



TAHOE FOREST HOSPITAL DISTRICT

2020-08-10 Regular Meeting of the Truckee Surgery Center Board of Managers

Monday, August 10, 2020 at 12:00 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, a Regular Meeting of the Truckee Surgery Center Board of Managers for August 10, 2020 will be conducted telephonically through Zoom.

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

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

If you would like to speak on an agenda item, you can access the meeting remotely: Please use this web link: <https://tfhd.zoom.us/j/96888995959>

If you prefer to use your phone, you may call in using the numbers below: (346) 248 7799 or (301) 715 8592

2020-08-10 Regular Meeting of the Truckee Surgery Center Board of Managers

Q3 2020 TSC Regular Meeting

AGENDA

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ITEMS 1-5: See Agenda

6. APPROVAL OF MINUTES

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7. ITEMS FOR BOARD ACTION

7.1. Policy Review

7.1.1. TSC Medical Staff Bylaws- ANNUAL REVIEW.pdf Page 9

7.1.1.b. Medical Staff Bylaws TSC LLC - DRAFT 8.5.2020.pdf Page 10

7.1.2. Medical Staff Rules and Regulations- DRAFT 8.5.pdf Page 67

7.1.3. TSC Policies & Procedures - ANNUAL REVIEW.pdf Page 78

7.1.4. Truckee Surgery Center Formulary 2020.pdf Page 85

8. ITEMS FOR BOARD DISCUSSION

8.1. Financial Reports

8.1.1. TSC Quarterly 2Q2020 MedBridge report.pdf Page 91

8.2. Semi-Annual Contracted Services Evaluation.pdf Page 94

8.3. Facility/Equipment Update

No related materials.

8.4. Staffing Update

No related materials.

ITEMS 9-10: See Agenda



TRUCKEE SURGERY CENTER REGULAR MEETING OF THE BOARD OF MANAGERS

AGENDA

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(346) 248 7799 or (301) 715 8592

Meeting ID: 968 8899 5959

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

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

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

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

5. **CLOSED SESSION**

5.1. **Approval of Closed Session Minutes** ◆

04/29/2020

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

Subject Matter: Second Quarter 2020 Infection Control Data Summary

Number of items: One (1)

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

Subject Matter: Second Quarter 2020 Quality Assessment Performance Improvement Data

Regular Meeting of the Truckee Surgery Center Board of Managers
August 10, 2020 AGENDA – Continued

Number of items: Four (4)

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Second Quarter 2020 Pharmacy Audit Report

Number of items: One (1)

5.5. Hearing (Health & Safety Code § 32155)

Subject Matter: Radiation Detection Report

Number of items: One (1)

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

Subject Matter: Medical Staff Credentialing Report

Number of items: One (1)

6. APPROVAL OF MINUTES OF: 04/29/2020 ♦ ATTACHMENT

7. ITEMS FOR BOARD ACTION ♦

7.1. Policy Review ♦

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

7.1.1. Medical Staff Bylaws..... ATTACHMENT

7.1.2. Medical Staff Rules and Regulations ATTACHMENT

7.1.3. Annual Policies & Procedures..... ATTACHMENT

7.1.4. Annual Formulary Review ATTACHMENT

8. ITEMS FOR BOARD DISCUSSION

8.1. Financial Reports

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

8.1.1. Q2 2020 Medbridge Report..... ATTACHMENT

8.2. Contracted Services Review ATTACHMENT

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

8.3. Facility/Equipment Update

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

8.4. Staffing Update

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

9. ITEMS FOR NEXT MEETING

10. ADJOURN

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

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic 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 or a reasonable modification of the teleconference procedures are necessary (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, April 29, 2020 at 12:30 p.m.

Pursuant to Section 3 of Executive Order N-29-20, issued by Governor Newsom on March 17, 2020, a Regular Meeting of the Truckee Surgery Center Board of Managers for April 29, 2020 will be conducted telephonically through Zoom. Please be advised that pursuant to the Executive Order, and to ensure the health and safety of the public by limiting human contact that could spread the COVID-19 virus, the Eskridge Conference Room will not be open for the meeting. Board Members will be participating telephonically and will not be physically present in the Eskridge Conference Room.

1. CALL TO ORDER

Meeting was called to order at 12:30 p.m.

2. ROLL CALL

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

Other: Karen Baffone, Karla Weeks, Courtney Leslie, Martina Rochefort

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.

Open Session recessed at 12:32 p.m.

5. CLOSED SESSION

5.1. Approval of Closed Session Minutes

04/01/2020

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2020 Infection Control Data Summary

Number of items: One (1)

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155)

Subject Matter: First Quarter 2020 Quality Assessment Performance Improvement Data

Number of items: Four (4)

Discussion was held on a privileged item.

5.4. Hearing (Health & Safety Code § 32155)

Subject Matter: Quality Assessment/Performance Improvement Project Report

Number of items: One (1)

Discussion was held on a privileged item.

Open Session reconvened at 12:39 p.m.

6. APPROVAL OF MINUTES OF: 04/01/2020

ACTION: Motion made by Dr. Jeff Dodd, seconded by Crystal Betts, to approve the Truckee Surgery Center Minutes of April 1, 2020 as presented. Roll call vote taken.

Dodd – AYE

Betts – AYE

Newland – AYE

Weis – AYE

7. ITEMS FOR BOARD ACTION

7.1. Appointments

Truckee Surgery Center (TSC) Board of Managers will appoint the following position: QAPI/IC RN.

Business Manager noted HFAP requires a Registered Nurse to be appointed to this position.

Brianna Watts has been in this position since reopening. She works closely with the District's Director of Quality and Infection Control Preventionist for support.

Medical Executive Committee (MEC) would like to recommend appointment of Brianna Watts.

ACTION: Motion made by Dr. Jeff Dodd, seconded by Judy Newland, to appoint Brianna Watts as the Quality Assurance Performance Improvement/Infection Control Registered Nurse (RN) as presented. Roll call vote taken.

Dodd – AYE

Betts – AYE

Newland – AYE

Weis – AYE

7.2. Quality Committee

TSC Board of Managers discussed the creation of a Quality Committee, appointment of members, and meeting frequency.

A Medical Staff Quality Committee is a requirement of accreditation.

Business Manager stated the MEC historically served as the Quality Committee due to the small size of TSC. MEC currently meets quarterly. Business Manager proposed combining MEC and Quality Committee meetings.

QAPI/IC Registered Nurse (RN) would report at each quality committee meeting.

ACTION: Motion made by Dr. Jeff Dodd, seconded by Judy Newland, to approve the formation of a Medical Staff Quality Committee made up of Medical Executive Committee members that will meet quarterly. Roll call vote taken.

Dodd – AYE

Betts – AYE

Newland – AYE

Weis – AYE

7.3. Policy Review

Truckee Surgery Center Board of Managers reviewed and considered approval of the following:

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

7.3.2. Medical Staff Bylaws

7.3.3. Medical Staff Rules and Regulations

7.3.4. Delineated Clinical Privilege Request Form - Podiatry

7.3.5. Delineated Clinical Privilege Request Form - Dentistry

ACTION: Motion made by Dr. Jeff Dodd, seconded by Judy Newland, to approve Quality Assessment Performance Improvement (QAPI) Plan, QA-2002, Medical Staff Bylaws, Medical Staff Rules and Regulations, Delineated Clinical Privilege Request Form – Podiatry and Delineated Clinical Privilege Request Form – Dentistry as presented. Roll call vote taken.

Dodd – AYE

Betts – AYE

Newland – AYE

Weis – AYE

8. ITEMS FOR BOARD DISCUSSION

8.1. Financial Reports

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

8.1.1. Q1 2020 Medbridge Report

Crystal Betts inquired on Accounts Receivable (AR) over 180 days which totals \$90,378. Business Manager is aware approximately \$8,000 is from the fourth quarter of 2019. She will reach out to Medbridge for further details.

Ms. Betts would like a report showing the dates of the accounts, status and collection efforts by Medbridge. If accounts are dead, Ms. Betts would like to know why there is denial of payment.

Harry Weis asked Business Manager to share with Medbridge that the Board of Managers is concerned with the aged AR and want tight control on older AR.

8.2. Facility/Equipment Update

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

Chiller replacement is taking place now.

The arrival of the sterilizers is pending. Business Manager will find out tomorrow morning about sterilizer installation. TSC would like to schedule installation for a day there are no scheduled surgeries.

Phone system will be replaced in the next week or so.

Karla Weeks updated this week and next week the hospital and TSC are sharing one surgical line. TSC is closed for chiller repair today through Friday. TSC will reopen on Tuesday. TSC will operate business as usual after that.

9. ITEMS FOR NEXT MEETING

No discussion was held.

10. ADJOURN

Meeting adjourned at 12:56 p.m.

DRAFT

to attend a minimum of fifty percent (50%) of scheduled meetings, or if any other good cause exists, that member may be removed by the MEC.

9.2.3 VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these bylaws is removed for cause, a successor may be selected by the MEC.

9.3 MEC

9.3.1 COMPOSITION

The MEC shall consist of the ~~officers of the Medical Staff, the~~ Medical Director and ~~two~~three (32) Active Staff Members ~~elected by the Active Medical Staff Members selected and appointed.~~

9.3.2 DUTIES

The duties of the MEC shall include, but not be limited to:

- (a) Coordinating and implementing the professional and organization activities and policies of the Medical Staff;
- (b) Receiving and acting on reports and recommendations from Medical Staff committees;
- (c) Recommending action to the Governing Board on matters of a medical-administrative nature;
- (d) Establishing the structure of the Medical Staff, the mechanism to review credentials and delineate individual clinical privileges, the organization of quality assurance activities, the procedures for termination of Medical Staff membership and fair hearing procedures, as well as other matters relevant to the operation of the Surgery Center.
- (e) Maintaining members' credentials files;
- (f) Reviewing the qualifications, credentials, performance and professional competence, and character of applicants and Medical Staff members and making recommendations to the Governing Board regarding staff appointments, reappointments, and corrective action:
- (g) Initiating corrective action when warranted:

**TRUCKEE SURGERY CENTER, LLC
MEDICAL STAFF BYLAWS**

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TRUCKEE SURGERY CENTER, LLC**

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TRUCKEE SURGERY CENTER, LLC MEDICAL STAFF BYLAWS
PREAMBLE

These bylaws create a structure to provide an efficient, democratic framework to Medical Staff of Truckee Surgery Center, LLC (TSC, LLC). The Medical Staff endeavors to improve performance while promoting professional relationships among the members, TSC, LLC staff, patients and the community.

DEFINITIONS

1. **ALLIED HEALTH PROFESSIONAL** or **AHP** means a health care provider who is licensed or possesses the appropriate legal credentials, and is other than a licensed physician, dentist or podiatrist. AHPs may be granted practice prerogatives within the scope of their license/legal credential on the approval of the MEC and the Governing Board. The AHP shall exercise his/her practice prerogatives under the supervision of a physician, osteopath, podiatrist, or dentist member of the Medical Staff, when required by law, and in conformity with the law and these bylaws. AHPs are not members of the Medical Staff.
2. **AUTHORIZED REPRESENTATIVE** or **SURGERY CENTER'S AUTHORIZED REPRESENTATIVE** means the individual designated by the Governing Board and approved by the MEC to provide information to and request information from the National Practitioner Data Bank.
3. **CENTER REPRESENTATIVE** means a person appointed by the MEC to deliver and receive notices and any other information, or act on behalf of the Governing Board in connection with any hearing conducted pursuant to Article VII hereof.
4. **CLINICAL PRIVILEGES** or **PRACTICE PREROGATIVES** means the authorization granted by the Governing Board to a practitioner or an AHP to provide specific patient care services at the Surgery Center within defined limits, based on an individual's or AHP's license or other legal credential, education, training, experience, competence, health status and judgment.
5. **CVO** means an external Credentialing Verification Organization (CVO)
6. **GOVERNING BOARD** means the Board of Managers of TSC, LLC, as defined in the Operating Agreement of TSC, LLC.
7. **INVESTIGATION** means a formal appointment of a committee or a process formally initiated by a MEC when acting as a peer review body. The MEC may also appoint committees for purposes other than a formal "investigation," such as to "evaluate" a situation or a practitioner. Such evaluation shall not constitute an "investigation," for purposes of reporting obligations under [either] California Business and Professions Code Section 805 or the Health Care Quality Improvement Act and the National Practitioner Data Bank (NPDB).

8. MEDICAL DISCIPLINARY CAUSE OR REASON OR MDCR means that aspect of an applicant's or member's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care.
9. MEDICAL EXECUTIVE COMMITTEE or MEC means the Executive Committee of TSC, LLC responsible for governing the Medical Staff as described in these bylaws.
10. MEDICAL STAFF or STAFF means those M.D.s, D.O.s, Dentists, or Podiatrists who have been granted recognition as members of the Medical Staff pursuant to the terms of these bylaws.
11. MEDICAL STAFF YEAR means the period from January 1 to December 31.
12. PRACTITIONER means an individual who holds a current license as an M.D., D.O. or D.P.M. by the State of California.
13. SURGERY CENTER means surgery center owned and operated by TSC, LLC.

ARTICLE I. NAME, PURPOSES AND RESPONSIBILITIES

1.1 NAME

The name of this organization is the Medical Staff of TSC, LLC.

1.2 PURPOSES OF THE MEDICAL STAFF

The purposes of the Medical Staff are to:

- 1.2.1 be the formal organizational structure through which (1) the benefits of membership on the Medical Staff may be obtained by individual practitioners and (2) the obligations of Medical Staff membership may be fulfilled.
- 1.2.2 serve as the primary means for accountability to the Governing Board for the appropriateness of the professional performance and ethical conduct of its members and AHPs.
- 1.2.3 strive toward the continual upgrading of the quality and safety of patient care delivered at the Surgery Center.
- 1.2.4 provide a means through which the Medical Staff may participate in TSC, LLC's policy-making.

1.3 RESPONSIBILITIES OF THE MEDICAL STAFF

The responsibilities of the Medical Staff are to:

- 1.3.1. account to the Governing Board for the quality of patient care provided by all Medical Staff members and by all AHPs authorized pursuant to the

bylaws to practice at TSC, LLC through regular reports and recommendations concerning the implementation, operation and results of the quality review and evaluation activities, which shall be developed through the following means:

- (a) Review and evaluation of the quality of patient care through a valid and reliable patient care assessment procedure.
- (b) An organizational structure and mechanisms that allow concurrent monitoring of safe patient care and clinical practices.
- (c) A credentials program, including mechanisms for appointment and reappointment and the granting of clinical privileges to be exercised or practice prerogatives to be performed with the verified credentials and current demonstrated performance of the applicant, Medical Staff member or AHP. Quality management information shall be included in the appraisals.
- (d) Cooperation with nursing staff in development of policies relating to patient care.

