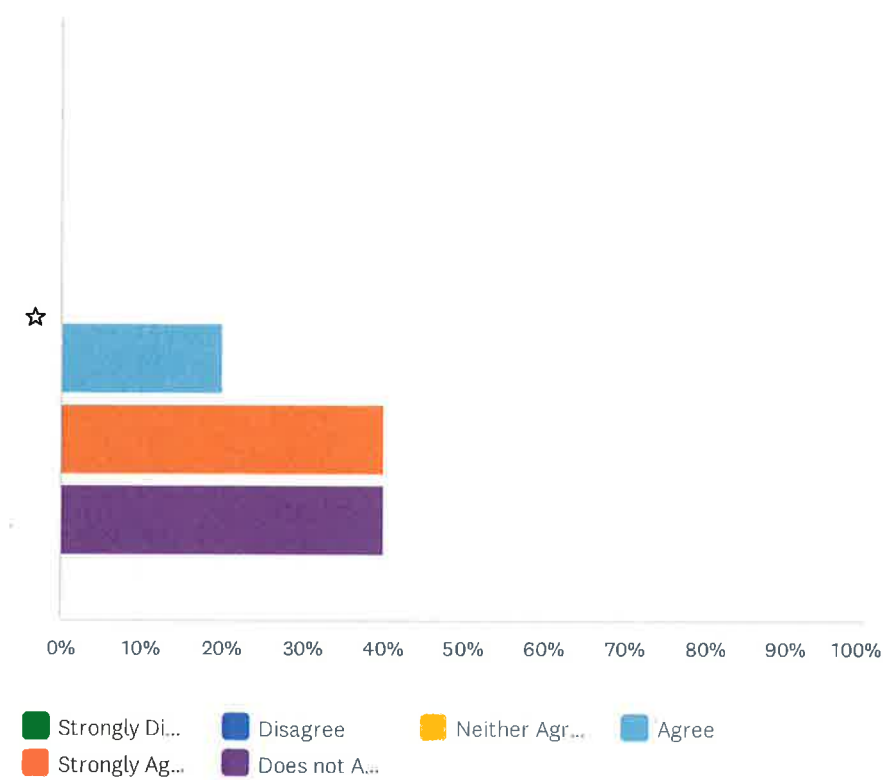
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	13.33% 2	60.00% 9	26.67% 4	15	4.82

Q31 If you are typically in the surgery/procedure room during surgeries, procedures, or treatments, in the past 6 months the following action was done: Just before the start of procedures, the doctor encouraged all team members to speak up at any time if they had any concerns

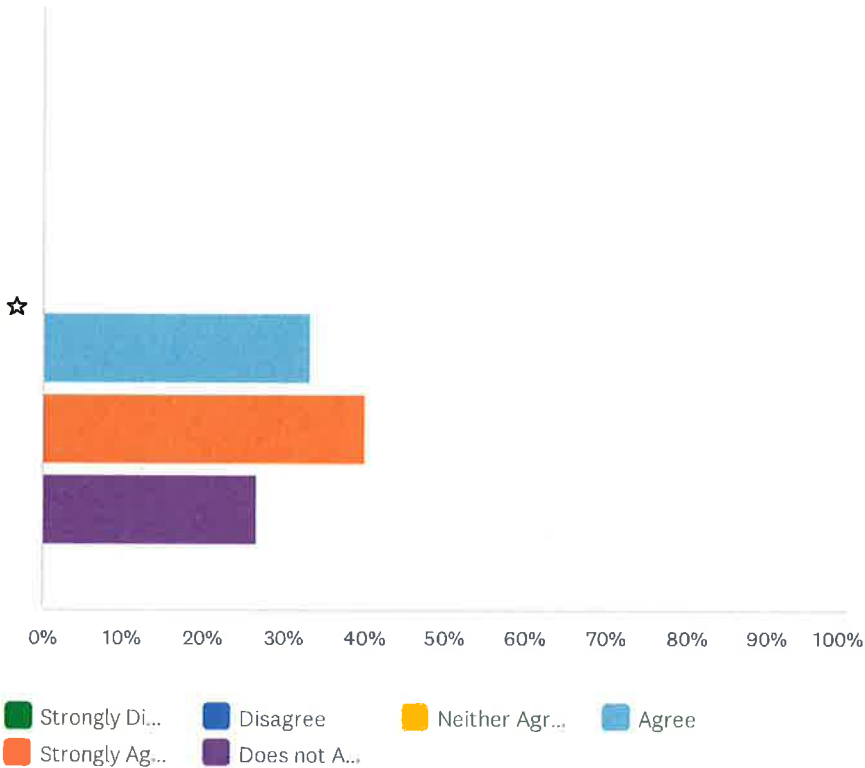
Answered: 15 Skipped: 0



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	20.00% 3	40.00% 6	40.00% 6	15	4.67

Q32 If you are typically in the surgery/procedure room during surgeries, procedures, or treatments, in the past 6 months the following action was done: Immediately after procedures, team members discussed any concerns for patient recovery

Answered: 15 Skipped: 0



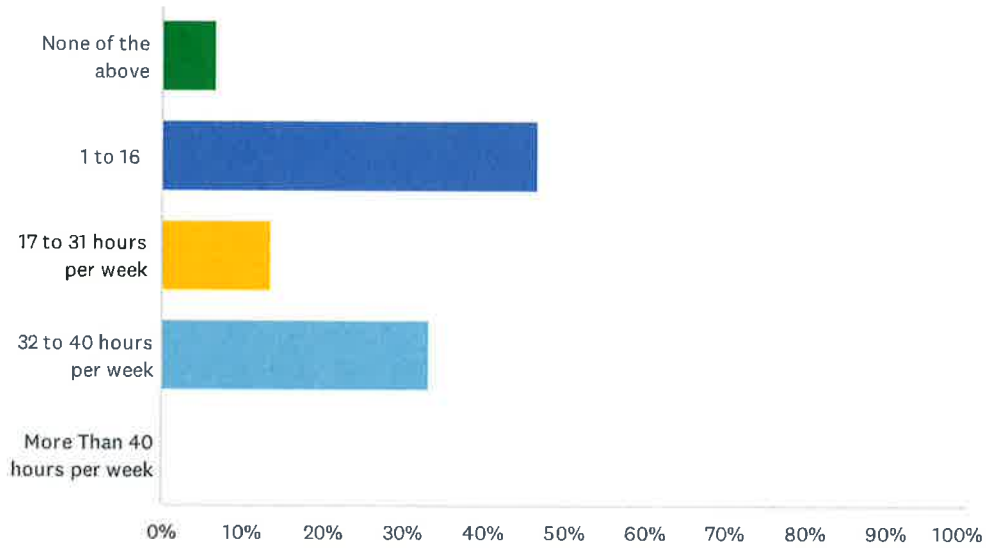
	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY OR DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
☆	0.00% 0	0.00% 0	0.00% 0	33.33% 5	40.00% 6	26.67% 4	15	4.55

Q33 What is your position in this facility?

Answered: 14 Skipped: 1

Q34 Typically, how many hours per week do you work in this facility?

Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
None of the above	6.67%	1
1 to 16	46.67%	7
17 to 31 hours per week	13.33%	2
32 to 40 hours per week	33.33%	5
More Than 40 hours per week	0.00%	0
TOTAL		15

Q35 Please feel free to write any comments about how things are done or could be done in your facility that might affect patient safety.

Answered: 4 Skipped: 11

1. I observe constant actions performed by the staff to improve facilities and processes to promote patient procedure success. From my laymen's view, the staff works well together to accomplish successful outcomes.
2. This is the most organized, helpful, autonomous, caring, friendly, and tight-knit group of people I've ever worked with. We all have each other's backs. We never have to ask for help, it's always offered first. This truly is the Unicorn nursing job!
3. Staff are enthusiastic about maintaining the safety of our patients. The facility culture allows for open discussion if any concerns or questions arise. Love working here!



Origination 12/2019
Last N/A
Approved
Last Revised 06/2025
Next Review 1 year after approval

Owner Heidi Fedorchak:
Nurse Manager
Department Nursing Services
Applicabilities Truckee
Surgery
Center

Preadmission Assessment and Patient Selection Criteria, NS-1939

RISK:

The absence of preadmission screening and assessment significantly increases the risk of adverse outcomes, including but not limited to, undetected comorbidities, postoperative complications, prolonged recovery times, increased hospital admission rates, and overall patient dissatisfaction.

PURPOSE:

To assess each patient's needs throughout their experience with Truckee Surgery Center (TSC), through assessments and/or screenings. The goal of assessment is to determine the appropriate care, treatment and services to meet each patient's needs, or changing needs, while at TSC.

POLICY:

The need for further assessment is determined by the care, services, and treatment sought, the patient's presenting condition(s), and whether the patient agrees to said care, services, and treatment.

Patient evaluation should take place sufficiently in advance of the scheduled surgery, to integrate an appropriate evaluation, necessary testing, access to consultative services, and thorough patient education, to properly prepare the patient for surgery. Some information may be obtained during the preoperative phone call and then verified upon admission to the facility.

PRE-ADMISSION ASSESSMENT:

- A. Patient assessment is an ongoing process beginning with initial assessments by the surgeon, anesthesia, and nursing culminating with final patient feedback postoperatively.

- B. Each patient's initial assessment, which is conducted within one week prior to surgery if possible, will include the following:
1. Laboratory and diagnostic testing when applicable
 2. Health history, *including recent infection/illness, infectious exposure, including cold, COVID or flu*, previous surgery, medications (prescription, over the counter, herbal/nutritional supplements), allergies (including latex), physical limitations, prosthesis (including hearing and visual aids), and communication/comprehension limitations.
 3. Age specific assessment
 4. Appropriate physical/mental assessment (including current level of pain and signs of abuse/neglect)
 5. Cognitive ability of the patient and/or caregiver
 6. Name preference
 7. Cultural/Religious preference and personal beliefs or restrictions, if applicable
 8. Psychosocial - family status
 9. Alcohol/tobacco/recreational drug use
 10. Previous anesthetic history (patient and family history of complications)
 11. Potential for pregnancy..
- C. Discharge planning:
1. Availability of responsible adult to assist with home care
 2. Availability of safe transport home
 3. Preparation of the home
 4. Post-operative/post-procedural physical limitations
 5. Appropriate referrals
 6. Procurement of supplies and/or equipment as needed
- D. Pre-operative/pre-procedural patient teaching:
1. NPO status
 2. Take/hold medications
 3. Arrival time/place
 4. Pre-operative preparation (special soaps, avoid deodorants/lotions, etc.)
 5. Post-operative care preparations (loose clothing, assistive devices or surgical shoes/boots if needed, etc.)
 6. Pain management techniques
- E. Advance Directive review, as indicated
- F. Patient Rights and Responsibilities, as indicated
- G. Confirmation of anesthesia and procedure
- H. Implementation of plan of care

- I. Individual considerations regarding communication and special needs of the patient will be addressed by the healthcare team, with regard to age specific, ethnic, cultural, and 'at risk' factors.