- 1.3.2. recommend to the Governing Board action with respect to appointments, reappointments, Medical Staff category, clinical privileges, practice prerogatives and corrective action.
- 1.3.3 recommend to the Governing Board programs for the establishment, maintenance, continuing improvement and enforcement of a high level of professional standards in the delivery of health care at the Surgery Center.
- 1.3.4 account to the Governing Board for the quality of patient care through regular reports and recommendations concerning the implementation, operation and results of the quality review and evaluation activities.
- 1.3.5. initiate and pursue corrective action with respect to practitioners and AHPs, when warranted.
- 1.3.6. develop, administer, and recommend amendments to and seek compliance with these bylaws, the Medical Staff rules and regulations, and TSC, LLC policies.

ARTICLE II. MEMBERSHIP

2.1 NATURE OF MEMBERSHIP

Membership on the Medical Staff of TSC, LLC is a privilege which shall be extended only to individuals holding degrees in medicine, osteopathy, dentistry or podiatry who continuously meet the qualifications, standards and requirements set forth in these bylaws.

2.2 QUALIFICATIONS FOR MEMBERSHIP

2.2.1 GENERAL QUALIFICATIONS

Only physicians, doctors of osteopathy, dentists, and podiatrists who:

- (a) Document their (1) current licensure, (2) adequate experience, education, and training, (3) current professional competence, (4) good judgment, and (5) adequate physical and mental health status, so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;
- (b) Are determined to (1) strictly adhere to the Code of Ethics of both the surgery center and the American Medical Association, American Dental Association, American Podiatry Association, or American Osteopathic Association, whichever is applicable, as well as this Medical Staff's Bylaws and Rules and Regulations and applicable policies of the Medical Staff and the Center, (2) be able to work cooperatively with others so as not to adversely affect patient care, (3) keep as confidential, as required by law, all information or records received in the physician-patient relationship, and (4) be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;
- (c) Maintain in force professional liability insurance in not less than One Million Dollars (\$1,000,000) per occurrence and Three Million (\$3,000,000) in the aggregate. The MEC, for good cause shown, may waive this requirement with regard to such member as long as such waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis;
- (d) Practice within the community within a reasonable distance of the Surgery Center; and
- (e) Maintain membership or affiliation in good standing at one of the local accredited acute care hospitals of which a transfer agreement is in place.

shall be deemed to possess basic qualifications for membership on the Medical Staff. If a practitioner does not meet these basic qualifications, he/she will not be provided an application to the TSC, LLC Medical Staff.

2.2.2 PARTICULAR QUALIFICATIONS

- (a) Physicians. An applicant for physician membership on the Medical Staff must hold an M.D. or D.O. degree, and must also

hold a valid and unsuspended license to practice medicine issued by the Medical Board of California or the Osteopathic Medical Board of California.

(b) Limited License Practitioners:

- (1) Dentists. An applicant for dental membership on the Medical Staff must hold a D.D.S. or equivalent degree, and must also hold a valid and unsuspended certificate to practice dentistry issued by the Dental Board of California.
- (2) Podiatrists. An applicant for podiatric membership on the Medical Staff must hold a D.P.M. degree, and must hold a valid and unsuspended certificate to practice podiatry issued by the Medical Board of California Board of Podiatric Medicine.

2.3 NONDISCRIMINATION

No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, religion, ancestry, national origin, disability, medical condition, marital status or sexual orientation, or other considerations not impacting the applicant's ability to discharge the privileges for which s/he has applied or holds, if after reasonable accommodation, the applicant complies with the bylaws and Rules and Regulations.

2.4 BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP

The ongoing responsibilities of each Medical Staff member include:

- 2.4.1 Providing patients with the quality of care meeting the professional standards of the Medical staff of TSC, LLC;
- 2.4.2 Abiding by the Medical Staff's bylaws and rules and regulations;
- 2.4.3 Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Surgery Center;
- 2.4.4 Abiding by the lawful ethical principles of the California Medical Association or member's professional association;
- 2.4.5 Working cooperatively with other members and staff so as not to adversely affect patient care; and
- 2.4.6 Refusing to engage in improper inducements for patient referral.
- 2.4.7 Not deceive a patient as to the identity of any practitioner providing care or service.

- 2.4.8 Not delegate the responsibility for diagnosis or care of patients to another practitioner who is not qualified to take on this responsibility.
- 2.4.9 Cooperate in all peer review and quality assurance review of their practice and notify the Medical Director of any corrective action initiated by other healthcare organizations, agencies or professional associations; loss of malpractice coverage and any other change in the information that an applicant for appointment or reappointment must submit.
- 2.4.10 Refrain from unlawful harassment or discrimination against any person based on the person's age, religion, color, national origin, ancestry, physical disability, mental disability, medical disability, marital status, sex or sexual orientation.

ARTICLE III. CATEGORIES OF MEDICAL STAFF MEMBERSHIP AND ALLIED HEALTH PROFESSIONAL STATUS

3.1 CATEGORIES

The categories of the Medical Staff shall include the following: active, courtesy, provisional and temporary. At each time of reappointment, the member's staff category shall be determined.

3.2 ACTIVE MEDICAL STAFF

3.2.1 QUALIFICATIONS

The Active Medical Staff shall consist of members who:

- (a) Meet the general qualifications for membership set forth in Section 2.2; and
- (b) Regularly provided care to at least ten (10) patients a year in the Surgery Center.

3.2.2 PREROGATIVES

Except as otherwise provided, the prerogative of an Active Medical Staff member shall be to:

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V;
- (b) Attend and vote on matters presented at general and special meetings of the Medical Staff and of the committees of which he or she is a member; and

- (c) Hold staff office and serve as a voting member of committees to which he or she is duly appointed or elected by the Medical Staff or duly authorized representative thereof.

3.3 THE COURTESY MEDICAL STAFF

3.3.1 QUALIFICATIONS

The courtesy Medical Staff shall consist of members who:

- (a) Meet the general qualifications for membership set forth in Section 2.2;
- (b) Regularly care for (or reasonably anticipate regularly caring for) less than ten (10) patients per year in the Surgery Center;
- (c) Have satisfactorily completed appointment in the provisional category.

3.3.2 PREROGATIVES

Except as otherwise provided, the courtesy Medical Staff member shall be entitled to;

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V; and
- (b) Attend in a non-voting capacity meetings of the Medical Staff, including open committee meetings and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Courtesy staff members shall not be eligible to hold office in the Medical Staff.

3.4 PROVISIONAL STAFF

3.4.1 QUALIFICATIONS

The provisional Medical Staff shall consist of members who meeting the general Medical Staff membership qualifications set forth in Section 2.2.

3.4.2 PREROGATIVES

The provisional Medical Staff member shall be entitled to:

- (a) Admit patients and exercise such clinical privileges as are granted pursuant to Article V; and

- (b) Attend meetings of the Medical Staff, including committee meetings with the permission of the chairman, and educational programs, but shall have no right to vote at such meetings, except within committees when the right to vote is specified at the time of appointment. Provisional Medical Staff members shall not be eligible to hold office in the Medical Staff.

3.4.3 OBSERVATION OF PROVISIONAL STAFF MEMBER

Each provisional staff member shall undergo a period of observation by designated monitors as described in Section 5.3. The observation shall be to evaluate the member's (1) proficiency in the exercise of clinical privileges initially granted and (2) overall eligibility for continued staff membership and advancement within staff categories. The MEC shall establish in rules and regulations the frequency and format of observation the MEC deems appropriate in order to adequately evaluate the provisional staff member including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. Appropriate records shall be maintained.

3.4.4 TERM OF PROVISIONAL STAFF STATUS

A member shall remain in the provisional staff until ten (10) cases have been reviewed by a physician appointed by the MEC. Five (5) of the ten (10) cases may be completed at a local Medicare-certified hospital as long as written documentation of such is provided by the member.

3.4.5 ACTION AT CONCLUSION OF PROVISIONAL STAFF STATUS

- (a) If the provisional staff member has satisfactorily demonstrated his or her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Medical Staff membership, the member shall be eligible for placement in the Active or Courtesy Medical Staff as appropriate, on recommendation of the Medical Director to MEC and Governing Board; and
- (b) In all other cases, the Medical Director and MEC make its recommendation to the Governing Board regarding a modification or termination of clinical privileges, or termination of Medical Staff membership.

3.5 TEMPORARY STAFF

3.5.1 QUALIFICATIONS

The Temporary Staff shall consist of physicians, dentists, and podiatrists who do not actively practice at the Surgery Center but are important resource individuals for non-clinical Medical Staff quality management activities (i.e. proctoring, peer

review activities, consultation on quality management). Such persons shall be qualified to perform the non-clinical functions for which they are made temporary members of the staff.

3.5.2 PREROGATIVES

Temporary Medical Staff members shall be entitled to attend all meetings of committees to which they have been appointed for the limited purpose of carrying out quality management functions. They shall have no privileges to perform clinical services in the Surgery Center. They may not admit patients to the ambulatory care center, or hold office in the Medical Staff organization. Finally, they may attend Medical Staff meetings outside of their committees, on invitation.

3.6 ONE-TIME SURGICAL ASSIST PRIVILEGES

Only physician Medical Staff members shall be eligible for one-time surgical assist privileges. The physician must be a member in good standing at a local Medicare-certified hospital. The physician must notify the TSC, LLC authorized representative one week prior to the scheduled procedure. The following documentation must be received: 1) copy of a valid California medical license and DEA certificate, 2) copy of malpractice insurance certificate and, 3) a report of all actions by any licensing or regulatory agency, medical group, or hospital against the physician. Prior to granting the privileges, the Medical Board, the National Practitioner Data Bank, the OIG/GSA exclusion list, and the hospital where the physician holds clinical privileges shall be queried, the answers shall have been received and have been deemed acceptable by the Medical Director. The authorized representative will verify all information and the Medical Director will review and approve/disapprove the privileges. There is no application fee. The privilege will be granted for one day only and may be requested three (3) times in a twelve (12) month period.

3.7 ALLIED HEALTH PROFESSIONALS

3.7.1 DEFINITION

Allied Health Professional or AHP means a health care provider who is licensed or possesses the appropriate legal credentials, and is other than a licensed physician, dentist or podiatrist. AHPs may be granted practice prerogatives within the scope of their license/legal credential on the approval of the MEC and the Governing Board. The AHP shall exercise his/her practice prerogatives under the supervision of a physician, osteopath, podiatrist, or dentist member of the Medical Staff, when required by law, and in conformity with the law and these bylaws. AHPs are not members of the Medical Staff.

3.7.2 QUALIFICATIONS

An AHP may be granted practice prerogatives as described in Section 3.7.1 hereof, provided he or she holds a current license or other legal credential as required by State law, and who:

- (a) documents his or her experience, background, training, demonstrated ability, physical health status and mental health status, with sufficient adequacy to demonstrate that any patient treated by them shall receive care of the generally recognized professional level of quality and that they are qualified to provide a needed service at the Surgery Center; and
- (b) are determined, on the basis of documented references, to adhere strictly to the ethics of their respective professions as applicable and to work cooperatively with others; and
- (c) participates in continuing medical education applicable to their specialty; and
- (d) demonstrates acceptable malpractice coverage.

3.7.3 APPLICATIONS

Applications for AHP status and practice prerogatives will be processed in a parallel manner to those for Medical Staff members, as appropriate.

3.7.4 PREROGATIVES

AHPs shall be eligible to provide services at TSC, LLC under this category. The MEC may establish particular qualifications for AHPs.

3.7.5 DURATION

The qualifications of each AHP shall be reviewed on initial application and every two (2) years thereafter.

3.7.6 PROCEDURAL RIGHTS

Nothing herein shall create any vested rights to any such AHP to receive or maintain any practice prerogatives.

Anyone entitled to impose a summary suspension pursuant to Section 6.3 has the authority to summarily suspend an AHP. Termination of AHPs shall not entitle them to any of the hearing and appeal provisions of Article VII, unless otherwise required by law. For AHPs, a hearing with unbiased members of the MEC and an appeal to the Governing Board shall be provided if practice prerogatives have been denied, revoked, or restricted for a Medical Disciplinary Cause or Reason.

In the event that an AHP has acquired AHP status by virtue of his/her employment or other relationship with a member of the Medical Staff, termination shall be automatic and simultaneous on the termination of the relationship between the Medical Staff member and TSC, LLC or the Medical Staff member and the AHP without the right to a hearing or appeal.

3.7.7 CATEGORIES

The Governing Board shall determine, based on comments of the MEC and such other information as it has before it, those categories of AHPs that shall be eligible to exercise clinical privileges or practice prerogatives in the Surgery Center. AHPs exercising practice prerogatives in a Governing Board-approved category shall be subject to supervision requirements as required by law and as recommended by the Allied Health Professionals Committee and the MEC, and approved by the Governing Board.

ARTICLE IV. APPOINTMENT AND REAPPOINTMENT

4.1 GENERAL

Except as otherwise specified herein, no person shall exercise clinical privileges in the Surgery Center unless that person applies for and receives appointment to the Medical Staff or is granted temporary privileges as set forth in these bylaws.

4.2 APPOINTMENT AUTHORITY

Appointments, denials and revocations of appointments to the Medical Staff shall be made as set forth in these bylaws, but only after there has been a recommendation from the Medical Director to the MEC and Governing Board.

4.3 DURATION OF APPOINTMENT AND REAPPOINTMENT

Except as otherwise provided in these bylaws, initial appointments to the Medical Staff shall be for a period of two (2) years. Reappointments shall be for a period of two (2) years.