PATIENT SELECTION CRITERIA:

- A. All patients receiving general anesthesia or IV conscious sedation are to be classified according to their physical status, as recommended by the American Society of Anesthesiology. Listed below are physical status classifications:
 1. **Class I:** A normal, healthy patient.
 2. **Class II:** A patient with mild systemic disease. *Mild substantive diseases without limitations.* [Ex. current smoker, moderate obesity (BMI between 30-40), pregnancy, well controlled DM/HTN, mild lung disease]
 3. **Class III:** A patient with severe systemic disease. *Substantive functional limitations. One or more moderate to severe diseases.* [Ex. poorly controlled DM/HTN, COPD, active hepatitis, alcohol dependency or abuse, implanted pacemaker, moderate reduction in ejection fraction, ESRD undergoing regularly scheduled dialysis, history (>3 months) of MI, CVA, TIA, or CAD/stents, morbid obesity (BMI >40)]
 4. **Class IV:** A patient with severe systemic disease, which is a constant threat to life. [Ex. recent (<3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD, or ESRD not undergoing regularly scheduled dialysis]
- B. Patients who are classified as ASA I, II, and III are candidates for outpatient surgery at TSC. There will be some ASA III patients who, after review by the anesthesiologist, will be determined to not be appropriate candidates for TSC due to the specifics of their diseases, and the type and length of their scheduled surgical procedure. The majority of ASA III patients scheduled for general, MAC, or regional anesthesia will be identified by the pre-op nurse(s) in advance of the day of their scheduled surgery and their pre-op information will then be reviewed prior to the day of surgery by anesthesia. If, after anesthesia review, the patient is determined to be an inappropriate candidate for surgery at TSC, that case will be canceled and the surgeon and patient notified that their procedure needs to be performed at an in-patient facility. For those ASA III patients whose medical information, for whatever reason, is not available until the day of surgery, the anesthesiologist will make a determination at the time of his/her pre-op patient interview as to the acceptability of that patient for their scheduled procedure at TSC. If the patient is determined by anesthesia to be an inappropriate candidate for their procedure, the case will be canceled and rescheduled at an in-patient facility.
- C. Patients with a BMI greater than 40 will require anesthesia review.
- D. If a case is posted as straight local, or local with sedation, and an anesthesiologist is not on duty at TSC, the attending surgeon must be immediately available until the patient is discharged.
- E. Patients whose selection for scheduling at TSC are discouraged include:
 1. Patients who have demonstrated incapacitating mental disorders
 2. Patients who have communicable infectious diseases

3. **Patients who have a BMI over 45**

4. ***These patients may be scheduled with approval of the Medical Director, who will review, or delegate to one of the staff anesthesiologists to review the patient's information to determine if they are an appropriate patient for surgery at TSC.

F. Pediatric patient selection criteria:

1. No children under the age of 12 months will be admitted to Truckee Surgery Center (TSC).
2. No children under the age of three years old will be admitted to TSC for Tonsillectomy.
3. No child with severe sleep apnea, AHI greater than 9, will be admitted to TSC.
4. No child with a BMI greater than the 95th percentile will be admitted TSC.
5. Children with asthma and/or a recent illness will need review by anesthesia prior to admission.
6. Children with Down Syndrome and/or craniofacial abnormalities will need anesthesia review prior to admission.
7. Any child that deviates from the above criteria will need approval by the anesthesia and/or medical director of TSC prior admission.

ADMISSION PROCESS:

- A. Patient admission to the facility is scheduled through the private physician, who is a member of the medical staff.
- B. Procedures scheduled for the facility will fall within the Approved Procedures List specific to the facility, and those specifically delineated to the surgeon booking the procedure.
- C. To ensure adequate preparation for a patient's admission to the facility, the surgery should be scheduled a minimum of three (3) days in advance, if possible, with the exception of *add-on* cases which are scheduled at the physician's discretion.
- D. The first surgeries of the day typically begin at 7:00 a.m. or 7:30 a.m. The last cases will typically be scheduled in an attempt to have all cases completed in the operating room by 5:00 p.m. If there is available staffing for the OR and PACU, and with approval by the Nurse Manager or Administrator, the last cases can be scheduled to finish later than 5:00 p.m.
- E. Assessment upon arrival at the facility is an ongoing process subject to accommodate the patient and to meet patient needs for physical and mental comfort. Pain is assessed throughout the perioperative experience. Interventions and reassessment will be documented in a consistent manner.
- F. Patients' anesthesia care by an anesthesiologist will be evaluated by an anesthesiologist before being transported to the OR.
- G. Laboratory and other evaluative studies may have been requested and evaluated preoperatively, based upon patient needs as perceived by the surgeon, anesthesia and facility standards. Lab work will be individually addressed, as indicated, per TSC's Lab Testing and Pre-operative Guidelines policy. Abnormal findings will be documented and evaluated by the

surgeon/anesthesiologist prior to the procedure. Further studies may be recommended, as well as referral to address abnormal findings.

- H. Patients who take multiple medications, prescription or non-prescription, will be assessed for possible drug interactions with anesthesia and other medications administered by staff.
- I. NPO requirements are per anesthesia guidelines
- J. All staff are responsible to report suspected incidents of abuse or neglect.
- K. All patients must arrange to be accompanied and transported by a responsible person if anesthesia or sedation is given. It is recommended that an adult stay with the patient for 24 hours following surgery.
 - 1. Transportation must be by automobile, ambulance, or taxi. Taxi is acceptable if the patient is accompanied by a responsible adult 18 years or older.
- L. All minor age patients must be accompanied and transported by a parent or legal guardian. If a guardian accompanies the patient, legal documentation of their guardianship must be brought to the facility before, or at the time of admission.
- M. General anesthesia cannot be administered until the attending surgeon is in the building.
- N. A pre-op nursing assessment will be conducted upon arrival to the preoperative area.
- O. Patients will typically be instructed to report to the facility for admission 45 to 90 minutes prior to the time of the scheduled procedure. Time of arrival depends on the type of procedure.
- P. The surgeon is responsible for a pre-operative History and Physical and an update note (when indicated) for all cases prior to the patient entering the OR.

PRE-OPERATIVE ASSESSMENT:

The Preoperative Assessment will include, but is not limited to:

- A. Verification of patient identification and expected procedure (to include site), review with patient/family/significant other.
- B. Review and/or completion of the preadmission assessment
- C. Relevant preoperative status may include:
 - 1. Electrocardiogram
 - 2. Vital Signs
 - 3. Skin integrity
 - 4. Radiology findings
 - 5. Laboratory values
 - 6. Allergies/sensitivities/reactions (including latex and metal)
 - 7. Medication use/last dose
 - 8. NPO status
 - 9. Disabilities
 - 10. Substance use/abuse

11. Physical or mental impairments
 12. Mobility limitations
 13. External or impacted medical devices
 14. Sensory limitations (including hearing and visual aids)
 15. Pregnancy-related assessments, as indicated
- D. Pregnancy testing, when indicated
 - E. Preoperative normothermia assessment and management
 - F. Current pain assessment
 - G. Comfort assessment
 - H. Patient safety needs
 - I. Relevant preoperative emotional, safety and psychological needs of patient (family/significant other, as applicable)
 - J. Spiritual needs of the patient (family/significant other, as applicable)
 - K. Previous anesthetic history (patient and family history of complications)
 - L. Verification that prescribed surgical prep has been completed, as indicated
 - M. Availability of accompanying responsible adult to assist with home care
 - N. Availability of safe transport home (as noted above)
 - O. Knowledge of pre-procedural teaching and discharge planning
 - P. Day of surgery pre-procedural teaching and discharge planning
 - Q. Day of surgery pre-procedural/pre-operative sedation and monitoring, as indicated
 - R. Clinical monitoring, as indicated
 - S. Procedure-specific assessment
 - T. Documentation and communication of all pertinent information per institutional policy/protocol
 - U. Pediatric patient: components listed above, as well as birth history, gestational age, developmental milestones, level of cognitive functioning and parent/child interactions
 - V. Older adult patients: components listed above, as well as cognitive ability and capacity, screening for depression, risk factors for developing post-operative delirium, frailty and nutritional status

Approval Signatures

Step Description	Approver	Date
	Courtney Leslie: Administrator	Pending

COPY

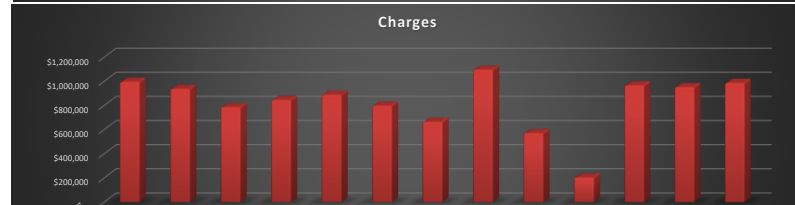
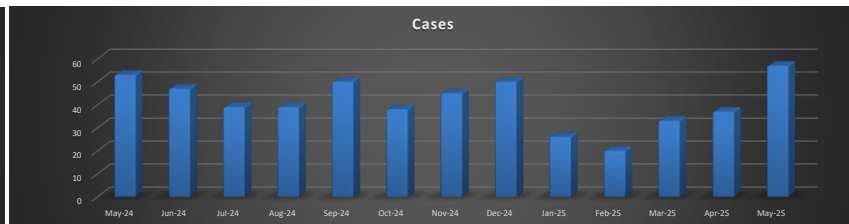
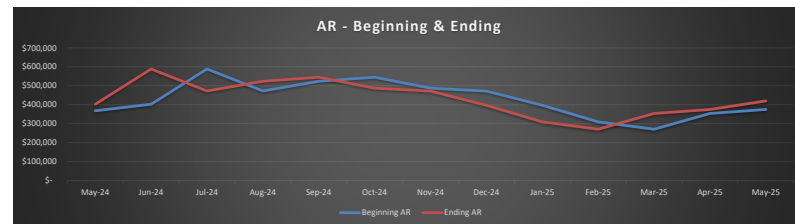
Truckee Surgery Center
Practice Summary
May 2025 EOM Report