4.4 APPLICATION FOR INITIAL APPOINTMENT AND REAPPOINTMENT

4.1.1 APPLICATION FORM

An application form shall be approved by the MEC. The form shall require detailed information which shall include, but not be limited to, information concerning:

- (a) The applicant's qualifications, including, but not limited to, education, professional training and experience, current licensure, current DEA registration, and continuing medical education

information related to the services to be performed by the applicant;

- (b) Peer references familiar with the applicant's professional competence and ethical character;
- (c) Request for specified clinical privileges;
- (d) Past or pending professional disciplinary action, licensure limitation, or related matter;
- (e) Physical and mental health status;
- (f) Final judgments or settlements made against the applicant in professional liability cases, and any filed cases pending; and
- (g) Professional liability coverage.
- (h) Criminal Background Screening

Each application for initial appointment to the Medical Staff shall be in writing, submitted on the prescribed form with all provisions completed or accompanied by an explanation of why answers are unavailable, and signed by the applicant. When an applicant requests an application form, that person shall be given a copy of these bylaws, the Medical Staff rules and regulations, and summaries of other applicable policies relating to clinical practice at the Surgery Center, if any.

4.4.2 EFFECT OF APPLICATION

By applying appointment to the Medical Staff each applicant:

- (a) Signifies willingness to appear for interviews regarding the application;
- (b) Authorizes consultation with others who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
- (c) Consents to inspection of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out clinical privileges requested, and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;

- (d) Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant;
- (e) Releases from liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
- (f) Consents to the disclosure to other organizations, hospitals, medical associations, licensing boards, and to other similar organizations as required by law, any information regarding the applicant's professional or ethical standing that TSC, LLC or the Medical Staff may have, and releases the Medical Staff and Governing Board from liability for so doing to the fullest extent permitted by law; and
- (g) Pledges to provide for continuous quality care for patients.

4.4.3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the CVO credentialing designee. An application is considered "complete" when all required application information and supporting documents have been received. The Medical Executive Committee or designee shall be notified of the application. The CVO shall seek to collect and primary source verify the references, licensure status, DEA, State DPS, State CDS if applicable, Medical malpractice insurance coverage consistent with guidelines of the Governing Body, Criminal background check, board certification, and other evidence submitted in support of the application, as indicated in the credentialing policies and procedures. TSC, LLC's authorized representative shall query the American Medical Association (AMA) or the American Osteopathic Association Physician Profiles and the Education Commission for Foreign Medical Graduates (ECFMG) if applicable, regarding the applicant or member and place in the applicant's or member's credentials file. The National Practitioner Data Bank, the OIG/GSA exclusion list, and the relevant professional licensing board shall be queried on all applicants. The applicant shall be notified of any problems in obtaining the information required, and it shall be the applicant's obligation to obtain the required information. When collection and verification is accomplished, all such information will be given to the Medical Director for review then to the MEC for recommendation to the Governing Board. The TSC, LLC may use paper or electronic processes for applications, credentialing, and privileging.

4.4.4 MEC ACTION

At its next regular meeting after receipt of the application, or as soon thereafter as is practical, the MEC shall consider the application. The MEC may request additional information, and/or elect to interview the applicant. The MEC shall

render and forward to the Governing Board a written report and decision as to Medical Staff appointment. The MEC may also defer action on the application. The reasons for the decision shall be stated.

Recommendations concerning membership and clinical privileges shall be based on whether the applicant meets the qualifications and can carry out all of the responsibilities specified in the bylaws and TSC, LLC's ability to provide adequate support services and facilities for practitioners.

4.4.5 EFFECT OF MEC ACTION

When a final proposed action gives rise to the obligation to file an 805 report in accordance with the California Business and Professions Code § 805(b), the Governing Board shall be promptly informed in writing and the applicant shall be promptly informed by written notice in accordance with California Business and Professions Code § 809.1 and shall then be entitled to the procedural rights as provided in Article VII. AHPs do not have hearing rights as provided in these bylaws.

4.4.6 ACTION ON THE APPLICATION

The Governing Board may accept the recommendation of the MEC or may refer the matter back to the MEC for further consideration, setting the purpose for such referral and setting a reasonable time limit for making a subsequent recommendation. The following procedures shall apply with respect to action on the application:

- (a) If the MEC issues a favorable recommendation, the Governing Board shall affirm the recommendation of the MEC, refer the matter back to the MEC, or decide not to concur.
 - (1) If the Governing Board concurs in that recommendation, the decision of the Governing Board shall be deemed final action.
 - (2) If the final proposed action gives rise to the obligation to file an 805 report in accordance with the California Business and Professions Code § 805(b), the applicant shall be promptly informed by written notice in accordance with California Business and Professions Code § 809.1 and shall then be entitled to the procedural rights as provided in Article VII. If the applicant waives his or her procedural rights, the decision of the Governing Board shall be deemed final action.
- (b) In the event the final proposed action of the MEC, or any significant part of it, gives rise to the obligation to file an 805 report in accordance with the California Business and Professions

Code § 805(b), the procedural rights set forth in Article VII shall apply.

- (1) If the applicant waives his or her procedural rights, the recommendations of the MEC shall be forwarded to the Governing Board for final action, which shall affirm the recommendation of the MEC if the decision is supported by substantial evidence.
- (2) If the applicant requests a hearing, the Governing Board shall take final action only after the applicant has exhausted his or her procedural rights as established by Article VII. After exhaustion of the procedures set forth in Article VII, subject only to the rights of appeal as set forth in these bylaws, the Governing Board shall make a final decision and shall affirm the decision of the Judicial Review Committee if it is supported by substantial evidence following a fair procedure. The Governing Board's decision shall be in writing and shall specify the reasons for the action taken.

4.4.7 NOTICE OF FINAL DECISION

- (a) Notice of the final decision shall be given to the applicant in writing.
- (b) A decision and notice to appoint or reappoint shall include, if applicable: (1) the clinical privileges granted; and (2) any special conditions attached to the appointment.

4.4.8 TIMELY PROCESSING OF APPLICATIONS

Applications for Medical Staff appointments shall be considered in a timely manner as stated in the credentialing policies and procedures. While special or unusual circumstances may constitute good cause and warrant exceptions, the following time periods provide a guideline for routine processing of applications:

- (a) Evaluation, review, and verification of application and all supporting documents sixty (60) days after receipt of all necessary documentation;
- (b) Review and recommendation by MEC thirty (30) days after receipt of all necessary documentation.

4.5 REAPPOINTMENT

Medical staff privileges must be periodically reappraised, not less than every two (2) years. The scope of procedures performed at TSC, LLC must be periodically reviewed and amended as appropriate.

4.5.1 REAPPLICATION

At least ~~five~~three (5) months prior to the expiration date of the current staff appointment, a reapplication form shall be mailed or delivered to the member. At least ~~thirty~~ninety (90) days prior to the expiration date, each Medical Staff member shall submit to the CVO designee the completed application form for renewal of appointment to the staff, and for renewal or modification of clinical privileges. The reapplication form shall include all information necessary to update and evaluate the qualifications of the applicant including, but not limited to, the matters set forth in Section 4.4.1, as well as other relevant matters. On receipt of the application, the information shall be processed as set forth commencing at Section 4.4.3.

4.5.2 FAILURE TO FILE REAPPOINTMENT APPLICATION

If the member fails without good cause to file a completed application within forty-five (45) days past the date it was due, the member shall be deemed to have resigned membership from the TSC, LLC Medical Staff, as of the date of expiration of his/her appointment, and the procedures set forth in Article VII shall not apply.

ARTICLE V. CLINICAL PRIVILEGES

5.1 EXERCISE OF PRIVILEGES

A member providing clinical services at this surgery center shall be entitled to exercise only those clinical privileges specifically granted. These privileges and services must be organization specific, within the scope of any license, certificate or other legal credential authorizing practice in this state and consistent with any restrictions thereon. Medical Staff privileges may be granted, continued, modified or terminated by the Governing Board of TSC, LLC after considering the recommendation of the MEC, and only for reasons directly related to quality of patient care and other provisions of the Medical Staff bylaws, and only following the procedures outlined in these bylaws.

5.2 DELINEATION OF PRIVILEGES IN GENERAL

5.2.1 REQUESTS

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant and are limited to those privileges currently held at an area acute care facility. A

request by a member for a modification of clinical privileges may be made at any time, but such requests must be supported by documentation of training and/or experience supportive of the request.

5.2.2 BASES FOR PRIVILEGES DETERMINATION

Requests for clinical privileges shall be evaluated on the basis of the member's education, training, experience, demonstrated professional competence and judgment, clinical performance, and the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate. Privilege determinations may also be based on pertinent information concerning clinical performance obtained from outside sources and appropriateness of procedure for an ambulatory surgery center setting.

5.3 PROCTORING

5.3.1 GENERAL PROVISIONS

Except as otherwise determined by the MEC, all new members and all members granted new clinical privileges shall be subject to a period of review. Performance on three (3) procedures has been established by the MEC, to determine suitability to continue to perform services within the Surgery Center. Monitoring reports available at accredited local hospitals may be accepted in lieu of fifty percent (50%) of the monitoring reports required to be completed at the Surgery Center. Monitoring reports must be as described in section 3.4.3 and completed by a physician appointed by the MEC. The Medical Director will review, evaluate and make recommendations to the MEC through the use of physician monitoring records and other quality data.

5.3.2 FAILURE TO OBTAIN CERTIFICATION

If a new member or member exercising new clinical privileges fails to obtain such certification within the time allowed by the MEC those specific clinical privileges shall automatically terminate, and the member shall be entitled to a hearing, on request, pursuant to Article VII, if such failure is due to a Medical Disciplinary Cause or Reason.

5.4 CONDITIONS FOR PRIVILEGES OF LIMITED LICENSE PRACTITIONERS

5.4.1 GENERAL EXCEPTIONS TO PREROGATIVES

Limited license members:

- (a) shall exercise clinical privileges only within the scope of their licensure and as set forth below.

5.4.2 ADMISSIONS

When dentists, oral surgeons, and podiatrists provide care to patients within the ambulatory care center, the patient's primary care provider or cardiologist has completed the medical portion of the H&P exam and has provided medical clearance for the patient to be admitted to the surgery center. Alternatively, a physician member of the Medical Staff may conduct or directly supervise the care provided by the limited license practitioner, except the portion related to dentistry or podiatry, and assume responsibility for the care of the patient's medical problems, which are outside of the limited license practitioner's lawful scope of practice.

5.4.3 SURGERY

Surgical procedures performed by dentists and podiatrists shall be under the overall supervision of a physician member of the Medical Staff with surgical privileges.

5.4.4 MEDICAL APPRAISAL

All patients admitted for care at the Surgery Center by a dentist or podiatrist shall receive the same basic medical appraisal as patients admitted to other services, and the dentists or podiatrists shall consult with a physician member to determine the patient's medical status and a need for medical evaluation.

5.5 TEMPORARY PRIVILEGES

5.5.1 CIRCUMSTANCES

- (a) Temporary privileges may be granted where good cause exists to a physician for the care of specific patients but for not more than four (4) patients per calendar year provided that the procedure described in Section 5.5.2 has been followed.
- (b) Following the procedures in Section 5.5.2, temporary privileges may be granted to a person serving as a locum tenens for a current member of the TSC, LLC Medical Staff. Such person may attend the patients of the member for whom the person is serving as locum tenens and only for a period not to exceed ninety (90) days per calendar year, unless the MEC recommends a longer period for good cause.

5.5.2 APPLICATION AND REVIEW

- (a) On receipt of a completed application and supporting documentation from a physician, dentist, or podiatrist authorized to practice in California, the MEC may grant temporary privileges to

a practitioner who appears to have qualifications, ability and judgment, consistent with Section 2.2.1, but only after:

- (1) The MEC has contacted at least one person who:
 - a. Has recently worked with the applicant;
 - b. Has directly observed the applicant's professional performance over a reasonable time; and
 - c. Provides reliable information regarding the applicant's current professional competence, ethical character, and ability to work well with others so as not to adversely affect patient care.
- (2) The appropriate licensing board, the National Practitioner Data Bank, and the OIG/GSA exclusion list have been queried, the answer shall have been received and it has been deemed acceptable by the Medical Director.
- (3) The applicant's file is forwarded to the MEC.
- (4) Reviewing the applicant's file and attached materials, the MEC recommends granting temporary privileges.

5.5.3 GENERAL CONDITIONS

- (a) If granted temporary privileges, the applicant shall act under the supervision of the Medical Director within TSC, LLC.
- (b) Temporary privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the MEC or unless affirmatively renewed following the procedure as set forth in Section 5.5.2.
- (c) Requirements for proctoring and monitoring including, but not limited to, those in Section 5.3, shall be imposed on such terms as may be appropriate under the circumstances.
- (d) Temporary privileges may at any time be terminated by the Medical Director or MEC. In such cases, the Medical Director or MEC shall assign a member of the TSC, LLC Medical Staff to assume responsibility for the care of such member's patient(s). The wishes of the patient shall be considered in the choice of a replacement Medical Staff member. Terminations for Medical Disciplinary Cause or Reason give rise to the hearing rights specified in Article VII.

- (e) All persons requesting or receiving temporary privileges shall be bound by the bylaws and rules and regulations of the TSC, LLC Medical Staff.

5.6 LEAVE OF ABSENCE

5.6.1 A Medical Staff member may request a voluntary leave of absence from the Medical Staff by submitting a written notice to the MEC. The request must state the approximate period of leave desired, which may not exceed one (1) year, and include the reasons for the request. Upon written request of the Medical Staff member to the MEC, and at the discretion of the MEC, an approved leave may be extended to two (2) years. During the period of leave, the Practitioner shall not exercise clinical privileges at the Surgery Center, and membership prerogatives and responsibilities shall be in abeyance. The request may be granted or denied, in whole or in part, at the discretion of the MEC with Governing Board Approval. In making its decision, the MEC shall consider the abilities of the Medical Staff to fulfill the patient care needs that may be created in the Surgery Center by the absence of the member requesting the leave. All Medical Staff members requesting a leave of absence are expected to complete all medical records and Medical Staff and Surgery Center matters prior to commencing the leave of absence, unless, in the judgment of the MEC, the member has a physical or psychological condition that prevents him/her from completing records and/or concluding other Medical Staff or Surgery Center matters.

5.6.2 A leave of absence may be granted for any reason approved by the MEC and the Governing Board including, but not limited to, the following reasons:

- (a) Medical Leave of Absence

A Medical Staff member may request and be granted a leave of absence for the purpose of obtaining treatment for a medical or psychological condition, disability, or impairment.

- (b) Military Leave of Absence

A Medical Staff member may request and be granted a leave of absence to fulfill military service obligations.

- (c) Educational Leave of Absence

A Medical Staff member may request and be granted a leave of absence to pursue additional education and training. Any additional clinical privileges that may be desired upon the successful conclusion of additional education and training must be requested in accordance with these Bylaws.