Report Name: Practice Summary
Report Month: May 2025

Practice Summary

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT
Beginning AR	\$ 368,382	\$ 403,052	\$ 588,290	\$ 472,400	\$ 524,037	\$ 544,895	\$ 487,493	\$ 472,136	\$ 397,120	\$ 309,817	\$ 271,084	\$ 354,364	\$ 374,922	
Charges	\$ 995,504	\$ 936,274	\$ 785,112	\$ 844,691	\$ 888,574	\$ 797,382	\$ 663,826	\$ 1,095,582	\$ 570,291	\$ 202,474	\$ 966,266	\$ 951,738	\$ 986,315	\$ 9,688,526
Gross Collections	\$ 228,817	\$ 115,424	\$ 216,288	\$ 104,550	\$ 177,662	\$ 190,562	\$ 140,534	\$ 161,955	\$ 124,137	\$ 52,141	\$ 143,252	\$ 103,788	\$ 95,917	\$ 1,626,212
Refunds	\$ 2,706	\$ -	\$ 976	\$ -	\$ 3,457	\$ 1,050	\$ -	\$ 1,000	\$ -	\$ 6,599	\$ -	\$ 2,179	\$ -	\$ 15,260
Net Collections	\$ 226,111	\$ 115,424	\$ 215,313	\$ 104,550	\$ 174,206	\$ 189,512	\$ 140,534	\$ 160,955	\$ 124,137	\$ 45,542	\$ 143,252	\$ 101,609	\$ 95,917	\$ 1,610,951
Credit Adjustments	\$ 734,722	\$ 635,612	\$ 685,690	\$ 688,504	\$ 693,510	\$ 665,272	\$ 538,649	\$ 1,009,643	\$ 533,457	\$ 195,666	\$ 739,733	\$ 829,570	\$ 845,390	\$ 8,060,696
Ending AR	\$ 403,052	\$ 588,290	\$ 472,400	\$ 524,037	\$ 544,895	\$ 487,493	\$ 472,136	\$ 397,120	\$ 309,817	\$ 271,084	\$ 354,364	\$ 374,922	\$ 419,930	
Cases	53	47	39	39	50	38	45	50	26	20	33	37	57	481
CPT Codes	113	134	49	80	82	40	46	78	55	20	50	78	93	805
Avg CPT per Case	2.13	2.85	1.26	2.05	1.64	1.05	1.02	1.56	2.12	1.00	1.52	2.11	1.63	1.67
Avg Charge per Case	\$ 18,783	\$ 19,921	\$ 20,131	\$ 21,659	\$ 17,771	\$ 20,984	\$ 14,752	\$ 21,912	\$ 21,934	\$ 10,124	\$ 29,281	\$ 25,723	\$ 17,304	\$ 20,142
3 Mo. Gross Charges/Day	\$ 29,319	\$ 28,039	\$ 30,188	\$ 28,512	\$ 27,982	\$ 28,118	\$ 26,109	\$ 28,409	\$ 25,886	\$ 20,759	\$ 19,323	\$ 23,561	\$ 32,270	\$ 26,596
Days in AR	13.75	20.98	15.65	18.38	19.47	17.34	18.08	13.98	11.97	13.06	18.34	15.91	13.01	
3 Mo. Gross Charges/Day	\$ 25,230	\$ 29,319	\$ 28,039	\$ 30,188	\$ 28,512	\$ 27,982	\$ 28,118	\$ 26,109	\$ 28,409	\$ 25,886	\$ 20,759	\$ 19,323	\$ 23,561	
Days in AR	15.97	20.07	16.85	17.36	19.11	17.42	16.79	15.21	10.91	10.47	17.07	19.40	17.82	
"Avg Days to Bill"	11.00	9.98	7.60	9.53	7.77	7.12	6.19	8.89	6.48	6.08	6.83	14.11	7.59	



Truckee Surgery Center
Aging by Payer
May 2025 EOM Report



Report Name: Aging by Payer
Report Month: May 2025

Aging by Payer

Financial Class	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	150 Days	180 Days	Credit	TOTAL	% Total
CONTRACTED	\$ 44,661	\$ 18,061	\$ 21,715	\$ 10,144	\$ 2,626	\$ 10,392	\$ 111,855	\$ (8,553)	\$ 210,902	50%
MEDICARE	\$ 20,939	\$ 2,066	\$ -	\$ 151	\$ -	\$ -	\$ 9,864	\$ (74)	\$ 32,946	8%
NON CONTRACTED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
SELF PAY	\$ 4,319	\$ 7,743	\$ 1,924	\$ 639	\$ 2,582	\$ 1,515	\$ 27,573	\$ (5,758)	\$ 40,538	10%
WORKERS COMP	\$ 77,235	\$ -	\$ 37,106	\$ 12,702	\$ -	\$ -	\$ 8,502	\$ -	\$ 135,544	32%
Insurance Total	\$ 142,835	\$ 20,127	\$ 58,821	\$ 22,998	\$ 2,626	\$ 10,392	\$ 130,222	\$ (8,627)	\$ 379,393	90%
Patient Total	\$ 4,319	\$ 7,743	\$ 1,924	\$ 639	\$ 2,582	\$ 1,515	\$ 27,573	\$ (5,758)	\$ 40,538	10%
Combined Total	\$ 147,154	\$ 27,870	\$ 60,745	\$ 23,637	\$ 5,208	\$ 11,907	\$ 157,795	\$ (14,385)	\$ 419,930	100%
Previous Month Total	\$ 51,872	\$ 107,663	\$ 27,458	\$ 5,667	\$ 34,094	\$ 25,481	\$ 135,917	\$ (13,230)	\$ 374,922	100%

Truckee Surgery Center
TTM Cases by Provider
April 2025 EOM Report



Report Name: TTM Cases by Provider
Report Month: May 2025

TTM Cases by Provider

Physician	Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Alpert, Ricki A	ANS - Anesthesia	0	0	0	0	0	0	0	0
Bany, Tenille	ANS - Anesthesia	0	0	0	0	0	0	0	0
Condon, David	POD - Podiatry	2	0	0	0	2	0	1	0
Dodd, Jeffrey S	ORT - Orthopaedics	12	7	8	9	8	12	12	8
Foley, John V	ORT - Orthopaedics	0	0	0	0	0	0	0	0
Gannam, Camille	DEN - Dental	0	2	0	1	0	0	0	0
Ganong, Alison	PAI - Pain Mgmt	10	11	6	11	13	8	5	12
Gustafsson, Matthew H	DEN - Dental	3	2	0	1	1	0	0	0
Haeder, Paul R	ORT - Orthopaedics	0	0	0	0	0	0	0	0
Hagen, Jonathan T	ORT - Orthopaedics	9	10	9	3	9	8	6	10
Hoff, Stephen R	ENT - Ear Nose Throat	0	0	0	0	0	0	0	0
Jernick, Michael	ORT - Orthopaedics	5	6	4	0	5	0	5	7
Lan, Jie	ANS - Anesthesia	0	0	0	0	0	0	0	0
Luscomb, Thomas A	ANS - Anesthesia	0	0	0	0	0	0	0	0
Naftulin, Brian	URO - Urology	0	1	3	2	3	2	3	3
Ringnes, Andrew P	ORT - Orthopaedics	9	8	5	12	7	6	12	7
Saaremetts, Alar	ANS - Anesthesia	0	0	0	0	0	0	0	0
Stanec, John M	ANS - Anesthesia	0	0	0	0	0	0	0	0
Taylor, Peter J	OBG - Obstetrics/Gynecology	0	0	1	0	0	0	0	0
Unassigned	No Specialty	0	0	0	0	0	0	0	0
Voss, Justin C	ANS - Anesthesia	0	0	0	0	0	0	0	0
Wainstein, Mark A	URO - Urology	3	0	3	0	2	2	1	3
Ward, Justin T	ANS - Anesthesia	0	0	0	0	0	0	0	0
Watson, Jeffrey B	ENT - Ear Nose Throat	0	0	0	0	0	0	0	0
Zissimos, Anthony	ORT - Orthopaedics	0	0	0	0	0	0	0	0
Total		53	47	39	39	50	38	45	50

Physician	Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average
Alpert, Ricki A	ANS - Anesthesia	0	0	0	0	0	0	0
Bany, Tenille	ANS - Anesthesia	0	0	0	0	0	0	0
Condon, David	POD - Podiatry	0	0	0	0	0	3	0
Dodd, Jeffrey S	ORT - Orthopaedics	5	6	8	12	11	106	9
Foley, John V	ORT - Orthopaedics	0	0	0	0	0	0	0
Gannam, Camille	DEN - Dental	0	0	0	0	0	3	0
Ganong, Alison	PAI - Pain Mgmt	9	9	8	13	15	120	10
Gustafsson, Matthew H	DEN - Dental	1	0	0	1	2	8	1
Haeder, Paul R	ORT - Orthopaedics	0	0	0	0	0	0	0
Hagen, Jonathan T	ORT - Orthopaedics	2	4	5	2	16	84	7
Hoff, Stephen R	ENT - Ear Nose Throat	0	0	1	0	0	1	0
Jernick, Michael	ORT - Orthopaedics	3	0	5	2	6	43	4
Lan, Jie	ANS - Anesthesia	0	0	0	0	0	0	0
Luscomb, Thomas A	ANS - Anesthesia	0	0	0	0	0	0	0
Naftulin, Brian	URO - Urology	0	0	0	0	0	17	1
Ringnes, Andrew P	ORT - Orthopaedics	6	1	6	7	7	84	7
Saaremetts, Alar	ANS - Anesthesia	0	0	0	0	0	0	0
Stanec, John M	ANS - Anesthesia	0	0	0	0	0	0	0
Taylor, Peter J	OBG - Obstetrics/Gynecology	0	0	0	0	0	1	0
Unassigned	No Specialty	0	0	0	0	0	0	0
Voss, Justin C	ANS - Anesthesia	0	0	0	0	0	0	0
Wainstein, Mark A	URO - Urology	0	0	0	0	0	11	1
Ward, Justin T	ANS - Anesthesia	0	0	0	0	0	0	0
Watson, Jeffrey B	ENT - Ear Nose Throat	0	0	0	0	0	0	0
Zissimos, Anthony	ORT - Orthopaedics	0	0	0	0	0	0	0
Total		26	20	33	37	57	481	40