- (d) Personal/Family Leave of Absence

A Medical Staff member may request and be granted a leave of absence for a variety of personal reasons (e.g., to pursue a volunteer endeavor) or family reasons (e.g., maternity leave).

5.6.3 Termination of Leave

At least thirty (30) days prior to the requested termination of the leave of absence, the Medical Staff member may request reinstatement of Medical Staff membership and clinical privileges by submitting a written notice to the MEC. The written request for reinstatement shall include an attestation that no changes have occurred in the status of any of the criteria listed in Section 2.2 of these Bylaws or, if changes have occurred, a detailed description of the nature of the changes. In addition, the MEC may request any information or evidence it deems relevant to the decision to reinstate a Practitioner to the Medical Staff including, but not limited to, medical records of Practitioner. If so requested, the Medical Staff member shall submit a summary of relevant activities during the leave which may include, but is not limited to, the scope and nature of professional practice during the leave period and any professional training completed. The MEC may approve or deny the requested reinstatement in whole or in part and may limit or modify the requested reinstatement, including, but not limited to, imposing requirements for monitoring and/or proctoring. If the leave of absence has extended past the Practitioner's reappointment time, he/she will be required to submit an application for reappointment in accordance with these Bylaws and the reinstatement shall be processed as a reappointment.

An adverse decision regarding reinstatement of Medical Staff membership, which is not for a MDCR, shall not constitute grounds for a hearing under Article VII of these Bylaws.

5.6.4 Failure to Request Reinstatement

The Medical Director will notify the physician in writing no less than 60 days and again no less than 30 days prior to the expiration of a leave of absence. Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed an automatic termination from the Medical Staff.

ARTICLE VI. CORRECTIVE ACTION

6.1 ROUTINE MONITORING AND EDUCATION

The TSC, LLC Medical Staff committees are responsible for carrying out peer review and quality or performance improvement review functions. Following completion of the peer review process, the committees may counsel, educate, issue letters of warning or censure, or institute retrospective or concurrent monitoring (so long as the practitioner is only required to provide reasonable notice of admissions and procedures) in the course of carrying out those functions without initiating formal corrective action. Comments, suggestions, and warnings

may be issued orally or in writing. Any such actions, monitoring, or counseling shall be documented in the member's peer review file. MEC approval is not required for such actions, although the actions may be reported to the MEC. The routine monitoring and education actions described in this section shall not constitute a restriction of clinical privileges or grounds for any formal hearing or appeal rights under Article VII.

6.2 CORRECTIVE ACTION

6.2.1 CRITERIA FOR INITIATION

Any person may provide information to the MEC about the conduct, performance, or competence of Medical Staff members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within the Surgery Center; (2) unethical; (3) contrary to the Medical Staff bylaws and rules or regulations; (4) below applicable professional standards; (5) disruptive of Surgery Center operations; or (6) illegal, a member may request for an investigation or action against such member may be made.

[6.2.2 CRIMINAL ARREST

In the event that an individual is arrested for alleged criminal acts, an immediate investigation into the circumstances of the arrest shall be made. The MEC shall review the circumstances leading to the arrest and may determine if further action is warranted prior to the outcome of the legal action. If the MEC recommends use of a corrective action that fits the definition of an adverse action, this shall entitle the individual subject to such action to notification and the right to a hearing and as set forth in Article VII.]

6.2.3 INITIATION

A request for an investigation must be in writing, submitted to the MEC and supported by reference to specific activities or conduct alleged. If the MEC initiates the request, it shall make an appropriate recordation of the reasons.

6.2.4 INVESTIGATION

If the MEC concludes an investigation is warranted, it shall direct an investigation to be undertaken. The MEC may conduct the investigation itself, or may assign the task to an appropriate Medical Staff member or committee. If the investigation is delegated to a member or committee, such person(s) shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the MEC as soon as possible. The report may include recommendations for appropriate corrective action. The member shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and on such terms as the investigating body

deems appropriate. The investigating body may, but is not obligated to, conduct interviews with persons involved; however, such investigation shall not constitute a “hearing” as that term is used in Article VII, nor shall the procedural rules with respect to hearings or appeals apply.

Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances, including summary suspension, termination of the investigative process, or other action.

6.2.5 MEC ACTION

As soon as possible after the conclusion of the investigation, the MEC shall take action which may include, without limitation:

- (a) Determining no corrective action be taken and, if the MEC determine there was not credible evidence for the complaint in the first instance, removing any adverse information from the member’s file;
- (b) Deferring action for a reasonable time;
- (c) Issuing letters of admonition, censure, reprimand, or warning. In the event such letters are issued, the affected member may make a written response which shall be placed in the member’s file;
- (d) Recommending the imposition of terms of probation or special limitation on continued TSC, LLC Medical Staff membership including, without limitation, requirement for mandatory consultation, or monitoring; and
- (e) Recommending termination of membership.

6.2.6 SUBSEQUENT ACTION

- (a) If corrective action as set forth in Section 6.2 is recommended by the MEC, that recommendation shall be transmitted for information to the Governing Board.
- (b) The recommendation of the MEC shall be adopted by the Governing Board as final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in Article VII, if applicable, or the Governing Board disagrees with the MEC.

6.2.7 ALTERNATIVE TO CORRECTIVE ACTION

Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Medical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the individual subject to such efforts to the right to a hearing as set forth in Article VII hereof, and shall not require reporting to the State Licensure Board or the National Practitioner Data Bank, except as otherwise provide in these Bylaws or required by applicable law. Alternatives to corrective action may include:

- (a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance;
- (b) Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance;
- (c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;
- (d) Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance and which do not in any way restrict the individual's ability to exercise clinical privileges at the Surgery Center; and/or
- (f) Requirements to seek assistance for any impairment.

6.3 SUMMARY RESTRICTION OR SUSPENSION

6.3.1 CRITERIA FOR INITIATION

Whenever failure to immediately suspend or restrict a practitioner may result in imminent danger to the health of any individual, the MEC or any officer thereof, may summarily suspend the membership of such member. Unless otherwise stated, such summary suspension shall become effective immediately on imposition and the person or committee responsible shall promptly give written notice to the member and the Governing Board. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set forth herein.

6.3.2 MEC ACTION

As soon as practical, but no later than seven (7) calendar days after such summary restriction or suspension has been imposed, a meeting of the MEC as a whole shall be convened to review and consider the action. On request, the member may attend and make a statement concerning the issues under investigation, on such

terms and conditions as the MEC may impose. In no event, however, shall any meeting of the MEC, with or without the member, constitute a “hearing” within the meaning of Article VII, nor shall any procedural rules apply. The MEC may modify, continue, or terminate the summary suspension, but in any event it shall furnish the member with notice of its decision.

6.3.3 PROCEDURAL RIGHTS

If the MEC does not terminate the summary suspension, the member shall be entitled to the procedural rights afforded by Article VII.

6.4 AUTOMATIC SUSPENSION OR LIMITATION

In the following instances, membership may be suspended or limited as described, and a hearing, if requested, shall be an informal hearing before the MEC limited to the question of whether the grounds for automatic suspension as set forth below have occurred.

6.4.1 LICENSURE

- (a) Revocation, Expiration, and Suspension: Whenever a member’s license or other legal credential authorizing practice in this state expires, is revoked or suspended, TSC, LLC Medical Staff membership shall be automatically revoked as of the date such action becomes effective.
- (b) Restriction: Whenever a member’s license or other legal credential authorizing practice in this state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges exercised at the Surgery Center which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- (c) Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.

6.4.2 CONTROLLED SUBSTANCES

- (a) Whenever a member’s DEA certificate is revoked, limited, suspended, or expires, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its term.

- (b) Probation: Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

6.4.3 FAILURE TO SATISFY SPECIAL APPEARANCE REQUIREMENT

A practitioner who fails to satisfy the requirements of Section 10.6.2 shall automatically be suspended from exercising all or such portion of his/her clinical privileges in accordance with the provisions of said Section 10.6.2.

6.4.4 CONVICTION OF FELONY

A Medical Staff member who is convicted of a felony, or who has pled "guilty" or pled "no contest" or its equivalent, in any jurisdiction, to a felony shall immediately and automatically be suspended from practicing at TSC, LLC. Such suspension is effective on conviction and does not await the results of an appeal or the conviction otherwise becoming final. Such suspension shall remain in effect until the matter is resolved by subsequent action by the MEC to dissolve the suspension or to continue it and initiate further corrective action.

6.4.5 MATTERS INVOLVING LICENSE, DRUG ENFORCEMENT ADMINISTRATION CERTIFICATE, FAILURE TO SATISFY SPECIAL APPEARANCE AND FELONY CONVICTION

As soon as practicable after action is taken as described in Section 6.3.1, paragraphs (b) or (c), or in Sections 6.4.2, 6.4.3, 6.4.4 and 6.4.5, the MEC shall convene to review and consider the facts on which such action was predicated. The MEC may then recommend such further corrective action as may be appropriate based on information disclosed or otherwise made available and/or may direct that an investigation be undertaken pursuant to Section 6.1.3. With regard to a felony conviction, the MEC shall make a finding of whether the felony is related to the Medical Staff member's basic qualifications, functions, duties or ethical conduct prior to deciding whether to dissolve a suspension or to continue it and initiate further corrective action. Hearing rights are subject to the provisions of Article VII.

6.4.6 CLINICAL RECORDS

Members of the Medical Staff are required to complete clinical records within such reasonable time as may be prescribed by the Medical Director or MEC and in any event, no later than thirty (30) days from the date treatment was provided. A limited suspension in the form of withdrawal of the right to treat future patients at the Surgery Center until clinical records are completed, shall be imposed by the Medical Director or MEC, after notice of delinquency for failure to complete clinical records within such period. Bona fide vacation or illness may constitute

an excuse subject to approval by the Medical Director or MEC. The suspension shall continue until lifted by the Medical Director or MEC.

6.4.7 PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance shall be grounds for automatic suspension of a member's clinical privileges, and if within thirty (30) days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership shall be automatically terminated and the member shall not have the right to a hearing pursuant to Article VII.

6.4.8 Misrepresentation

Whenever it is discovered that an individual materially misrepresented, omitted or erred in answering the questions on an application for Medical Staff membership or clinical privileges or in answering interview queries, the individual's membership and clinical privileges shall be automatically terminated. The individual may not re-apply for membership or privileges until twenty-four (24) months have passed.

6.4.9 Impaired Practitioner

Should a Practitioner or Allied Health Professional appear or become impaired while providing patient care, the Medical Director or Administrator shall be notified immediately. Impaired shall mean illness, suspected drug abuse or suspected alcohol intoxication if such could reasonably interfere with the Practitioner's or Allied Health Professional's competent performance of procedures at the Surgery Center. Should the Medical Director or Administrator determine that a Practitioner or Allied Health Professional is impaired as defined above, the Practitioner or Allied Health Professional shall be denied or removed from patient contract until it has been determined that the individual is no longer impaired.

6.4.10 AUTOMATIC RESIGNATION

(1) Relocation

Unless otherwise approved by the Governing Board upon recommendation of the MEC, any Practitioner or other individual with clinical privileges who takes up permanent residence more than a reasonable distance, as determined by the Governing Board, from the Surgery Center shall be deemed to have resigned from the Medical Staff and relinquished all clinical privileges.

(2) Failure to Apply for Reappointment or Renewal of Privileges

A term of medical staff membership or the granting of clinical privileges shall be for a period of no more than two (2) years. In the event that reappointment or a renewal of clinical privileges has not occurred for whatever reason prior to the expiration of the current term of appointment, the membership and clinical privileges of the individual shall be terminated. The individual shall be notified of the termination and the need to submit a new application if continued membership or clinical privileges are desired. The failure to seek reappointment or renewal of clinical privileges prior to the expiration of the current term of appointment shall not give rise to the hearing and appellate rights set forth in Article VII.

ARTICLE VII. HEARINGS AND APPELLATE REVIEWS

These procedures apply to all applicant/member physicians, dentists, and podiatrists applying to practice or practicing within the Surgery Center.

7.1 STATEMENT OF PURPOSE

The following procedures are set forth in order to help ensure that a professional review action is taken in the reasonable belief that the action is in the furtherance of quality health care; that a reasonable effort is made to obtain the facts of the matter; that adequate notice and hearing procedures are afforded to the Practitioner involved and that any action eventually taken is warranted by the facts ascertained. All committees, panels, and boards charged with responsibility under Article VII and Article IX of these Bylaws shall evaluate and improve the quality of care rendered at the Surgery Center. The procedures set forth in this Article VII shall apply exclusively to Practitioners.

7.2 INTERVIEWS

Any interviews conducted pursuant to these bylaws shall neither constitute, nor be deemed, a "hearing," as described in this Article VII, shall be preliminary in nature, and shall not be conducted according to the procedural rules applicable with respect to hearings. When the MEC or the Governing Board is considering an independent adverse recommendation, as defined in Section 7.3, or when otherwise deemed appropriate by the MEC or Governing Board, the MEC or Governing Board may offer the Medical Staff member an interview. In the event an interview occurs, the Medical Staff member may be informed of the general nature of the circumstances leading to such recommendation and may present information relevant thereto. In an interview, neither the Medical Staff member nor the MEC is entitled to representation by an attorney. A record of the matters discussed and findings resulting from such interview may be made.

7.3 GROUNDS FOR HEARING

7.3.1 Recommendations or Actions Triggering Right to Hearing

The following recommendations or actions shall, if deemed adverse pursuant to Section 7.3.5 of these Bylaws, entitle the affected Practitioner to a hearing:

1. Denial of initial staff appointment for a MDCR;
2. Denial of reappointment for a MDCR;
3. Suspension of staff membership for a MDCR lasting longer than 14 days;
4. Termination or revocation of staff membership for a MDCR;
5. Denial of requested advancement in staff category for a MDCR;
6. Reduction in staff category for a MDCR;
7. Denial of requested clinical privileges for a MDCR;
8. Restriction of or reduction in clinical privileges for a cumulative total of 30 days or more in any 12-month period, for a MDCR;
9. Suspension of clinical privileges for a MDCR lasting longer than 14 days;
10. Termination or revocation of clinical privileges for a MDCR; or
11. Individual requirement of consultation for a MDCR.