Truckee Surgery Center
TTM Charges by Provider
April 2025 EOM Report



Report Name: TTM Charges by Provider
Report Month: May 2025

TTM Charges by Provider

Physician	Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Alpert, Ricki A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bany, Tenille	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Condon, David	POD - Podiatry	\$ 17,089	\$ -	\$ -	\$ -	\$ -	\$ 14,333	\$ -	\$ -
Dodd, Jeffrey S	ORT - Orthopaedics	\$ 249,468	\$ 151,428	\$ 254,262	\$ 116,689	\$ 172,193	\$ 89,609	\$ 182,667	\$ 314,377
Foley, John V	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gannam, Camille	DEN - Dental	\$ -	\$ -	\$ -	\$ 129,013	\$ -	\$ -	\$ -	\$ (126,423)
Ganong, Alison	PAI - Pain Mgmt	\$ 89,303	\$ 104,136	\$ 68,185	\$ 195,143	\$ 182,839	\$ 83,880	\$ 74,970	\$ 166,126
Gustafsson, Matthew H	DEN - Dental	\$ 53,683	\$ 46,135	\$ 61,189	\$ 44,100	\$ -	\$ 55,125	\$ -	\$ -
Haeder, Paul R	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hagen, Jonathan T	ORT - Orthopaedics	\$ 270,361	\$ 336,342	\$ 76,783	\$ 144,799	\$ 107,645	\$ 300,500	\$ 158,210	\$ 215,021
Hoff, Stephen R	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jernick, Michael	ORT - Orthopaedics	\$ 192,717	\$ 98,644	\$ 47,106	\$ -	\$ 129,601	\$ 64,387	\$ 35,280	\$ 284,127
Lan, Jie	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Luscomb, Thomas A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Naftulin, Brian	URO - Urology	\$ -	\$ 6,615	\$ 19,845	\$ 13,230	\$ 19,845	\$ 13,230	\$ 19,845	\$ 19,845
Ringnes, Andrew P	ORT - Orthopaedics	\$ 103,039	\$ 192,974	\$ 237,898	\$ 190,693	\$ 263,219	\$ 163,088	\$ 186,239	\$ 202,664
Saaremetts, Alar	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Stanec, John M	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taylor, Peter J	OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ 7,718	\$ -	\$ -	\$ -	\$ -	\$ -
Unassigned	No Specialty	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Voss, Justin C	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wainstein, Mark A	URO - Urology	\$ 19,845	\$ -	\$ 12,128	\$ 11,025	\$ 13,230	\$ 13,230	\$ 6,615	\$ 19,845
Ward, Justin T	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Watson, Jeffrey B	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Zissimos, Anthony	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ 995,504	\$ 936,274	\$ 785,112	\$ 844,691	\$ 888,574	\$ 797,382	\$ 663,826	\$ 1,095,582

Physician	Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Charge Per Case
Alpert, Ricki A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Bany, Tenille	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Condon, David	POD - Podiatry	\$ 7,166	\$ -	\$ -	\$ -	\$ -	\$ 21,499	\$ 1,792	\$ 7,166
Dodd, Jeffrey S	ORT - Orthopaedics	\$ 228,994	\$ 53,250	\$ 188,217	\$ 242,209	\$ 263,280	\$ 2,257,176	\$ 188,098	\$ 21,294
Foley, John V	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
GANNAM, CAMILLE	DEN - Dental	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,590	\$ 216	N/A
GANONG, ALISON	PAI - Pain Mgmt	\$ 93,204	\$ 75,123	\$ 113,260	\$ 162,162	\$ 164,959	\$ 1,483,987	\$ 123,666	N/A
GUSTAFSSON, MATTHEW H	DEN - Dental	\$ 28,940	\$ -	\$ -	\$ 1,425	\$ 115,760	\$ 352,674	\$ 29,389	\$ 44,084
Haeder, Paul R	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Hagen, Jonathan T	ORT - Orthopaedics	\$ 93,884	\$ -	\$ 441,130	\$ 201,191	\$ 285,807	\$ 2,361,313	\$ 196,776	\$ 28,111
Hoff, Stephen R	ENT - Ear Nose Throat	\$ -	\$ -	\$ 11,576	\$ -	\$ -	\$ 11,576	\$ 965	\$ 11,576
JERNICK, MICHAEL	ORT - Orthopaedics	\$ 42,998	\$ -	\$ 84,381	\$ 182,570	\$ 46,304	\$ 1,015,398	\$ 84,617	N/A
Lan, Jie	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Luscomb, Thomas A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
NAFTULIN, BRIAN	URO - Urology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 112,455	\$ 9,371	N/A
Ringnes, Andrew P	ORT - Orthopaedics	\$ 75,105	\$ 74,101	\$ 127,702	\$ 162,181	\$ 110,206	\$ 1,986,070	\$ 165,506	\$ 23,644
Saaremetts, Alar	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Stanec, John M	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Taylor, Peter J	OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,718	\$ 643	\$ 7,718
Unassigned	No Specialty	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Voss, Justin C	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
WAINSTEIN, MARK A	URO - Urology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 76,073	\$ 6,339	\$ 6,916
Ward, Justin T	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Watson, Jeffrey B	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Zissimos, Anthony	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
Total		\$ 570,291	\$ 202,474	\$ 966,266	\$ 951,738	\$ 986,315	\$ 9,688,526	\$ 807,377	\$ 20,142

Truckee Surgery Center
TTM Collections by Provider
April 2025 EOM Report



Report Name: TTM Collections by Provider
Report Month: May 2025

TTM Collections by Provider

Physician	Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Alpert, Ricki A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bany, Tenille	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Condon, David	POD - Podiatry	\$ 1,348	\$ 344	\$ 960	\$ 2,494	\$ 460	\$ 2,608	\$ -	\$ -
Dodd, Jeffrey S	ORT - Orthopaedics	\$ 69,049	\$ 11,102	\$ 19,056	\$ 26,471	\$ 34,265	\$ 61,704	\$ 38,896	\$ 33,887
Foley, John V	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (900)	\$ -
Gannam, Camille	DEN - Dental	\$ -	\$ 2,468	\$ 900	\$ 361	\$ -	\$ (1,050)	\$ -	\$ -
Ganong, Alison	PAI - Pain Mgmt	\$ 17,078	\$ 8,221	\$ 2,850	\$ 5,489	\$ 57,066	\$ 7,445	\$ 5,331	\$ 7,056
Gustafsson, Matthew H	DEN - Dental	\$ 3,755	\$ 1,425	\$ 4,191	\$ (88)	\$ 1,570	\$ 29,322	\$ -	\$ (819)
Haeder, Paul R	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8
Hagen, Jonathan T	ORT - Orthopaedics	\$ 90,694	\$ 59,739	\$ 27,236	\$ 19,474	\$ 25,277	\$ 31,251	\$ 75,769	\$ 43,095
Hoff, Stephen R	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Jernick, Michael	ORT - Orthopaedics	\$ 72,928	\$ 12,126	\$ 71,998	\$ 27,255	\$ 262	\$ 13,599	\$ 412	\$ 19,017
Lan, Jie	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Luscomb, Thomas A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Naftulin, Brian	URO - Urology	\$ 1,328	\$ 847	\$ 3,579	\$ 4,418	\$ 1,522	\$ 1,760	\$ 5,383	\$ 5,742
Ringnes, Andrew P	ORT - Orthopaedics	\$ 49,732	\$ 19,009	\$ 72,832	\$ 27,979	\$ 51,954	\$ 37,104	\$ 14,529	\$ 48,961
Saaremetts, Alar	ANS - Anesthesia	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Stanec, John M	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Taylor, Peter J	OBG - Obstetrics/Gynecology	\$ 988	\$ -	\$ 1,716	\$ -	\$ (69)	\$ -	\$ -	\$ -
Unassigned	No Specialty	\$ -	\$ -	\$ 9,579	\$ (9,579)	\$ (2,263)	\$ 2,035	\$ (100)	\$ 2,917
Voss, Justin C	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Wainstein, Mark A	URO - Urology	\$ 4,431	\$ -	\$ 415	\$ 278	\$ 4,161	\$ 3,736	\$ 1,213	\$ 1,092
Ward, Justin T	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Watson, Jeffrey B	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Zissimos, Anthony	ORT - Orthopaedics	\$ (85,218)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total		\$ 226,111	\$ 115,424	\$ 215,313	\$ 104,550	\$ 174,206	\$ 189,512	\$ 140,534	\$ 160,955

Physician	Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Cash Per Case
Alpert, Ricki A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Bany, Tenille	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Condon, David	POD - Podiatry	\$ -	\$ 3,039	\$ -	\$ -	\$ -	\$ 9,905	\$ 825	\$ 3,302
Dodd, Jeffrey S	ORT - Orthopaedics	\$ 37,687	\$ 9,524	\$ 15,782	\$ 14,329	\$ 28,483	\$ 331,186	\$ 27,599	\$ 3,124
Foley, John V	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (900)	\$ (75)	N/A
Gannam, Camille	DEN - Dental	\$ -	\$ 270	\$ 270	\$ 270	\$ 270	\$ 3,759	\$ 313	\$ 1,253
Ganong, Alison	PAI - Pain Mgmt	\$ 11,797	\$ 670	\$ 9,313	\$ 4,954	\$ 11,979	\$ 132,172	\$ 11,014	\$ 1,101
Gustafsson, Matthew H	DEN - Dental	\$ 1,157	\$ (232)	\$ -	\$ 444	\$ 1,620	\$ 38,589	\$ 3,216	\$ 4,824
Haeder, Paul R	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8	\$ 1	N/A
Hagen, Jonathan T	ORT - Orthopaedics	\$ 22,337	\$ 18,562	\$ 96,491	\$ 39,634	\$ 20,470	\$ 479,337	\$ 39,945	\$ 5,706
Hoff, Stephen R	ENT - Ear Nose Throat	\$ -	\$ -	\$ 485	\$ 2,108	\$ -	\$ 2,593	\$ 216	\$ 2,593
Jernick, Michael	ORT - Orthopaedics	\$ 32,180	\$ 10,317	\$ 11,632	\$ 12,353	\$ 9,427	\$ 220,579	\$ 18,382	\$ 5,130
Lan, Jie	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Luscomb, Thomas A	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Naftulin, Brian	URO - Urology	\$ (702)	\$ (836)	\$ 1,915	\$ -	\$ -	\$ 23,627	\$ 1,969	\$ 1,390
Ringnes, Andrew P	ORT - Orthopaedics	\$ 16,900	\$ 4,206	\$ 5,670	\$ 24,089	\$ 23,668	\$ 346,899	\$ 28,908	\$ 4,130
Saaremetts, Alar	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 143	\$ 12	N/A
Stanec, John M	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Taylor, Peter J	OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,648	\$ 137	\$ 1,648
Unassigned	No Specialty	\$ (2,917)	\$ 21	\$ 1,695	\$ 3,423	\$ -	\$ 4,810	\$ 401	N/A
Voss, Justin C	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Wainstein, Mark A	URO - Urology	\$ 5,698	\$ -	\$ -	\$ 6	\$ -	\$ 16,598	\$ 1,383	\$ 1,509
Ward, Justin T	ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Watson, Jeffrey B	ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Zissimos, Anthony	ORT - Orthopaedics	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	N/A
Total		\$ 124,137	\$ 45,542	\$ 143,252	\$ 101,609	\$ 95,917	\$ 1,610,951	\$ 134,246	\$ 3,349