7.3.2 Recommendations or Actions Not Triggering Right to Hearing

There shall be no right to a hearing in situations not listed in Section 7.3.1. These situations include, but are not limited to, a warning letter of reprimand or censure, a mandatory personal appearance, a notification requirement (which may require an individual to give reasonable notice of performance of certain procedures but does not require consultation or approval or presence of a proctor prior to the individual beginning the procedure), any voluntary resignation or relinquishment of privileges, or any action based on the individual's failure to meet minimum objective

standards for membership or any specific clinical privilege that apply to all similarly situated individuals. For example, the possession of a medical license is required for membership, and there are certain required activity levels such as numbers of particular procedures per year.

7.3.3 When Necessary Facilities and Support Are Unavailable

Additionally, there shall be no right to a hearing for a Practitioner whose application for Medical Staff membership or request for an extension of clinical privileges was declined on the basis that the clinical privileges being requested are not able to be supported with available facilities or resources within the Surgery Center. Similarly, there shall be no right to a hearing if the Surgery Center makes a policy decision (*e.g.*, closing a service, or a physical plant change) that adversely affects the staff membership or clinical privileges of any Member or any other individual.

7.3.4 Exclusive Contracting

The Surgery Center may refuse to accept an application for appointment or reappointment on the basis of an exclusive professional contract that the Surgery Center has entered into for services. Upon receipt of such an application, the Medical Director shall notify the applicant in writing that the application cannot be processed because of the existence of such an exclusive contract. No applicant whose application is denied on such a basis shall be afforded any of the procedural rights set forth in Article VII of these Bylaws. Further, no Practitioner shall be afforded any of the procedural rights set forth in Article VII of these Bylaws due to the loss of the ability to perform services at the Surgery Center as a result of the Surgery Center entering into an exclusive professional contract with other Practitioners.

7.3.5 When Deemed Adverse

A recommendation or action listed in Section 7.3.1 of these Bylaws shall be deemed adverse only when it has been:

1. Recommended by the MEC; or
2. Taken by the Governing Board contrary to a favorable recommendation by the MEC under circumstances where no right to hearing existed; or
3. Taken by the Governing Board on its own initiative without benefit of a prior recommendation by the MEC.

7.4 EXHAUSTION OF REMEDIES

If any of the above adverse action is taken or recommended, the member must exhaust the remedies afforded by these procedures before resorting to legal action.

7.5 NOTICE OF REASONS/ACTION

Whenever any of the actions listed above are taken or proposed for a non-MDCR, the member shall receive a written statement of the reasons therefore. However, the Article VII sections below apply only where action was taken or proposed for a MDCR.

A Practitioner against whom an adverse recommendation or action has been taken pursuant to Section 7.3.5 of these Bylaws shall promptly be given special notice of such action. Such special notice shall be sent by the Center Representative by hand or by certified or registered mail. Such notice shall:

1. Advise the Practitioner that a professional review action has been proposed to be taken against him;
2. State the reasons for the proposed action;
3. Alert the Practitioner that he has thirty (30) days following the date of receipt of notice in which to request a hearing on the proposed action and that failure to request a hearing within thirty (30) days shall constitute a waiver of his right to a hearing on the matter;
4. Advise the Practitioner that the Surgery Center may be required pursuant to Section 805 of the California Business and Professions Code to report the proposed action, if taken; and
5. Provide a summary of his rights at such a hearing under these Bylaws.

7.6 HEARING

7.6.1 Request for a Hearing

A Practitioner shall have thirty (30) days following his or her receipt of a notice pursuant to Section 7.5 to file a written request for a hearing. A Practitioner's receipt of the notice of the proposed action shall be irrebuttably presumed four (4) days after the date of the certified or registered mailing, or, if hand-delivered, on the date of delivery. Any request for a hearing must be received by the Center Representative within the thirty (30) day timeframe. The request for a hearing

shall contain a statement, signed by the Practitioner, that the Practitioner shall maintain confidentially all documents provided to him during the fair hearing process and shall not disclose or use the documents for any purpose outside of the fair hearing process or any lawsuit directly related to the hearing process.

7.6.2 Waiver by Failure to Request a Hearing

A Practitioner who fails to request a hearing within the time and in the manner specified in Section 7.6.1 waives any right to such a hearing to which he might otherwise have been entitled. Such waiver in connection with:

1. An adverse action by the Governing Board shall constitute acceptance of that action, which shall thereupon become effective as the final decision of the Surgery Center. This decision shall be immediately effective and shall not be subject to further hearing, appellate, or judicial review.
2. An adverse recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Governing Board. The Governing Board shall consider the MEC's recommendation at its next regular meeting following waiver. In its deliberations, the Governing Board shall review all the information and material considered by the MEC and may consider all other relevant information received from any source. The Governing Board's action shall constitute the final decision of the Surgery Center. This decision shall be immediately effective and shall not be subject to further hearing, appellate, or judicial review.

The Center Representative shall promptly send the Practitioner special notice informing the Practitioner of each action taken pursuant to this Section 7.6.2 and shall notify the Governing Board of each such action. Such special notice shall be sent by hand or by certified or registered mail.

7.6.3 Number Of Hearings

Notwithstanding any other provision of these Bylaws, no Practitioner shall be entitled as a right to more than one hearing with respect to an adverse recommendation or action.

7.7 HEARING PREREQUISITES

7.7.1 Notice Of Time And Place Of Hearing

Upon receipt of a timely request for hearing, the Center Representative shall deliver such request to the Governing Board and the MEC. At least thirty (30)

days prior to the hearing, the Center Representative shall send the Practitioner special notice of the time, place, and date of the hearing. Such special notice shall be sent by hand or by certified or registered mail. The hearing date shall be not less than thirty (30) days from the date of receipt of the request for hearing. The notice of hearing shall identify the Practitioners who will comprise the Judicial Review Committee. The notice of hearing shall also contain a list by number of the specific or representative patient records (if any) in question and a list of witnesses (if any) expected to testify at the hearing at the request of the Judicial Review Committee. These lists may be amended at a later date, and the amended list of records and witnesses shall be provided to the Practitioner prior to the hearing. Nothing in this section, however, shall preclude the Judicial Review Committee, in its sole discretion, from calling additional witnesses whose testimony is determined to be relevant by the Judicial Review Committee.

7.7.2 Appointment Of Judicial Review Committee

1. A hearing occasioned by an adverse recommendation pursuant to Section 7.3.5 shall be conducted by a Judicial Review Committee appointed by the Medical Director and composed of three (3) members of the Active Medical Staff who (1) are in good standing, (2) are unbiased with respect to the subject matter of the hearing, (3) do not stand to gain any direct financial benefit from the outcome of the hearing, and (4) have not acted as an accuser, investigator, fact finder or initial decision-maker in the same matter. Knowledge of the matter involved shall not preclude a member from serving as a member of the Judicial Review Committee. If feasible, subject to the requirements of Section 7.7.3(2) below, at least one (1) of the Judicial Review Committee members should be a Practitioner practicing in the same specialty as the Practitioner who is the subject of the hearing.
2. No Practitioner in direct economic competition with the Practitioner may serve as a Judicial Review Committee member. A Practitioner shall be disqualified from serving on a Judicial Review Committee if he has participated in initiating, investigating, or making decisions regarding the underlying matter at issue. Members who serve on the Governing Board may be appointed to serve on a Judicial Review Committee only if the Medical Director determines in good faith that the number of Active Medical Staff Members otherwise eligible to participate on the Judicial Review Committee is not sufficient to constitute a Judicial Review Committee the membership of which does not overlap with the Governing Board. In such case, any member of the Governing Board who serves on a Judicial Review Committee shall be excluded from considering and voting on the matter as a member of the Governing Board.

7.7.3 Objection To Judicial Review Committee Composition

Upon receipt of notice provided in Section 7.5, the Practitioner shall have a reasonable opportunity to *voir dire* the Judicial Review Committee members and, within five (5) days after such *voir dire*, to object in writing to the participation of any members of the Judicial Review Committee. Such written objection shall be delivered by hand or by certified or registered mail to the Hearing Officer. Any objection to the composition of the Judicial Review Committee must be based on the Practitioner's reasonable and good faith belief that one (1) or more individuals selected to serve on the Judicial Review Committee are not impartial with respect to the subject matter of the hearing or the Practitioner at issue. The Hearing Officer shall, in his or her sole discretion, determine whether new Judicial Review Committee members should be appointed to replace the members to whom the Practitioner objected. If no objection is made in writing prior to the later of five (5) days after the *voir dire* or ten (10) days after the Practitioner's receipt of the notice provided pursuant to Section 7.5 if the Practitioner has not requested a *voir dire* by such time, the Practitioner shall be deemed to have waived any objection to the Judicial Review Committee's composition.

7.10 HEARING PROCEDURE

7.10.1 Personal Presence

The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails without good cause, as determined by the Judicial Review Committee in its sole discretion, to appear at such hearing shall be deemed to have waived his rights in the same manner and with the same consequence as provided in Section 7.5.2.

7.10.2 Presiding Officer

The Hearing Officer shall act as the presiding officer. The Hearing Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. The Hearing Officer shall be entitled to determine the order of procedure during the hearing and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

7.10.3 The Hearing Officer

The Governing Board on recommendation of the MEC may appoint a Hearing Officer to preside at the hearing. The Hearing Officer may be an attorney at law qualified to preside over a quasi-judicial hearing, but an attorney regularly utilized by TSC, LLC for legal advice regarding its affairs and activities shall not be eligible to serve as Hearing Officer. The Hearing Officer shall gain no direct financial benefit from the outcome and must not act as a prosecuting Officer or as an advocate. The Hearing Officer shall endeavor to assure that all participants in

the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The Hearing Officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions which pertain to matters of law, procedure or the admissibility of evidence. If the Hearing Officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the Hearing Officer may take such discretionary actions as seems warranted by the circumstances. If requested by the Judicial Review Committee, the Hearing Officer may participate in the deliberations of the Judicial Review Committee and be a legal advisor to it, but shall not be entitled to vote.

7.10.4 Notice By Practitioner

The Practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by an attorney or other person of the Practitioner's choice. At least ten (10) days prior to the hearing, the Practitioner shall provide the name of his attorney or other representative and a list of witnesses he will call. The Practitioner shall deliver such notice by hand or by certified or registered mail to the Center Representative, who shall promptly forward a copy of such notice to the Judicial Review Committee. The Practitioner's list of witnesses may be amended at any time for good cause shown. The Judicial Review Committee shall, in its sole discretion, determine whether good cause has been shown. The MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall appoint an individual to represent the facts in support of its adverse recommendation or action, and to examine witnesses.

7.10.5 Rights Of Parties

During a hearing, each of the parties shall, as soon as practicable,:

1. Have access to all of the information made available to the Judicial Review Committee;
2. Be afforded a reasonable time to present his case by:
 - a. Calling and examining witnesses;
 - b. Introducing exhibits;
 - c. Cross-examining any witness on any matter relevant to the issues; and
 - d. Presenting and rebutting any evidence determined by the Hearing Officer to be relevant.
3. Have the right to present a written statement at the close of the hearing; and

4. Obtain a copy of the record upon payment of any reasonable charges associated with the preparation thereof and upon signing a stipulation agreeing to maintain the record confidentially.

If the Practitioner who requested the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

7.10.6 Access To Information and Documents

The Practitioner shall have the right to inspect and copy at his or her own expense any documentary information relevant to the action or recommendation at issue which the MEC has in its possession or under its control, as soon as practicable after the receipt of the Practitioner's request for a hearing. The MEC shall have the right to inspect and copy at its own expense any documentary information relevant to the action or recommendation at issue which the Practitioner has in his or her possession or control as soon as practicable after receipt of the MEC's request. The failure by either party to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to individually identifiable Practitioners, other than the Practitioner under review. The Hearing Officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires.

When ruling upon requests for access to information and determining the relevancy thereof, the Hearing Officer shall consider the following:

1. Whether the information sought may be introduced to support or defend the recommendation or action against the Practitioner;
2. The exculpatory or inculpatory nature of the information sought, if any;
3. The burden imposed on the party in possession of the information sought, if access is granted;
4. Any previous requests for access to information submitted or resisted by the parties to the same proceeding; and
5. Such other factors as the Hearing Officer deems appropriate.

The member shall be entitled to representation by legal counsel in any phase of the hearing, should he/she so choose, and shall receive notice of the right to obtain representation by an attorney at law. In the absence of legal counsel, the member shall be entitled to be accompanied by and represented at the hearing only by a practitioner licensed to practice in the state of California, who is not also an

attorney at law, and the MEC shall appoint a representative who is not an attorney to present its action or recommendation, the materials in support thereof, examine witnesses, and respond to appropriate questions. The MEC shall not be represented by an attorney at law if the member is not so represented.

7.10.7 Procedure And Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs, including hearsay, shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party will file documentary evidence within ten (10) days in advance of the hearing. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The Hearing Officer shall not allow a witness to attend the hearing and may require that a witness take an oath before testifying. A record of the hearing shall be made by use of a court reporter or an electronic recording unit. The Judicial Review Committee shall be entitled to legal counsel or other representation in all hearings and proceedings.

7.10.8 Official Notice

In reaching a decision, the Judicial Review Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the Judicial Review Committee. The Judicial Review Committee shall also be entitled to consider all other information that can be considered, pursuant to these Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for clinical privileges.

7.10.9 Burden Of Proof

The burden of presenting evidence and proof during the hearing shall be as follows:

1. The MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall have the initial duty to present evidence which supports the recommendation or action.

2. Initial applicants shall bear the burden of persuading the Judicial Review Committee by a preponderance of the evidence of their qualifications by producing information which allows for adequate evaluation and resolution of reasonable doubts concerning their current qualifications for Medical Staff membership and clinical privileges. Initial applicants shall not be permitted to introduce information not produced during the application process, unless the initial applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.
3. Except as provided above for initial applicants, the MEC or the Governing Board, depending on whose recommendation or action prompted the hearing, shall bear the burden of persuading the Judicial Review Committee by a preponderance of the evidence that the action or recommendation is reasonable and warranted.

7.10.10 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the time permitted in these bylaws may be permitted by the Hearing Officer on a showing of good cause, or on agreement of the parties

7.10.11 Presence Of Judicial Review Committee Members

Each member of the Judicial Review Committee must be present throughout the hearing and deliberations.