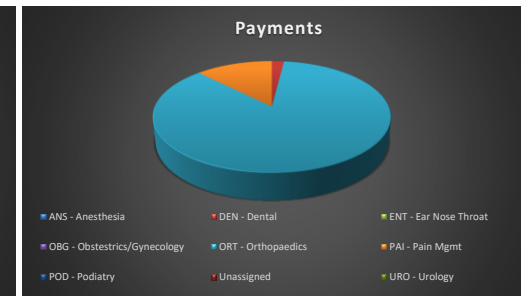
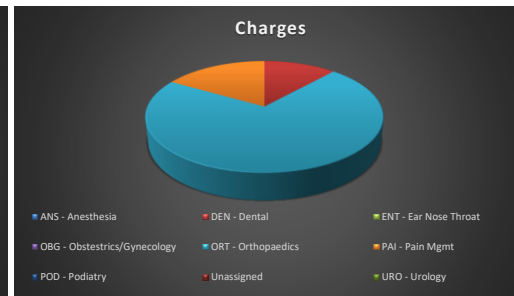
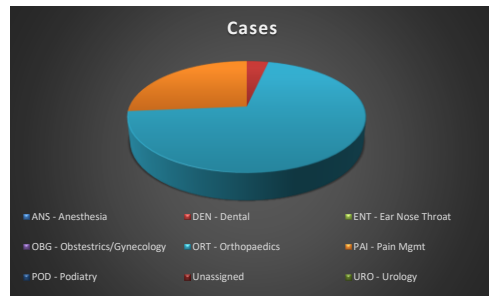
Truckee Surgery Center
Specialty Analysis
April 2025 EOM Report



Report Name: Specialty Analysis
Report Month: May 2025

Specialty Analysis

Specialty	Cases	%	TTMT %	Charges	%	TTMT %	Payments	%	TTMT %
ANS - Anesthesia	0	0%	0%	\$ -	0%	0%	\$ -	0%	0%
DEN - Dental	2	4%	2%	\$ 115,760	12%	36%	\$ 1,890	2%	3%
ENT - Ear Nose Throat	0	0%	0%	\$ -	0%	1%	\$ -	0%	0%
OBG - Obstetrics/Gynecology	0	0%	0%	\$ -	0%	1%	\$ -	0%	0%
ORT - Orthopaedics	40	70%	66%	\$ 705,596	72%	773%	\$ 82,048	86%	85%
PAI - Pain Mgmt	15	26%	25%	\$ 164,959	17%	150%	\$ 11,979	12%	8%
POD - Podiatry	0	0%	1%	\$ -	0%	2%	\$ -	0%	1%
Unassigned	0	0%	0%	\$ -	0%	0%	\$ -	0%	0%
URO - Urology	0	0%	6%	\$ -	0%	19%	\$ -	0%	2%
Total	57	100%	100%	\$ 986,315	100%	982%	\$ 95,917	100%	100%



Truckee Surgery Center
TTM Cases by Specialty
April 2025 EOM Report



Report Name: TTM Cases by Specialty
Report Month: May 2025

TTM Cases by Specialty

Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
ANS - Anesthesia	0	0	0	0	0	0	0	0
DEN - Dental	3	4	0	2	1	0	0	0
ENT - Ear Nose Throat	0	0	0	0	0	0	0	0
OBG - Obstetrics/Gynecology	0	0	1	0	0	0	0	0
ORT - Orthopaedics	35	31	26	24	29	26	35	32
PAI - Pain Mgmt	10	11	6	11	13	8	5	12
POD - Podiatry	2	0	0	0	2	0	1	0
Unassigned	0	0	0	0	0	0	0	0
URO - Urology	3	1	6	2	5	4	4	6
Total	53	47	39	39	50	38	45	50

Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average
ANS - Anesthesia	0	0	0	0	0	0	0
DEN - Dental	1	0	0	1	2	11	1
ENT - Ear Nose Throat	0	0	1	0	0	1	0
OBG - Obstetrics/Gynecology	0	0	0	0	0	1	0
ORT - Orthopaedics	16	11	24	23	40	317	26
PAI - Pain Mgmt	9	9	8	13	15	120	10
POD - Podiatry	0	0	0	0	0	3	0
Unassigned	0	0	0	0	0	0	0
URO - Urology	0	0	0	0	0	28	2
Total	26	20	33	37	57	481	40

Truckee Surgery Center
TTM Charges by Specialty
April 2025 EOM Report



Report Name: TTM Charges by Specialty
Report Month: May 2025

TTM Charges by Specialty

Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DEN - Dental	\$ 53,683	\$ 46,135	\$ 61,189	\$ 173,113	\$ -	\$ 55,125	\$ -	\$ (126,423)
ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ 7,718	\$ -	\$ -	\$ -	\$ -	\$ -
ORT - Orthopaedics	\$ 815,584	\$ 779,388	\$ 616,048	\$ 452,181	\$ 672,660	\$ 617,584	\$ 562,396	\$ 1,016,190
PAI - Pain Mgmt	\$ 89,303	\$ 104,136	\$ 68,185	\$ 195,143	\$ 182,839	\$ 83,880	\$ 74,970	\$ 166,126
POD - Podiatry	\$ 17,089	\$ -	\$ -	\$ -	\$ -	\$ 14,333	\$ -	\$ -
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
URO - Urology	\$ 19,845	\$ 6,615	\$ 31,973	\$ 24,255	\$ 33,075	\$ 26,460	\$ 26,460	\$ 39,690
Total	\$ 995,504	\$ 936,274	\$ 785,112	\$ 844,691	\$ 888,574	\$ 797,382	\$ 663,826	\$ 1,095,582

Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Cash Per Case
ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
DEN - Dental	\$ 28,940	\$ -	\$ -	\$ 1,425	\$ 115,760	\$ 355,264	29,605	\$ 32,297
ENT - Ear Nose Throat	\$ -	\$ -	\$ 11,576	\$ -	\$ -	\$ 11,576	965	\$ 11,576
OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,718	643	\$ 7,718
ORT - Orthopaedics	\$ 440,981	\$ 127,351	\$ 841,430	\$ 788,151	\$ 705,596	\$ 7,619,956	634,996	\$ 24,038
PAI - Pain Mgmt	\$ 93,204	\$ 75,123	\$ 113,260	\$ 162,162	\$ 164,959	\$ 1,483,987	123,666	\$ 12,367
POD - Podiatry	\$ 7,166	\$ -	\$ -	\$ -	\$ -	\$ 21,499	1,792	\$ 7,166
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	N/A
URO - Urology	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 188,528	15,711	\$ 6,733
Total	\$ 570,291	\$ 202,474	\$ 966,266	\$ 951,738	\$ 986,315	\$ 9,688,526	\$ 807,377	\$ 20,142

Truckee Surgery Center
TTM Collections by Specialty
April 2025 EOM Report



Report Name: TTM Collections by Specialty
Report Month: May 2025

TTM Collections by Specialty

Specialty	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
ANS - Anesthesia	\$ -	\$ 143	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DEN - Dental	\$ 3,755	\$ 3,893	\$ 5,091	\$ 272	\$ 1,570	\$ 28,272	\$ -	\$ (819)
ENT - Ear Nose Throat	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OBG - Obstetrics/Gynecology	\$ 988	\$ -	\$ 1,716	\$ -	\$ (69)	\$ -	\$ -	\$ -
ORT - Orthopaedics	\$ 197,184	\$ 101,977	\$ 191,123	\$ 101,179	\$ 111,759	\$ 143,657	\$ 128,706	\$ 144,967
PAI - Pain Mgmt	\$ 17,078	\$ 8,221	\$ 2,850	\$ 5,489	\$ 57,066	\$ 7,445	\$ 5,331	\$ 7,056
POD - Podiatry	\$ 1,348	\$ 344	\$ 960	\$ 2,494	\$ 460	\$ 2,608	\$ -	\$ -
Unassigned	\$ -	\$ -	\$ 9,579	\$ (9,579)	\$ (2,263)	\$ 2,035	\$ (100)	\$ 2,917
URO - Urology	\$ 5,759	\$ 847	\$ 3,994	\$ 4,696	\$ 5,682	\$ 5,496	\$ 6,596	\$ 6,834
Total	\$ 226,111	\$ 115,424	\$ 215,313	\$ 104,550	\$ 174,206	\$ 189,512	\$ 140,534	\$ 160,955

Specialty	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Cash Per Case
ANS - Anesthesia	\$ -	\$ -	\$ -	\$ -	\$ -	143	12	N/A
DEN - Dental	\$ 1,157	\$ 38	\$ 270	\$ 714	\$ 1,890	42,348	3,529	3,850
ENT - Ear Nose Throat	\$ -	\$ -	\$ 485	\$ 2,108	\$ -	2,593	216	2,593
OBG - Obstetrics/Gynecology	\$ -	\$ -	\$ -	\$ -	\$ -	1,648	137	1,648
ORT - Orthopaedics	\$ 109,105	\$ 42,609	\$ 129,575	\$ 90,405	\$ 82,048	1,377,109	114,759	4,344
PAI - Pain Mgmt	\$ 11,797	\$ 670	\$ 9,313	\$ 4,954	\$ 11,979	132,172	11,014	1,101
POD - Podiatry	\$ -	\$ 3,039	\$ -	\$ -	\$ -	9,905	825	3,302
Unassigned	\$ (2,917)	\$ 21	\$ 1,695	\$ 3,423	\$ -	4,810	401	N/A
URO - Urology	\$ 4,996	\$ (836)	\$ 1,915	\$ 6	\$ -	40,225	3,352	1,437
Total	\$ 124,137	\$ 45,542	\$ 143,252	\$ 101,609	\$ 95,917	\$ 1,610,951	\$ 134,246	\$ 3,349

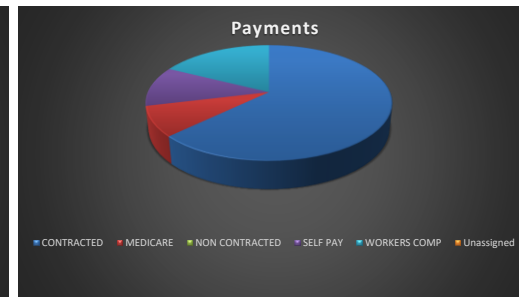
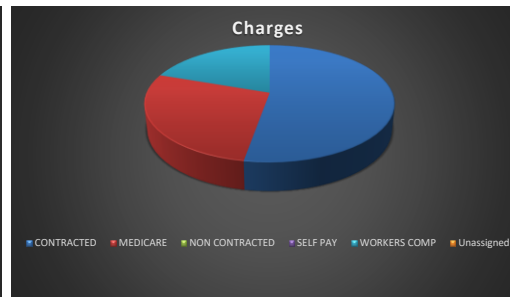
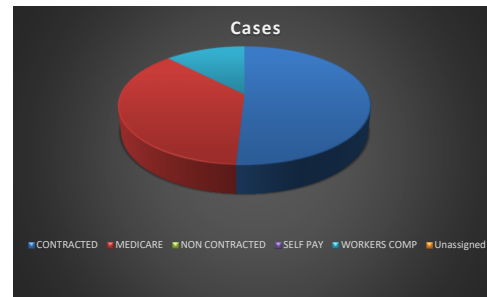
Truckee Surgery Center
Payer Analysis
April 2025 EOM Report



Report Name: Payer Analysis
Report Month: May 2025

Payer Analysis

Financial Class	Cases	%	TTMT%	Charges	%	TTMT %	Payments	%	TTMT %
CONTRACTED	29	51%	57%	\$ 520,464	53%	71%	\$ 60,263	63%	66%
MEDICARE	21	37%	32%	\$ 272,041	28%	20%	\$ 8,035	8%	6%
NON CONTRACTED	0	0%	0%	\$ -	0%	0%	\$ -	0%	0%
SELF PAY	0	0%	4%	\$ -	0%	1%	\$ 10,772	11%	15%
WORKERS COMP	7	12%	7%	\$ 193,810	20%	8%	\$ 16,847	18%	12%
Unassigned	0	0%	0%	\$ -	0%	0%	\$ -	0%	0%
Total	57	100%	100%	\$ 986,315	100%	100%	\$ 95,917	100%	100%



Truckee Surgery Center
TTM Cases by Payer
April 2025 EOM Report



Report Name: TTM Cases by Payer
Report Month: May 2025

TTM Cases by Payer

Financial Class	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CONTRACTED	30	24	23	25	29	21	35	31
MEDICARE	16	15	9	11	17	14	8	13
NON CONTRACTED	0	1	0	0	0	0	0	0
SELF PAY	2	3	1	1	1	2	0	3
WORKERS COMP	5	4	6	2	3	1	2	3
Unassigned	0	0	0	0	0	0	0	0
Total	53	47	39	39	50	38	45	50

Financial Class	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average
CONTRACTED	12	11	16	17	29	273	23
MEDICARE	12	8	13	12	21	153	13
NON CONTRACTED	0	0	0	0	0	1	0
SELF PAY	1	0	1	5	0	18	2
WORKERS COMP	1	1	3	3	7	36	3
Unassigned	0	0	0	0	0	0	0
Total	26	20	33	37	57	481	40

Truckee Surgery Center
TTM Charges by Payer
April 2025 EOM Report



Report Name: TTM Charges by Payer
Report Month: May 2025

TTM Charges by Payer

Financial Class	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CONTRACTED	\$ 709,173	\$ 687,330	\$ 674,571	\$ 395,582	\$ 618,086	\$ 599,638	\$ 470,337	\$ 931,369
MEDICARE	\$ 143,325	\$ 157,658	\$ 46,856	\$ 222,705	\$ 214,436	\$ 137,261	\$ 189,079	\$ 216,641
NON CONTRACTED	\$ -	\$ 13,230	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SELF PAY	\$ 8,502	\$ 4,741	\$ 6,355	\$ 129,013	\$ 2,029	\$ 5,358	\$ -	\$ (119,129)
WORKERS COMP	\$ 134,504	\$ 73,316	\$ 57,330	\$ 97,392	\$ 54,023	\$ 55,125	\$ 4,410	\$ 66,701
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 995,504	\$ 936,274	\$ 785,112	\$ 844,691	\$ 888,574	\$ 797,382	\$ 663,826	\$ 1,095,582

Financial Class	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Charge Per Case
CONTRACTED	\$ 388,493	\$ 104,777	\$ 734,348	\$ 754,368	\$ 520,464	\$ 6,879,362	\$ 573,280	\$ 25,199
MEDICARE	\$ 127,504	\$ 77,559	\$ 171,907	\$ 147,595	\$ 272,041	\$ 1,981,242	\$ 165,104	\$ 12,949
NON CONTRACTED	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,230	\$ 1,103	\$ 13,230
SELF PAY	\$ 7,486	\$ (700)	\$ 2,130	\$ 23,149	\$ -	\$ 60,432	\$ 5,036	\$ 3,357
WORKERS COMP	\$ 46,808	\$ 20,838	\$ 57,881	\$ 26,626	\$ 193,810	\$ 754,260	\$ 62,855	\$ 20,952
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ N/A
Total	\$ 570,291	\$ 202,474	\$ 966,266	\$ 951,738	\$ 986,315	\$ 9,688,526	\$ 807,377	\$ 20,142

Truckee Surgery Center
TTM Collections by Payer
April 2025 EOM Report



Report Name: TTM Collections by Payer
Report Month: May 2025

TTM Collections by Payer

Financial Class	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
CONTRACTED	\$ 221,762	\$ 63,047	\$ 154,942	\$ 53,382	\$ 114,663	\$ 145,651	\$ 100,621	\$ 114,981
MEDICARE	\$ 14,606	\$ 7,810	\$ 9,296	\$ 5,287	\$ 11,087	\$ 7,073	\$ 14,619	\$ 12,881
NON CONTRACTED	\$ 553	\$ -	\$ 412	\$ 4,230	\$ -	\$ -	\$ -	\$ 107
SELF PAY	\$ (58,491)	\$ 14,875	\$ 13,325	\$ 27,013	\$ 15,673	\$ 28,763	\$ 11,085	\$ 25,237
WORKERS COMP	\$ 47,681	\$ 29,693	\$ 37,337	\$ 14,639	\$ 32,783	\$ 8,025	\$ 14,210	\$ -
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,749
Total	\$ 226,111	\$ 115,424	\$ 215,313	\$ 104,550	\$ 174,206	\$ 189,512	\$ 140,534	\$ 160,955

Financial Class	Jan-25	Feb-25	Mar-25	Apr-25	May-25	TTMT	Monthly Average	Average Cash Per Case
CONTRACTED	\$ 70,298	\$ 22,311	\$ 109,432	\$ 53,744	\$ 60,263	\$ 1,063,335	\$ 88,611	\$ 3,895
MEDICARE	\$ 4,718	\$ 6,922	\$ 10,420	\$ 5,336	\$ 8,035	\$ 103,483	\$ 8,624	\$ 676
NON CONTRACTED	\$ -	\$ -	\$ -	\$ 162	\$ -	\$ 4,911	\$ 409	\$ 4,911
SELF PAY	\$ 23,230	\$ 7,967	\$ 23,401	\$ 42,367	\$ 10,772	\$ 243,708	\$ 20,309	\$ 13,539
WORKERS COMP	\$ 25,891	\$ 8,342	\$ -	\$ -	\$ 16,847	\$ 187,765	\$ 15,647	\$ 5,216
Unassigned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,749	\$ 646	N/A
Total	\$ 124,137	\$ 45,542	\$ 143,252	\$ 101,609	\$ 95,917	\$ 1,610,951	\$ 134,246	\$ 3,349

Truckee Surgery Center
Top 10 Procedures by Volume
April 2025 EOM Report



Report Name: Top 10 Procedures by Volume
Report Month: May 2025

Top 10 Procedures by Volume - Current Month

CPT Code	Description	Volume	Charges
41899	Unlisted Procedure Dentoalveolar Structures (3	20	\$ 115,760
64483	Nix Aa&/Strd Tfrml Epi Lumbar/Sacral 1 Level (1	11	\$ 63,668
26055	Tendon Sheath Incision (3	9	\$ 72,927
64721	Neuroplasty &/Transpos Median Nrv Carpal Tunne (3	8	\$ 83,352
20680	Removal Implant Deep (3	5	\$ 57,880
64493	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 1 Level (3	5	\$ 28,940
29881	Arthrs Kne Surg W/Meniscectomy Med/Lat W/Shvg (1	4	\$ 64,828
29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj (5	3	\$ 118,077
62323	Nix Dx/Ther Sbst Intrmnr Lmbr/Sac W/Img Gdn (3	3	\$ 19,101
29806	Surgical Arthroscopy Shoulder Capsulorrhaphy (5	2	\$ 60,196

Prior Month

CPT Code	Description	Volume	Charges
64483	Nix Aa&/Strd Tfrml Epi Lumbar/Sacral 1 Level	8	\$ 36,965
29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj	7	\$ 245,779
64493	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 1 Level	5	\$ 34,728
29881	Arthrs Kne Surg W/Meniscectomy Med/Lat W/Shvg	4	\$ 64,828
64494	Nix Dx/Ther Agt Pvrt Facet Jt Lmbr/Sac 2Nd Level	4	\$ 28,940
64721	Neuroplasty &/Transpos Median Nrv Carpal Tunne	3	\$ 31,257
64484	Nix Aa&/Strd Tfrml Epi Lumbar/Sacral Ea Addl	3	\$ 12,331
41899	Unlisted Procedure Dentoalveolar Structures	3	\$ 1,425
24342	Rinsj Rptd Biceps/Triceps Tdn Dstl W/Wo Tdn Grf	2	\$ 57,882
20680	Removal Implant Deep	2	\$ 23,152

Truckee Surgery Center
Top 10 Procedures by Gross Chg
April 2025 EOM Report



Report Name: Top 10 Procedures by Gross Charges
Report Month: May 2025

Top 10 Procedures by Gross Charges - Current Month

CPT Code	Description	Volume	Charges
29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj (5	3	\$ 118,077
41899	Unlisted Procedure Dentoalveolar Structures (3	20	\$ 115,760
64721	Neuroplasty &/Transpos Median Nrv Carpal Tunne (3	8	\$ 83,352
26055	Tendon Sheath Incision (3	9	\$ 72,927
29881	Arthrs Kne Surg W/Menisectomy Med/Lat W/Shvg (1	4	\$ 64,828
64483	Njx Aa&/Strd Tfrml Epi Lumbar/Sacral 1 Level (1	11	\$ 63,668
29806	Surgical Arthroscopy Shoulder Capsulorrhaphy (5	2	\$ 60,196
20680	Removal Implant Deep (3	5	\$ 57,880
23430	Tenodesis Long Tendon Biceps (5	1	\$ 30,098
64493	Njx Dx/Ther Agt Pvr Facet Jt Lmbr/Sac 1 Level (3	5	\$ 28,940