7.10.12 Recesses And Adjournment

The Judicial Review Committee or the Hearing Officer, upon consultation with the Judicial Review Committee, may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Judicial Review Committee may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

7.10.13 Judicial Review Committee Report

The decision of the Judicial Review Committee shall be based on the evidence introduced at the hearing, including all logical and reasonable inferences from the evidence and the testimony. Within thirty (30) days after final adjournment of the hearing, the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing and shall be delivered to the parties and to the Governing Board. If the member's membership is currently suspended however, the time for the decision and report shall be fifteen (15) days. The report shall contain a concise statement of the reasons in support of the decision including findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the conclusion reached. The decision of the Judicial Review Committee shall be subject to such rights of appeal or review as described in these bylaws. On an appeal, the Appeal Board shall give great weight to the decision of the Judicial Hearing Committee and in no event shall act in an arbitrary or capricious manner in making its decision. The Appeal Board shall decide whether there was substantial compliance with these bylaws and applicable law, whether the Judicial Hearing Committee decision was supported by the evidence based on the hearing record, and if the action was taken arbitrarily, unreasonably, or capriciously. Both the member and the MEC shall be provided a written explanation of the procedure for appealing the decision.

7.11 APPEAL

7.11.1 TIME FOR APPEAL

Within ten (10) days after receipt of the decision of the Judicial Review Committee either the member or the MEC may request an appellate review. A written request for such review shall be delivered to the Governing Board. If a request for appellate review is not made within such period, that action or recommendation shall be affirmed by the Governing Board as the final action, if it is supported by substantial evidence following a fair procedure.

7.11.2 GROUNDS FOR APPEAL

A written request for an appeal shall include an identification of the grounds for appeal and a clear and concise statement of the facts in support of the appeal. The grounds for appeal from the hearing shall be:

- (a) Substantial non-compliance with the procedures required hereunder or applicable law which has created demonstrable prejudice;
- (b) The decision was not supported by the evidence based on the hearing record or such additional information as may be permitted pursuant to Section 7.11.5, below.

7.11.3 TIME, PLACE AND NOTICE

If an appellate review is to be conducted, the Appeal Board shall, within fifteen (15) days after receipt of notice of appeal, schedule a review date and cause each side to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than thirty (30) nor more than sixty (60) days from the date of such notice, provided however, that when a request for appellate review concerns a member whose membership has been summarily suspended, the appellate review shall be held as soon as the arrangements may reasonably be made, not to exceed fifteen (15) days from the date of the notice. The time for appellate review may be extended by the Appeal Board for good cause.

7.11.4 APPEAL BOARD

The Governing Board of TSC, LLC, or a committee thereof, shall act as the Appeal Board. Knowledge of the matter involved shall not preclude any person from serving as a member of the Appeal Board, so long as that person was not previously involved with the same matter. The Appeal Board may select an attorney to assist it in the proceeding, but that attorney shall not be entitled to vote with respect to the appeal.

7.11.5 APPEAL PROCEDURE

The proceedings by the Appeal Board shall be in the nature of an appellate hearing based on the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may accept additional oral or written evidence, subject to a foundational showing that such evidence could not have been made available to the Judicial Review Committee in the exercise of reasonable diligence and subject to the same rights of cross-examination and confrontation provided at the hearing; or the Appeal Board may remand the matter to the Judicial Review Committee for the taking of further evidence and for decision. Each party shall have the right to be represented by legal counsel, or any other representative designated by that party in connection with the appeal, to present a written statement in support of his or her position on appeal and to personally appear and make oral argument. The Appeal Board may thereon conduct, at a time convenient to itself, deliberations outside the presence of the appellant and respondent and their representatives.

7.11.6 DECISION

- (a) Except as provided in Section (b), below within thirty (30) days after the conclusion of the appellate review proceedings, the Appeal Board shall affirm, modify, reverse, or remand for further review the Judicial Review Committee's decision.

- (b) Should the Appeal Board determine that the Judicial Review Committee's decisions are not supported by the evidence, the Appeal Board may modify or reverse the decision and may instead, or shall, where a fair procedure has not been afforded, remand the matter back for reconsideration, stating the purpose for the referral. If the matter is remanded to the Judicial Review Committee for further review and recommendation, the Judicial Review Committee shall promptly conduct its review and make its recommendations to the Appeal Board. This further review and the time required to report back shall not exceed thirty (30) days in duration except as the parties may otherwise agree or for good cause as jointly determined by the Appeal Board and the Judicial Review Committee.
- (c) The decision shall be in writing, shall specify the reasons for the action taken, and shall be forwarded to the MEC and the subject of the hearing. The decision shall be final.

7.12 REAPPLICATION

Following an adverse final decision by the Governing Board, the Practitioner may not reapply for appointment to the Medical Staff or for clinical privileges, whichever is applicable, for at least twenty-four (24) months after the Governing Board's final decision or in a manner that is inconsistent with the Governing Board's final decision.

7.14 EXTERNAL REPORTING REQUIREMENTS

The Surgery Center shall submit a report regarding a final adverse action to the appropriate state professional licensure board (i.e., the state agency that issued the individual's license to practice) and all other agencies as required by all applicable Federal and/or State law(s).

ARTICLE VIII. OFFICERS

8.1 OFFICERS OF THE MEDICAL STAFF

8.1.1 IDENTIFICATION

The officers of the Medical Staff shall be a president, a secretary and a chief financial officer.

8.1.2 QUALIFICATIONS

Officers must be members of the Active Medical Staff at the time of their nominations and election, and must remain members in good standing during their term of office. Failure to maintain such status shall create a vacancy in the office involved.

8.1.3 ELECTION

Officers shall be elected by the shareholders of Truckee Surgery Center, Inc.

8.1.4 TERM OF ELECTED OFFICE

Each officer shall serve a two (2)-year term, commencing on the first day of the Medical Staff year following his or her election. Each officer shall serve in each office until the end of that officer's term, or until a successor is appointed, unless that officer shall sooner resign or be removed from office.

8.1.5 VACANCIES IN ELECTED OFFICE

Vacancies in office occur on the death or disability, resignation, or removal of the officer, or such officer's loss of membership on the Active Medical Staff. Vacancies shall be filled by appointment by the MEC until the next regular election.

8.2 MEDICAL DIRECTOR

8.2.1 SELECTION The Medical Director shall serve at the pleasure of the Governing Board as the chief officer of the Medical Staff. The Medical Director shall enter into a contract with TSC, LLC and shall be required to attain Medical Staff membership and clinical privileges as a condition of that contract. As a contractor, the Medical Director is subject to the regular personnel policies of TSC, LLC and the terms of the Medical Director contract.

8.2.2 DUTIES

The duties of the Medical Director shall include, but not be limited to:

- (a) Enforcing the Medical Staff bylaws and rules and regulations, implementing sanctions where indicated, and promoting compliance with procedural safeguards where corrective action has been requested or initiated;
- (b) Calling, presiding at, and being responsible for the agenda of all meetings of the Medical Staff;
- (c) Serving as chairman of the MEC;
- (d) Serving as an ex officio member of all other staff committees without vote, unless his or her membership in a particular committee is required by these bylaws;
- (e) Appointing, in consultation with the MEC, committee members for all standing and special Medical Staff, liaison, or multidisciplinary committees, except where otherwise provided by these bylaws and,

except where otherwise indicated, designating the chairman of these committees; and

- (f) Performing such other functions as may be assigned to the Medical Director by these bylaws, the Medical Staff, or by the MEC and Governing Board;
- (g) Interacting with the Governing Board in all matters of mutual concern within TSC, LLC.

8.2.3 TERMINATION

- (a) The Medical Director may be terminated only by the Governing Board of TSC, LLC.
- (b) The Medical Director's contract prevails over these Bylaws except that the Medical Director's contract may not be terminated for a Medical Disciplinary Cause or Reason without the hearing rights provided in Article VII.
- (c) If action is taken against the Medical Director that gives rise to a right to a hearing under Article VII, the provisions Article VII shall govern the action.

ARTICLE IX. COMMITTEES

9.1 DESIGNATION

Medical staff committees shall include but shall not be limited to the Medical Staff meeting as a committee of the whole, meetings of committees established under this Article, and meetings of ad hoc or special committees created by the MEC. Unless otherwise specified, the chairman and members of all committees shall be appointed by and removed by the Medical Director, subject to consultation with and approval by the MEC.

9.2 GENERAL PROVISIONS

9.2.1 TERMS OF COMMITTEE MEMBERS

Unless otherwise specified, committee members shall be appointed for a term of one year, and shall serve until the end of this period or until the member's successor is appointed, unless the member shall sooner resign or be removed from the committee.

9.2.2 REMOVAL

If a member of a committee ceases to be a member in good standing of the Medical Staff, or suffers a loss or significant limitation of practice privileges, fails

to attend a minimum of fifty percent (50%) of scheduled meetings, or if any other good cause exists, that member may be removed by the MEC.

9.2.3 VACANCIES

Unless otherwise specifically provided, vacancies on any committee shall be filled in the same manner in which an original appointment to such committee is made; provided however, that if an individual who obtains membership by virtue of these bylaws is removed for cause, a successor may be selected by the MEC.

9.3 MEC

9.3.1 COMPOSITION

The MEC shall consist of the ~~officers of the Medical Staff, the~~ Medical Director and ~~twothree~~ (32) Active Staff Members ~~elected by the Active Medical Staff Members.~~selected and appointed.

9.3.2 DUTIES

The duties of the MEC shall include, but not be limited to:

- (a) Coordinating and implementing the professional and organization activities and policies of the Medical Staff;
- (b) Receiving and acting on reports and recommendations from Medical Staff committees;
- (c) Recommending action to the Governing Board on matters of a medical-administrative nature;
- (d) Establishing the structure of the Medical Staff, the mechanism to review credentials and delineate individual clinical privileges, the organization of quality assurance activities, the procedures for termination of Medical Staff membership and fair hearing procedures, as well as other matters relevant to the operation of the Surgery Center.
- (e) Maintaining members' credentials files;
- (f) Reviewing the qualifications, credentials, performance and professional competence, and character of applicants and Medical Staff members and making recommendations to the Governing Board regarding staff appointments, reappointments, and corrective action:
- (g) Initiating corrective action when warranted:

- (h) Designating such committees and making appointments to those committees as may be appropriate or necessary to assist in carrying out the duties and responsibilities of the Medical Staff;
- (i) Assisting in the obtaining and maintenance of accreditation;
- (j) Designating TSC, LLC's authorized representative for National Practitioner Data Bank purposes, if applicable;
- (k) Reviewing Medical Staff bylaws and rules and regulations as needed and making recommendations for modifications to these documents as necessary;
- (l) Recommending to the Governing Board appropriate administrative policies and procedures regarding employment of personnel, fiscal concerns and the purchasing of equipment.
- (m) Recommending appointments of the Medical Staff officers to the Governing Board.
- (n) The MEC will perform the following Medical Staff functions: 1) clinical records; 2) utilization review; 3) pharmacy and therapeutics; 4) quality management; 5) allied health professionals; 6) patients' rights; 7) safety; and 8) infection control.
- (o) Reporting to the Medical Staff, at least annually, the findings and results of all Medical Staff quality management activities.

9.3.3 MEETINGS

The MEC shall meet as often as necessary, but at least quarterly and shall maintain a record of its proceedings and actions.

9.4 CLINICAL RECORDS

9.4.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Reviewing and evaluating clinical records, or a representative sample, to determine whether they: (1) properly describe the condition and diagnosis, the progress of the patient, the treatment and tests provided, the results thereof, and adequate identification of individuals responsible for orders given and treatment rendered; and (2) are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services at the Surgery Center;

- (b) Reviewing and making recommendations for TSC, LLC policies, rules and regulations relating to clinical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of procedure enforcement;
- (c) Providing liaison between practitioners and personnel in the employ of TSC, LLC on matters relating to clinical records practices; and
- (d) Formulating procedures which assure that records are treated confidentially as required by applicable law.

9.5 UTILIZATION REVIEW

9.5.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Conducting utilization review studies designed to evaluate the necessity and appropriateness of admissions to the Surgery Center, discharge practices, use of medical services and related factors which may contribute to the effective utilization of services;
- (b) Establishing a utilization review plan.
- (c) Obtaining, reviewing, and evaluating information and raw statistical data obtained or generated by TSC, LLC's case management system; and
- (d) Reviewing the resources of care provided at the Surgery Center with respect to:
 - 1. The absence of duplicative diagnostic procedures;
 - 2. The appropriateness of treatment frequency;
 - 3. The use of the least expensive alternative resources when suitable; and
 - 4. The use of ancillary services that are consistent with patient's needs.

9.6 PHARMACY AND THERAPEUTICS

9.6.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Assisting in the formulation of professional practices and policies regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, disposal, and all other matters relating to drugs at the Surgery Center;
- (b) Periodically developing and reviewing a formulary or drug list for use at the Surgery Center;
- (c) Evaluating clinical data concerning new drugs or preparations requested for use at the Surgery Center;
- (d) Reviewing and reporting adverse reactions to drugs;
- (e) Monitoring medication errors and referring such for corrective action, when necessary;
- (f) Evaluating the appropriateness of blood transfusions; and
- (g) Developing proposed policies and procedures for the handling and administration of blood and blood components; and
- (h) Assuring the maintenance of a current pharmacy license.

9.7 QUALITY MANAGEMENT

9.7.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Recommending, for approval by the Governing Board, a written plan(s) for maintaining quality patient care at TSC, LLC;
- (b) Submitting regular confidential reports to the Governing Board on the quality of medical care provided and on quality review activities conducted;
- (c) Collecting data related to established criteria in an ongoing manner;
- (d) Periodically evaluating data to identify unacceptable or unexpected trends or occurrences that influence patient outcomes;

- (e) Evaluating the frequency, severity, and source of suspected quality problems or concerns:
- (f) Implementing measures to resolve quality problems or concerns that have been identified;
- (g) Reevaluating quality problems or concerns to determine objectively whether the corrective measures have achieved and sustained the desired result. If the problem remains, taking alternate corrective actions as needed to resolve the problem;
- (h) Incorporating findings of quality management activities into TSC, LLC's educational activities; and
- (i) Devising and implementing a procedure for the immediate transfer of patients requiring emergency medical care beyond the capabilities of the Surgery Center to a local Medicare-certified hospital and being responsible for transfer agreements to such hospitals.

9.8 ALLIED HEALTH PROFESSIONALS (AHP)

9.8.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include but not be limited to the following:

- (a) Recommending to the Governing Board the categories of AHPs eligible to apply for AHP status and practice prerogatives at the Surgery Center;
- (b) Establishing procedures regarding:
 - (1) The mechanism for evaluating the qualifications and credentials of AHPs;
 - (2) The minimum standards of training, education, character, and competence of AHPs eligible to apply to perform services;
 - (3) Identification of services which may be performed by an AHP, or category of AHPs, as well as any applicable terms and conditions thereon;
 - (4) The professional responsibilities of AHPs who have been determined eligible to perform services.
- (c) Conducting appropriate monitoring, supervision, and evaluation of AHPs who perform services, provided that:

- (1) AHPs not employed by TSC, LLC will be directly supervised by the operating surgeon they are employed by; and
- (2) AHPs employed by TSC, LLC will be evaluated by the nurse manager.

9.9 PATIENTS' RIGHTS

9.9.1 DUTIES

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to:

- (a) Formulating procedures which are available to patients and staff which require that:
 - (1) Patients are treated with respect, consideration, and dignity;
 - (2) Patients are provided appropriate privacy during interviews, examinations, treatment, and consultation;
 - (3) Patients are provided, to the degree known, complete information concerning their diagnosis, treatment, and prognosis. When a patient does not wish to receive the information, the information is provided to a surrogate decision-maker;
 - (4) Patients are given the opportunity to participate in decisions involving their health care; and
 - (5) Patients are provided with information regarding advance directives.
- (b) Providing information to patients and staff concerning:
 - (1) Patient conduct and responsibilities;
 - (2) Services available at the Surgery Center;
 - (3) Provision for after-hour and emergency care;
 - (4) Fees for services and payment policies; and
 - (5) Methods for expressing grievances and suggestions to TSC, LLC.
- (c) Insuring that marketing or advertising regarding the competence and capabilities of TSC, LLC is not misleading to patients.

9.10 SAFETY

9.10.1

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to the following:

- (a) Assuring that the Surgery Center has the necessary personnel, equipment, and procedures to handle medical and other emergencies that may arise in connection with services sought or provided;
- (b) Providing periodic instruction to all personnel in the proper use of safety, emergency, and fire-extinguishing equipment;
- (c) Providing a comprehensive emergency plan to address internal and external emergencies, including evacuation and drill procedures;
- (d) Assuring that personnel trained in cardiopulmonary resuscitation and the use of cardiac emergency equipment are present at the Surgery Center during hours of operation;
- (e) Assuring that provisions are made to reasonably accommodate disabled individuals;
- (f) Assuring that the Surgery Center is clean and properly maintained;
- (g) Assuring that a system exists for the proper identification, management, handling, transport, treatment, and disposal of hazardous materials and wastes; and
- (h) Assuring that appropriate emergency and other equipment and supplies are maintained, periodically tested and readily accessible.

9.11 INFECTION CONTROL

The duties of the MEC (or a committee duly appointed by the MEC) shall include, but not be limited to, the following:

- (a) Establishing a program for identifying and preventing infections, and maintaining a sanitary environment;
- (b) Devising and implementing procedures to minimize sources and transmission of infection, including adequate surveillance techniques; and
- (c) Maintaining an ongoing log of reported incidents of infection.

9.12 AD HOC COMMITTEES

Special or ad hoc committees may be created by the MEC to assist with investigations or to perform other specified tasks. The chairman and members of such committees shall be appointed by, and may be removed by the Medical Director in consultation with the MEC.

ARTICLE X. MEETINGS

10.1 MEDICAL STAFF MEETINGS

10.1.1 ANNUAL MEETING

There shall be an annual meeting of the Medical Staff. Except as otherwise specified in these bylaws, the Medical Director may establish the times for the holding of the annual meeting. The MEC shall present reports on actions taken during the preceding year and on other matters of interest and importance to the members. Notice of this meeting shall be given to the members at least five (5) days prior to the meeting.

10.2 COMMITTEE MEETINGS

10.2.1 REGULAR MEETINGS

The Medical Director shall make every reasonable effort to ensure that meeting dates are disseminated to the members with adequate notice.

10.3 QUORUM

10.3.1 STAFF MEETINGS

The presence of fifty percent (50%) of the total members of the Active Medical Staff at any regular or special meeting in person or through written ballot shall constitute a quorum for the purpose of amending these bylaws or the rules and regulations of the Medical Staff. The presence of thirty-three (33%) of such members shall constitute a quorum for all other actions.

10.3.2 COMMITTEE MEETINGS

A quorum shall consist of thirty-three percent (33%) of the voting members of a committee but in no event less than three (3) voting members.

10.4 MANNER OF ACTION

Except as otherwise specified, the action of a majority of the members present and voting at a meeting at which a quorum is present shall be the action of the group. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of members, if any action taken is

approved by at least a majority of the required quorum for such meeting, or such greater number as may be specifically required by these bylaws. Committee action may be conducted by telephone conference. Valid action may be taken without a meeting by a committee if it is acknowledged by a writing setting forth the action so taken which is signed by at least two-thirds (2/3) of the members entitled to vote.

10.5 MINUTES

Except as otherwise specified herein, minutes of meetings shall be prepared and retained. They shall include, at minimum, a record of the attendance of members and the vote taken on action items. A copy of the minutes shall be signed by the presiding officer of the meeting and forwarded to the MEC.

10.6 ATTENDANCE REQUIREMENTS

10.6.1 Each member is encouraged to attend officially called meetings. There are no meeting attendance requirements.

10.6.2 Whenever apparent or suspected deviation from standard clinical practice or disruptive behavior is alleged, seven (7) days advance special notice shall be given and shall include a statement of the issue involved and that the practitioner's appearance at a meeting is mandatory. Such a meeting shall be limited to the members of the committee. Failure of a practitioner to appear at any such meeting with respect to which he/she was given such special notice shall, unless excused by the committee on a showing of good cause, result in a recommendation to the MEC for corrective action, to include, but not be limited to, an automatic suspension of all or a portion of the practitioner's clinical privileges. Such suspension shall remain in effect until the matter is resolved by subsequent action of the committee, the MEC or the Governing Board. At the discretion of the chairman, when a Medical Staff member's practice or conduct is scheduled for discussion at a regular committee meeting, the member may be required to attend.

ARTICLE XI. CONFIDENTIALITY OF INFORMATION

11.1 GENERAL

Records and proceedings of all Medical Staff committees having the responsibility for evaluation and improvement of quality of care rendered in this surgery center, including, but not limited to, meetings of the Medical Staff as a committee of the whole, meetings of committees, and meetings of special or ad hoc committees created by the MEC and including information regarding any member of applicant to this Medical Staff shall, to the fullest extent permitted by law, be confidential.

11.1.1 CONFIDENTIALITY

The following applies to records of the Medical Staff and its committees responsible for the evaluation and improvement of patient care:

- (a) The records of the Medical Staff and its committees responsible for the evaluation and improvement of the quality of patient care rendered at the Surgery Center shall be maintained as confidential.
- (b) Access to such records shall be limited to duly appointed persons and committees of the Medical Staff for the sole purpose of discharging Medical Staff responsibilities and subject to the requirement that confidentiality be maintained.
- (c) Information which is disclosed to the Governing Board of TSC, LLC -- in order that the Governing Board may discharge its lawful obligations and responsibilities -- shall be maintained by the Governing Board as confidential.
- (d) Information contained in the credentials file of any member may be disclosed to any Medical Staff or professional licensing board, or as required by law. However, any disclosure outside of the Medical Staff shall require the authorization of the MEC.
- (e) A Medical Staff member shall be granted access to his/her own credentials file, subject to the following provisions:
 - (1) Timely notice of such shall be made by the member to the MEC.
 - (2) The member may review, and receive a copy of, only those documents provided by or addressed personally to the member.
 - (3) The review by the member shall take place during normal work hours, with a designee of the MEC present.
 - (4) In the event a Notice of Charges is filed against a member, access to his/her own credentials file shall be governed by Section 7.9.5.

11.1.2 MEMBER'S OPPORTUNITY TO REQUEST CORRECTION / DELETION OF AND TO MAKE ADDITION TO INFORMATION IN FILE

- (a) When a member has reviewed his/her file as provided under Section 11.1.1(e) he/she may address to the MEC a written request for correction or deletion of information in his/her credentials file.

Such request shall include a statement of the basis for the action requested.

- (b) The MEC shall review such request within a reasonable time and shall decide whether or not to make the correction or deletion requested.
- (c) The member shall be notified promptly, in writing, of the decision of the MEC.
- (d) In any case, a member shall have the right to add his/her credentials file, on written request to the MEC, a statement responding to any information contained in the file.

ARTICLE XII. ADOPTION AND AMENDMENTS OF BYLAWS, RULES AND REGULATIONS

12.1 RULES AND REGULATIONS

The Medical Staff shall initiate and adopt such rules and regulations as it may deem necessary for the proper conduct of its work and shall periodically review and revise its rules and regulations to comply with current Medical Staff practice. Recommended changes to the rules and regulations shall be submitted to the MEC for review and evaluation prior to presentation for consideration by the Medical Staff as a whole under such review or approval mechanism as the Medical Staff shall establish. Following adoption such rules and regulations shall become effective following approval of the Governing Board which approval shall not be withheld unreasonably, or automatically within thirty (30) days if no action is taken by the Governing Board. Applicants and members of the Medical Staff shall be governed by such rules and regulations as are properly initiated and adopted. If there is a conflict between the bylaws and the rules and regulations, the bylaws shall prevail. The mechanism described herein shall be the sole method for the initiation, adoption, amendment, or repeal of the Medical Staff rules and regulations.

12.2 BYLAWS

On the request of the MEC or on timely written petition signed by at least ten percent (10%) of the members of the Medical Staff in good standing who are entitled to vote, consideration shall be given to the adoption, amendment, or repeal of these bylaws. Such action shall be taken at a regular or special meeting provided (1) written notice of the proposed change was sent to all members on or before the last regular or special meeting of the Medical Staff, and such changes were offered at such prior meeting and (2) notice of the next regular or special meeting at which action is to be taken included notice that a bylaw change would be considered. Both notices shall include the exact working of the existing bylaw language, if any, and the proposed change(s).

12.2.1 ACTION ON BYLAW CHANGE

If a quorum is present for the purpose of enacting a bylaw change, the change shall require an affirmative vote of fifty-one percent (51%) of the members voting in person or by written ballot.

12.2.2 APPROVAL

Bylaw changes adopted by the Medical Staff shall become effective immediately following approval by the Governing Board, which approval shall not be withheld unreasonably. If approval is withheld, the reasons for doing so shall be specified by the Governing Board in writing, and shall be forwarded to the MEC.

These revised Bylaws were approved by the MEC on _____, and were sent to all Medical Staff members on _____ and were approved on _____. The Governing Board approved them on _____.

Medical Director

Date

Governing Board

Date

TRUCKEE SURGERY CENTER, LLC
MEDICAL STAFF
RULES & REGULATIONS

Updated: April 2020

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 TRUCKEE SURGERY CENTER**

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GENERAL RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations as may be necessary for the proper conduct of its work. Such Amendments shall become effective when approved by the Medical Executive Committee and Governing Body.

Admission and Discharge of Patients

- A. Admission: only members of the medical staff, with admitting privileges, may admit a patient to the surgery center.
- B. Medical Management: All patients entering Truckee Surgery Center, including those for pediatric and dental care, must have a medical staff physician responsible for the overall medical management of the patient, including the performance, and recording in the medical record, of an admission history and physical examination, and when indicated, the patient's ability to undergo surgery and anesthesia.
- C. Exceptions: Truckee Surgery Center shall accept all outpatients for care and treatment except patients whose conduct would present a problem regarding their own or other patient's safety, care and comfort.
- D. Responsibility: A member of the medical staff shall be responsible for the medical care and treatment of each patient in Truckee Surgery Center and the prompt completeness and accuracy of the medical record.
- E. Patient Safety: The admitting physician shall be held responsible for giving such Information as may be necessary to assure the protection of the patient from self-harm and to assure the protection of others whenever his/her patient might be a source of danger from any cause whatsoever.
- F. AMA Discharges: Patients shall be discharged or transferred only on the written order of the attending physician. Should a patient leave Truckee Surgery Center against the medical advice of the attending physician, or without proper discharge, a notation of the incident shall be made in the patient's medical record. The patient should sign the appropriate release. If this release is not obtainable, the circumstances shall be documented in the medical record.
- G. Transfer/Discharges: No patient shall be transferred or discharged for purposes of affecting a transfer from Truckee Surgery Center to another health facility, unless arrangements have been made in advance to such health facilities. A transfer or discharge shall not be carried out if, in the opinion of the patient's physician, such a transfer or discharge would be detrimental to the patient.
- H. Minors/Discharge: A minor shall be discharged only to the custody of his/her parents or legal guardian, unless such parent or guardian shall direct otherwise in writing. This shall not include emancipated minors.
- I. Deaths: In the event of a death In Truckee Surgery Center, the deceased shall be pronounced dead within a reasonable time by the attending physician or his physician designee. The body shall not be released until such entry has been made and signed In the medical record of the deceased by a member of the medical staff. Policies with respect to the release of the bodies shall conform to local law.

Orders

- A. Treatment Orders: All orders for treatment and diagnostic studies shall be in writing. (Written by the physician or a verbal/telephone order written by an RN or LVN)
 1. The above named individuals may only receive and record orders within their scope of

- practice.
2. All verbal orders shall be signed by the person to whom the order was dictated and following the name of the physician dictating the order and shall be authenticated within 48 hours. Verbal orders may be received only from members of the medical staff with clinical privileges to do so and not from an office or clinic receptionist or nurse.
 3. Faxed orders with physician signatures may be accepted. Original faxes will be kept in the patient's medical record.
- B. Time/Date: All Truckee Surgery Center orders shall be dated and timed. In addition, all Truckee Surgery Center personnel shall record the time when the order was transcribed.
- C. Order Writing: All physicians' orders shall be written clearly, legibly and completely. Orders which are illegible or improperly written will not be carried out until rewritten and/or understood by the nurse.
- D. Take Home Drugs: No drugs supplied by Truckee Surgery Center shall be taken from the surgery center.