Prior Month

CPT Code	Description	Volume	Charges
29888	Arthrs Aided Ant Cruciate Ligm Rpr/Agmntj/Rcnstj	7	\$ 245,779
29881	Arthrs Kne Surg W/Menisectomy Med/Lat W/Shvg	4	\$ 64,828
24342	Rinsj Rptd Biceps/Triceps Tdn Dstl W/Wo Tdn Grf	2	\$ 57,882
64483	Njx Aa&/Strd Tfrml Epi Lumbar/Sacral 1 Level	8	\$ 36,965
64493	Njx Dx/Ther Agt Pvr Facet Jt Lmbr/Sac 1 Level	5	\$ 34,728
64721	Neuroplasty &/Transpos Median Nrv Carpal Tunne	3	\$ 31,257
23430	Tenodesis Long Tendon Biceps	1	\$ 30,098
29827	Surgical Arthroscopy Shoulder W/Rotator Cuff Rpr	1	\$ 28,941
64494	Njx Dx/Ther Agt Pvr Facet Jt Lmbr/Sac 2Nd Level	4	\$ 28,940
20680	Removal Implant Deep	2	\$ 23,152



Administrator Update Q2 2025

Operations & Service Lines

- Q1 Volume: January: 26 February: 20 March: 33 Total: 81
 - Ortho: 51 Pain: 26 Urology: 0 Podiatry: 0 Dental: 1 GYN: 0 Cosmetic: 0 ENT: 0
- Urology- After many conversation with TFH Administration and the Urology office leadership, with Administration advising the Urology office to utilize TSC and keep this as an option to our community they have not scheduled any cases.
- Pediatric ENT- Not scheduling. Anesthesia has lightened up on their PT selection for TSC.

Facility and Equipment

- Scrubs & Linens: Cintas is working out well for our scrubs. We continue to have issues with Vestis (Aramark) on the rest of the linens. We are in touch with AlSCO for a quote.
- Mold Remediation project is complete. TSC was closed from 1/20/2025-2/11/2025
- Facility Flooded on 4/20/25. Closed from 4/20/2025-5/2/2025
- Humidifiers will be replaced soon.
- Capital received:
 - Syringe pump
 - Arthrex Shoulder Tray
 - Synthes Broken Screw Removal Set,
 - Synthes Trauma Screwdriver Set
 - Synthes VOLT mini Frag System

Staff/HR

- Travis, Surgical Tech, is on leave until July 1.

From: O'Farrell, Christine
Sent: Monday, February 24, 2025 7:28 AM
To: Chasseur, Jaye <JChasseur@TFHD.COM>; Crosby, Dylan <dcrosby@TFHD.COM>; Ward, Louis <louis.ward@TFHD.COM>; Brian Evans (bevans@TFHD.COM) <bevans@TFHD.COM>; Felix, Crystal <cfelix@TFHD.COM>
Cc: Van Gelder, Janet <jvangelder@tfhd.com>; Schopp, Svetlana <sschopp@TFHD.COM>
Subject: FW: Tahoe Forest Hospital District/HARPP Program (Tahoe Forest Hospital District)
7DEEIL000666571 ROR

Good morning everyone,
Please see the attached. On page 5 is the summary
As an initial matter, the Policy's coverage is subject to a \$250,000 deductible per incident for Mold Matter. Ironshore is presently unable to determine whether the potentials causes of the impacts described above would constitute separate Pollution Incidents such that the insured would be responsible for satisfying more than a single deductible.

With the foregoing in mind, Tahoe would be responsible for satisfying at least a \$250,000 deductible, and as such, Ironshore, at a minimum, would have no payment obligations under the Policy unless and until this amount has been paid by the insured toward losses eligible for coverage under the Policy. Ironshore will continue to investigate the number of incidents involved, and the circumstances causing these incidents, and in the interim, Ironshore reserves its right to revisit its initial determination regarding the extent of Tahoe's deductible obligation.

Considering first the Policy's Emergency Response Expenses coverage part, Ironshore cannot presently determine whether the incident described above involved a Pollution Incident that presented an imminent and substantial threat to human health and the environment such that any costs incurred by the insured are eligible for coverage under this section of the Policy. 6 Ironshore will be further investigating this question, as well as the number of Pollution Incidents involved, and in the interim reserves its rights with respect to this issue.

As Tahoe has not yet provided invoicing or other information regarding the costs it has incurred to date in excess of \$250,000, Ironshore is presently unable to determine whether the costs claimed by Tahoe meet the definition of Emergency Response Expenses and/or Remediation Expenses, including whether such costs were reasonable and necessary. Ironshore, therefore, is unable to render a coverage determination with respect to such costs at this time. Under the circumstances, we urge Tahoe to provide all relevant invoicing and other cost information so that Ironshore can render a coverage determination with respect to all such amounts. In the interim, Ironshore reserves its rights accordingly.

Please advise.

Christine O'Farrell RN, BSN, CPHQ, CPHRM
Risk Management and Patient Safety Associate
(530) 582-6637 (office)
P. O. Box 759
Truckee, CA 96160



IRONSHORE
A Liberty Mutual Company

IronEnviro

28 Liberty Street, 5th Floor
New York, New York 10005
Main #646-826-6600

February 24, 2025

VIA ELECTRONIC MAIL

APIP Cyber and Pollution Programs, Inc.
325 E. Hillcrest Dr. Suite 250
Thousand Oaks, CA 91360

Attn: Christine O'Farrell
cofarrell@TFHD.COM

Re: Insured : APIP Cyber and Pollution Programs, Inc.
Member : Tahoe Forest Hospital District
Loss Location : Truckee Surgery Center
Policy : ISPILLSCAZ08004
Our File : 7DEEIL000666571

Dear Ms. O'Farrell:

Liberty Mutual Insurance Company is the claims administrator for Ironshore Specialty Insurance Company ("Ironshore"), which issued the referenced pollution liability insurance policy to APIP Cyber and Pollution Programs, Inc., and under which the Tahoe Forest Hospital District ("Tahoe") is a Named Insured. Ironshore previously acknowledged notice of the referenced incident involving mold impacts at the insured's location in January 2025. The purpose of this letter is to more fully set forth Ironshore's interim coverage position relevant to these incidents. As will be discussed below, Ironshore acknowledges a potential coverage obligation for environmental remediation efforts necessitated by these impacts, subject to Tahoe's satisfaction of its deductible obligation and subject to the reservation of rights below.

BACKGROUND

The alleged loss location is an ambulatory surgery center, referred to as Truckee Surgery Center, located at 10770 Donner Pass Road, Suite 201, in Truckee, California (hereinafter referred to as "the Site"). The Site is located on the second floor within a multi-tenant mixed commercial and residential building, which according to the Insured, is owned by Gateway East of Truckee, LLC. The Site is part of the Tahoe Forest Hospital District (hereinafter referred to as "the Insured") network. The Insured has leased the Site since 2003. The Site is used to provide health care and surgical services and maintains multiple operating rooms.

The alleged loss is associated with operating rooms referred to as Operating Room (OR) No. 1 and OR No. 2. OR Nos. 1 and 2 are each conditioned by their own central heating, ventilation,

and air conditioning system (HVAC) system which are electrically powered. Each OR contains an air handler unit (AHU).

In January 2025, complaints of a musty odor by a staff member prompted the Insured to retain Wise Consulting & Training, Inc. (Wise) on January 17, 2025 to perform a visible inspection and collection of air/surface samples for mold within OR Nos. 1 and 2. Upon investigation, Wise identified suspect visible mold growth (VMG) within the supply and return ceiling plenum mounted ductwork in OR Nos. 1 and 2. According to the Insured, the length of the ductwork for which the suspect mold impacts were identified is approximately 100 linear feet. Suspect VMG was also identified on the humidifiers associated with the HVAC systems within OR Nos. 1 and 2 and their condensation drain pans.

The alleged loss is associated with the discovery of mold growth on the supply and return ductwork of the HVAC system serving OR Nos. 1 and 2 on January 17, 2025. Based on the available information, it appears that mold growth may be the result of accumulated dust and debris combined with varying exposure to moisture through humidity and/or condensation within the HVAC ducts of OR Nos. 1 and 2. Although requested, information regarding a malfunction of the HVAC system which resulted in excess moisture was not provided. In the Insured's opinion, moisture likely entered the HVAC system through DriSteem humidifiers.

Ironshore was put on notice of this loss on January 22, 2025.

THE POLICY

Ironshore issued to APIP Cyber and Pollution Programs, Inc. a Site Pollution Incident Legal Liability Select policy, number ISPILLSCAZ08004, issued for the period July 1, 2024 to July 1, 2025 (the "Policy"). Of relevance to the present matter is the Policy's insuring agreement applicable to First Party Remediation Expenses, coverage part B. of the Policy, which is subject to a limit of liability of \$2,000,000 per incident, and in the aggregate, excess of a \$50,000 deductible per incident. Per Endorsement #15 to the Policy, however, the applicable deductible for a **Mold Matter** is \$250,000 for all **Loss** arising out of the same, related or continuous **Pollution Incident**. Per Endorsement # 12 to the Policy Tahoe Forest Hospital District qualifies as a Named Insured under the Policy. Per Endorsement #17, the policy has a July 1, 2015 retroactive date.

INTERIM COVERAGE DETERMINATION

As is potentially relevant to the present matters, the Policy is governed by the following insuring agreements whereby Ironshore agreed:¹

¹ The Policy contains several other coverage parts including for Third Party Claims, Disinfection Event Expenses and Image Restoration Expenses. Based on Ironshore's present understanding of the facts, it does not appear that the Disinfection Event Expenses and Image Restoration Expenses coverages are even potentially implicated by the incidents discussed in this letter, and as such, we refrain for a lengthy discussion of those coverages herein. Ironshore acknowledges that the incidents discussed above could give rise to costs or liabilities potentially implicating the Third Party Claims coverage parts; however, Ironshore is not presently aware of any costs or liabilities

B. FIRST PARTY REMEDIATION EXPENSES

To pay on behalf of the **Insured**, **Remediation Expenses** directly resulting from a **Pollution Incident** on, at or under a **Covered Property**, provided that:

1. The **Pollution Incident** is first discovered by the **Insured** during the **Policy Period**. Discovery of a **Pollution Incident** happens when a **Responsible Insured** first becomes aware of the **Pollution Incident**;
2. The **Insured** reports the **Pollution Incident** to the Company, in writing, during the **Policy Period**; and
3. The **Pollution Incident** is promptly reported by the **Insured** to the appropriate governmental authority if and as required by **Environmental Laws**.

C. EMERGENCY RESPONSE EXPENSES

To pay on behalf of the **Insured**, **Emergency Response Expenses** incurred by or on behalf of the **Insured** in response to an imminent and substantial threat to human health or the environment. The **Emergency Response Expenses** must: (i) arise from a **Pollution Incident** that first commenced during the **Policy Period**; (ii) be incurred within seven (7) days of the commencement of such **Pollution Incident**; and (iii) be reported to the Company within fourteen (14) days of the commencement of such **Pollution Incident**. For this Coverage to apply, the **Pollution Incident** giving rise to the **Emergency Response Expenses** must be unexpected and unintended from the standpoint of the **Insured**.

Each of the bolded terms is defined in the Policy, and as such we urge you to read this letter with a copy of your policy at hand. For your convenience, however, we note the following definitions relevant to this letter:

- J. **Emergency Response Expenses** means reasonable and necessary expenses incurred in response to an imminent and substantial threat to human health or the environment resulting from a **Pollution Incident**, and expenses to investigate, remove, dispose of, contain, treat or test soil, surface water, groundwater or other contaminated media resulting from a **Pollution Incident**.

coming within this coverage. Ironshore will address coverage under this insuring agreement should further development of facts warrant, and in the interim, Ironshore reserves all rights, including its right to deny or limit coverage under the Third Party Claims coverage part.

Emergency Response Expenses shall not include **Bodily Injury** or **Property Damage**.

K. Environmental Laws means any federal, state, provincial, municipal or local laws, including, but not limited to, statutes, rules, ordinances, guidance documents, regulations and all amendments thereto, including state voluntary cleanup or risk based corrective action guidance, and governmental, judicial or administrative orders and directives that are applicable to a **Pollution Incident**.

HH. Pollutants means any solid, liquid, gaseous or thermal irritant, or contaminant, including smoke, soot, vapors, fumes, acids, alkalis, chemicals, hazardous substances, hazardous materials, or waste materials (including medical, infectious and pathological wastes), at levels in excess of those naturally occurring. **Pollutants** includes chemicals associated with the manufacture of methamphetamines.

Pollutants also means:

1. Electromagnetic fields;
2. **Mold Matter**; and
3. **Legionella**.

With the exception of **Legionella**, **Pollutants** shall not include bacteria or virus.

II. Pollution Incident means:

1. The presence of **Mold Matter**; and
2. The discharge, dispersal, release or escape of **Pollutants** on, into or upon land, **Conveyances**, buildings or structures with foundations on land, the atmosphere, any body of water including surface water or groundwater.

Pollution Incident includes the illicit abandonment of **Pollutants** at, and which originated from beyond the **Boundaries** of, any **Covered Property** provided that such abandonment takes place after the **Inception Date** and was committed by parties other than **Insureds** and without the knowledge of a **Responsible Insured**.

KK. Remediation Expenses means reasonable and necessary expenses, including associated **Legal Costs** incurred with the Company's prior written consent, incurred to investigate, remove, dispose of, treat, monitor or test soil, surface water, groundwater or other contaminated media:

1. To the extent required by **Environmental Laws** governing the liability or responsibilities of the **Insured** to respond to a **Pollution Incident**;

2. In the absence of item 1. above and solely with respect to **Mold Matter** and **Legionella**, to the extent recommended in writing by an **Environmental Professional**; or
3. To the extent incurred by the government or any political subdivision of the United States of America or any state, territory or possession thereof, or by parties other than **Insureds** to the extent the **Insured** is liable for such expenses.

Remediation Expenses also include **Restoration Costs**. **Remediation Expenses** shall not include any costs or expenses to install, maintain, repair, improve or upgrade any controls or equipment at a **Covered Property** which reduce, treat, mitigate or otherwise address emissions, wastewater or discharges associated with the normal operations of any **Covered Property**.

To summarize, the Policy's Remediation Expenses coverage part affords coverage for **Remediation Expenses** incurred as a consequence of **Pollution Incidents** that commence, in their entirety, on or after July 1, 2015, subject to the requirement that such **Pollution Incident** be first discovered, and reported to Ironshore, while the Policy is in effect. Such costs must be reasonable and necessary, and must be approved by Ironshore prior to when they are incurred.

The Policy's Emergency Response Expenses coverage part affords coverage for **Emergency Response Expenses** incurred by the insured as a consequence of an imminent and substantial threat to human health or the environment, but only to the extent that such costs are incurred within seven days of the commencement of the **Pollution Incident** necessitating such expenses, and only then to the extent reported to Ironshore within fourteen days of the commencement of such incident.

As an initial matter, the Policy's coverage is subject to a \$250,000 deductible per incident for Mold Matter. Ironshore is presently unable to determine whether the potentials causes of the impacts described above would constitute separate **Pollution Incidents** such that the insured would be responsible for satisfying more than a single deductible.

With the foregoing in mind, Tahoe would be responsible for satisfying at least a \$250,000 deductible, and as such, Ironshore, at a minimum, would have no payment obligations under the Policy unless and until this amount has been paid by the insured toward losses eligible for coverage under the Policy. Ironshore will continue to investigate the number of incidents involved, and the circumstances causing these incidents, and in the interim, Ironshore reserves its right to revisit its initial determination regarding the extent of Tahoe's deductible obligation.

Considering first the Policy's Emergency Response Expenses coverage part, Ironshore cannot presently determine whether the incident described above involved a **Pollution Incident** that presented an imminent and substantial threat to human health and the environment such that any costs incurred by the insured are eligible for coverage under this section of the Policy.

Ironshore will be further investigating this question, as well as the number of **Pollution Incidents** involved, and in the interim reserves its rights with respect to this issue.

But even if the circumstances involved did present an imminent and substantial threat to human health and the environment, Tahoe would only be entitled to coverage for **Emergency Response Expenses** incurred within the first seven days of the Pollution Incident commencing; and reported to the Company within fourteen days of such commencement. Ironshore is presently unable to determine when the Pollution Incident commenced but the insured was on notice of the Mold Matter in January 2025 and reported it to Ironshore on January 22, 2025. Ironshore reserves the right to deny or limit costs for **Emergency Response Expenses** accordingly.

The Policy's Remediation Expenses coverage affords coverage for costs **Remediation Expenses** associated with remediating **Pollutants**, at a **Covered Property**, as appears to be the case here. We note that the definition of **Remediation Expenses** is limited to reasonable and necessary costs, incurred with Ironshore's consent, in response to a covered **Pollution Incident**, and only then to the extent required by **Environmental Law**. Ironshore reserves its right to deny coverage for any costs not coming within the definition of **Remediation Expenses**, including any costs associated with repairing the HVAC system, or any costs not necessitated by **Environmental Law** or otherwise recommended in writing by an **Environmental Professional**. Ironshore also reserves its rights with respect to the question of the number of **Pollution Incidents** involved, if any. In addition, the definition of **Remediation Expenses** does not include **Property Damage**, and Ironshore reserves its rights accordingly. Ironshore also reserves its right to deny coverage for any costs that were incurred without its consent.

As Tahoe has not yet provided invoicing or other information regarding the costs it has incurred to date in excess of \$250,000, Ironshore is presently unable to determine whether the costs claimed by Tahoe meet the definition of **Emergency Response Expenses** and/or **Remediation Expenses**, including whether such costs were reasonable and necessary. Ironshore, therefore, is unable to render a coverage determination with respect to such costs at this time. Under the circumstances, we urge Tahoe to provide all relevant invoicing and other cost information so that Ironshore can render a coverage determination with respect to all such amounts. In the interim, Ironshore reserves its rights accordingly.

We also note that the Policy does not permit the insured to incur **Remediation Expenses** without Ironshore's prior written consent. We caution Tahoe to be mindful of this requirement before undertaking any remedial efforts so as not to jeopardize any right to coverage that might otherwise be available under the Policy.

In addition to the foregoing, we note the following exclusion of relevance, applicable to any **Loss** arising out of or in any way relating to:

H. INSURED'S INTERNAL EXPENSES

Any costs, charges or expenses incurred by the **Insured** for goods supplied or services performed by the staff or salaried employees of the **Insured**, or its parent, subsidiary or affiliate, unless such costs, charges or expenses are incurred with the prior written approval of the Company, which it may grant or withhold in its sole discretion.

Accordingly, any costs, charges or expenses incurred by Tahoe for services performed by staff or salaried employees would not be eligible for coverage, and Ironshore reserves its right to deny coverage for any such amounts.

* * *

To summarize, Ironshore acknowledges a potential coverage obligation for **Emergency Response Expenses** and/or **Remediation Expenses**, subject to the reservation of rights discussed above, and subject to further investigation of the costs incurred by Tahoe. So that Ironshore can complete its coverage evaluation, we again urge you to provide all cost information immediately so that Ironshore can determine whether and to what extent such amounts are eligible for reimbursement. We also ask that you provide copies of all incident reports and correspondence with any other insurers concerning this matter.

There may be additional provisions in the Policy that apply. This letter addresses only those provisions that appear pertinent at this time in light of the facts currently known and available to us, without accepting or implying that the allegations have any factual or legal merit. Ironshore reserves all rights with regard to the above referenced provisions, as well as all other rights, remedies, and defenses under the Policy, at law, and in equity, as presently exist or may later be ascertained. These reservations include, but are not limited to, the right to amend this letter to address any other coverage issues as they now exist or may arise, based upon the present facts as well as any additional facts that may come to Ironshore's attention. Nothing contained in this letter, and no action on our part in investigating this matter, shall be construed as an admission of coverage or as a waiver of any right, remedy or defense that may be available to Ironshore.

Please understand that neither this correspondence nor any other action by Ironshore or its representatives in investigating, adjusting or participating in the evaluation of this claim shall be construed as an estoppel or waiver of Ironshore's rights under the Policy, at law or in equity; nor should any such conduct be construed as an admission of liability or coverage on the part of Ironshore. Ironshore expressly reserves all of its rights, including its right to revisit its present coverage determination should further development of facts warrant.

The foregoing is without prejudice to Ironshore's rights pursuant to the terms, conditions, provisions and exclusions of the Policy. Ironshore reserves all rights in law and in equity, should facts warrant. Ironshore further reserves the right to assert any other coverage or policy defense that may be applicable presently or may later be determined to be applicable.

Under the California Code of Regulations, Title 10, Chapter 5, Subchapter 8: Unfair Claims Settlement Practices Regulations, Ironshore Specialty is notifying you that you may have this matter reviewed by the California Department of Insurance. The contact information is as follows:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013
(800) 927-4357 or (213) 897-8921

Should you have any questions, please feel free to call me at 646-432-9875.

Sincerely,

Kristen S. Edwards
AVP Claims Director

CC: Akbar.Sharif@alliant.com