Consents

- A. No operation will be performed without the informed consent of the patient or his legal guardian except in documented emergencies. Appropriate informed consent for all anticipated procedures must be on the chart prior to surgery.
- B. Informed Consent: It is the responsibility of the physician performing the procedure to obtain informed consent and to explain the potential risks and complications of the impending procedure and anesthesia. No preoperative medication will be given and the patient will remain in the preoperative area until the consent has been completed.
- C. Content: The consent form must state the name of the physician and the name of the procedure or treatment. The physician is responsible to obtain the informed consent and it will be signed when the patient has been advised in simple terms of the risks, benefits and alternatives to surgical treatments or procedures.
- D. Consent Manual: The Medical Staff of Truckee Surgery Center has adopted the California Hospital Association's Consent Manual to serve as operating policy governing all matters of consents.
- E. Physicians shall see that one parent or guardian signs the consent for minors. The consent of both parents is recommended whenever possible.
- F. A sterilization consent will be signed on all patients undergoing sterilization procedures as required by the Consent Manual.

The Medical Record

- A. Responsibility/Content: The admitting physician shall be responsible for a complete and legible medical record for each patient. This record shall contain current and pertinent information including Identification of the patient; admission history and physical exam; consultations; diagnostic records; operative reports; pathology findings; final diagnosis; and discharge condition.
- B. Preoperative Requirements: All surgical patients must have a history and physical examination, appropriate lab and diagnostic tests and appropriate consultations prior to surgery. If the history and physical has been dictated but is not on the chart, the physician must indicate this and complete a note with pertinent physical findings, history and admitting diagnosis.
- C. Admission History and Physical: An admission history and physical examination shall be recorded by the attending physician on or before the day of surgery, and include all pertinent findings.
 1. When a complete history has been recorded and a physical examination performed within a week prior to the patient's surgery at Truckee Surgery Center, or when a patient is

- readmitted within thirty days of the last admission for the same or a related condition, a legible copy of these reports may be used in the medical record. In such instances, an interval admission note must be written addressing changes in the history or physical condition of the patient.
2. An acceptable history and physical includes: chief complaint; details of present illness; relevant past social and family history; review of systems; pertinent physical findings; current physical assessment; treatment plan.
 3. If the history and physical was performed by a physician other than the physician performing the procedure, that physician must document his/her preoperative findings by way of dictated report or progress note prior to commencement of surgery.
- D. Preoperative/Operative Note: The surgeon should record and authenticate a preoperative diagnosis prior to surgery in the medical record. An operative note must be written in the progress notes immediately after surgery and shall specify the type of operation performed and contain any other pertinent information.
- E. Operative Report: Operative reports will include a detailed account of the findings during the procedure and the details of the surgical technique. Operative reports will be dictated within twenty-four hours following surgery and the report promptly signed by the physician and made part of the medical record. Reports not dictated within twenty-four hours of the procedure will be ground for temporary restriction of privileges.
- F. Abbreviations: Abbreviations from the Dictionary of Medical Acronyms and Abbreviations are considered current. A copy of this book is kept in the Post Anesthesia Care Unit. Addendums will be kept with the book as required.
- G. Release of Information: Written consent of the patient is required for release of medical information to persons not otherwise authorized to receive the information.
- H. Removal of Records: All medical records are the property of Truckee Surgery Center and may be removed from the surgery center's safekeeping only in accordance with a court order, subpoena or statute. Any physician removing charts from the surgery center will be immediately suspended.
- I. Access to Medical Records: When a patient is readmitted to the surgery center, previous records will be available for the use of the admitting physician and anesthesiologist. Physicians shall not be allowed access to the medical records of other physician's patients unless:
- a. It is an authorized study and research project approved by the Medical Executive Committee.
 - b. They have been directed by the Executive Committee to review the medical record of another physician's patients.
 - c. They are actively involved in the patient care.
 - d. And/or the patient signs a release form.
- J. Permanent File: The medical record will not be permanently filed until it is completed by the responsible physician.
- K. Suspension for Incomplete Medical Records: All medical records will be completed within fourteen days of surgery/procedure.
- L. Admissions While on Temporary Suspension: If a member of the medical staff has been notified according to established policies for delinquent records by a phone call from the Administrator and the physician has a surgery scheduled during the described period of suspension, the physician will be contacted at 9:00am the working day before the scheduled admission and asked to complete the medical records in question by 2:00pm or the procedure will be cancelled. The physician will be responsible for informing the patient regarding the cancellation. If the patient arrives at Truckee Surgery Center, the patient will be asked to contact his/her physician.
- M. Alteration of a Medical Record: Unwanted entries should be lined through, signed and dated. Corrections should be entered in the record chronologically, signed and dated. Do not remove or obliterate entries or documents.
- N. Inappropriate Chart Notes: Physicians are restricted from writing interpersonal comments that reflect upon the personality, integrity or competence of any other physician in the patient record.

Physicians who do so will be considered in violation of the Rules and Regulations and could be suspended from the Medical Staff.

- O. Laboratory Tests Performed Outside Truckee Surgery Center: outside lab, test results may become part of the medical record only if such tests are performed in labs that have been certified by the College of American Pathologists or their equivalent or licensed through the Clinical Laboratories Improvement Act of 1967. Lab results not performed in such facilities may be referred to in the admission history and physical or progress notes.

Allied Health Professional

While not qualified for membership on the Medical Staff, allied health professionals may practice in Truckee Surgery Center under the following conditions:

- A. Each person shall have sufficient training, experience and demonstrated competence to:
 - a. Exercise judgment within their area of competence.
 - b. Participate directly in the management of patients under the supervision or direction of a member of the medical staff, within the limits established by the medical staff and consistent with state law. Entries to the medical record by allied health professionals will be countersigned by the physician.
- B. Each person will be under direct supervision of an attending physician. They may carry out their activities in conformity with Medical Staff Bylaws, Rules and Regulations and upon direct order of the attending physician.
- C. Approval to practice in Truckee Surgery Center within the guidelines established above will be contingent upon recommendation of the Executive Committee and Governing Board.

Access to Credentials Files

Each member in good standing of the medical staff of Truckee Surgery Center may have access to his credentials file. This review must be requested in advance and must be accomplished in the presence of the Medical Director or his/her designee. No member of the Medical Staff will be allowed access to the information contained in another staff member's file unless it is within the scope of committee activity related to peer review or privileging functions.

Responding To Committee Inquiries

Medical staff members must respond within one month to a request from the Executive Committee, which has mailed return receipt requested, or be suspended from the staff until said response has been received or current medical staff appointment has expired.

ANESTHESIA RULES AND REGULATIONS

General Organization

Anesthesia is that membership of the medical staff that primarily concerns itself with the anesthesiology aspects of surgical and medical care, diagnosis and treatment.

Pre-Anesthesia

- A. Preoperative Visit: The preoperative visit will be conducted by an anesthesiologist scheduled for the case prior to the scheduled surgery at which time there shall be a disclosure of the plan of anesthesia, the surgical procedure anticipated, the possible risk and possible complications and completion of the pre-anesthetic evaluation. It is expected that the anesthesiologist will make every effort to contact the patient by phone prior to the scheduled surgery day to decrease unexpected delays due to patient questions, complications, or additional required testing. Except in emergency cases, this evaluation will be recorded prior to the patient's transfer to the operating room. The choice of specific anesthetic agent or technique will be left to the discretion of the anesthesiologist.
- B. Preoperative Evaluation: The preoperative evaluation will be documented in the patient's medical record and will include at least the following:
 - Pertinent history and physical exam
 - Airway examination
 - Choice of anesthesia
 - Other anesthesia experience
 - Potential anesthetic problem
 - Date and time of visit
 - ASA Classification for anesthetic risk
- C. Preoperative Medication: Preoperative medications may be ordered by the anesthesiologist.
- D. Responsibilities During Surgery: It is the responsibility of the anesthesiologist and the circulating nurse to identify the patient prior to entering the operating room and ascertain that the medical record contains the appropriate informed consent forms for the contemplated surgical procedures. The anesthesiologist is always directly responsible to the patient.
 - a. As a physician, the anesthesiologist is expected to use drugs he/she may deem advisable in a given situation.
 - b. Blood products are checked against the patient's ID, chart and administration slip by the anesthesiologist and circulating nurse. It is then started by the anesthesiologist who completes the appropriate documentation.
 - c. The anesthesiologist is in complete charge of all emergency procedures except those relating directly to surgery.
 - d. When appropriate, the IV fluids are started preoperatively in the pre-operative area by the nurse or anesthesiologist.
- E. Presence of Anesthesiologist: The anesthesiologist shall be in constant attendance during the entire procedure and a record of all events taking place during the induction, maintenance and emergence from anesthesia, including the dosage and duration, shall be maintained. This is not to preclude the induction of regional anesthesia in a designated holding area where continuous monitoring is available and used.
- ~~F. Administration: Anesthesia shall not be started on any surgical case until the surgeon is in Truckee Surgery Center. If the operating surgeon leaves the surgery center during a procedure the anesthesiologist will complete an occurrence report. The Medical Director and Administrator will be notified.~~

Commented [CL1]: MEC recommendation from 8/5/2020 meeting is to eliminate item F altogether. Will take to board for final approval.

Local Anesthesia

- A. Definition: Local anesthesia is defined as anesthetizing a specific area causing insensibility to pain.
- B. Responsibility: If no anesthesiologist is present in the operating room, the surgeon will be responsible for the administration of the local anesthesia.
- C. Drug and Equipment Availability: All usual drugs and necessary resuscitation equipment will be available and the physician in charge will be knowledgeable and proficient in their use.
- D. Monitoring of Patient: During local anesthesia, in the absence of an anesthesiologist, vital signs will be monitored and recorded by a Registered Nurse. Medications may be given by the nurse on the order of a physician.

Immediate Postoperative Period

The surgeon, anesthesiologist and the PACU nurse share the responsibility for patients in the PACU.

- A. The anesthesiologist will be responsible for the assessment of the post-anesthetic patient. He/she will determine the stability of the patient upon completion of the procedure and closely monitor the patient throughout the recovery period.
- B. The anesthesiologist will remain available in the surgery center until the patient's condition is stable.
- C. Discharge from the Recovery Room is to be by direct order from the anesthesiologist.
- D. The patient's post-anesthesia status will be documented by the anesthesiologist in the medical record, dated and timed.

SURGERY RULES AND REGULATIONS

General Organization

Composition: Surgery is that membership of the medical staff which concerns itself with the surgical aspect of the diagnosis and treatment of disease and may include physicians with privileges in the following specialties: Dentistry and Oral Surgery, General Surgery, Ophthalmology, Orthopedics, Gynecology, Otolaryngology, Plastic and Reconstructive Surgery, Podiatry, Urology and Pain Management

Privileges

Proctoring: Proctors are to be arranged by the applicant from members of the medical staff who have been granted the requested privileges. The proctoring physician is expected to complete a written record of the assessment.

General Rules and Regulations

- A. Scheduling: Procedures may only be scheduled by members of the medical staff and in compliance with Truckee Surgery Center guidelines.
- B. Provisional Surgical Privileges: Surgeons not yet approved for medical staff membership may be granted provisional surgical privileges.
- C. Assistant Surgeons: It is the responsibility of the operating surgeon to arrange an appropriate assistant for cases at his/her discretion.
- D. Outpatient Surgery: All patients must have their preoperative diagnostic tests completed the day prior to the scheduled procedure.
- E. Surgery Start Time: Surgeons must be in the operating room and ready to begin at the scheduled time, unless there is a reasonable excuse for delay. A delayed case time may be assigned at the discretion of the anesthesiologist and the Charge Nurse.

Conduct of Care

- A. Visitors: See Operational Policy regarding visitors.
- B. Wound Infections: It is requested that each surgeon or office nurse/representative report the presence of wound infections to the QAPI/IC Coordinator.

Pathology

- A. Composition: Pathology is that membership of the Medical Staff, which primarily concerns itself with the anatomical pathology, surgical pathology and clinical pathology of medical care. Members shall be fully trained or Board Certified Clinical and Anatomical Pathologists.
- B. Tissue and Foreign Objects: Tissues removed shall be delivered to the pathologist at the discretion of the surgeon and within the guidelines of the pathologists and operational policy entitled "Specimen Collection" A report of the pathologist's findings shall be filed in the medical record. The tissue will be the property of the surgery center/pathologist. Slides of tissue blocks may be made available to outside facilities at a doctor's request for review on a loan basis.

Dentists and Oral Surgeons

- A. Medical Appraisal: A patient admitted for dental care shall receive the same basic medical appraisal as patients admitted for other surgical procedures.
- B. Responsibility: A patient admitted for dental care is a dual responsibility involving the dentist and the patient's primary care provider or cardiologist.
- C. Dentists Responsibilities:
 - a. A detailed dental history addressing necessity and appropriateness of care.
 - b. A detailed description of the examination of the oral cavity and preoperative diagnosis.
 - c. A complete operative report, describing the findings and technique. In cases of teeth extractions, the dentist must report the number of teeth and fragments will be sent to the pathologist for examination.
 - d. Progress notes must be relevant to the oral condition.
- D. Primary care/Cardiologist Responsibilities:
 - a. Medical history pertinent to the patient's general health, including consultation requirements. Within 30 days of the planned procedure, completed by the patients primary care or cardiologist.
 - b. Medical Clearance, completed by the patient's primary care provider or cardiologist, for the patient to be admitted to the facility for the planned procedure.
 - c. A physical examination to determine the patient's condition prior to anesthesia and surgery, completed by the patient's primary care or cardiologist.
- E. Anesthesia Responsibilities:
 - a. A pre-anesthesia evaluation
 - b. Treatment of any medical condition present on admission or that occurs during the patient's stay at Truckee Surgery Center.
- F. Discharge: The discharge of the dental patient will be on written order of the dentist member or the responsible physician member of the Medical Staff
- G. History and Physical Requirements for Oral Surgeons: Physician responsibilities as described in the first two physician responsibilities above may be waived for qualified oral surgeons who, after appropriate monitoring, have been granted privileges to perform complete history and physical examinations on their patients.

Podiatry

- A. Medical Appraisal: A patient admitted for podiatric care shall receive the same basic medical appraisal as patients admitted for other surgical procedures.
- H. Responsibility: A patient admitted for podiatric care is a dual responsibility involving the Podiatrist and the patient's primary care provider or cardiologist.
- I. Podiatrist's Responsibilities:
 - a. A detailed podiatric history addressing necessity and appropriateness of care.
 - b. A detailed description of the examination of the foot and preoperative diagnosis.
 - c. A complete operative report, describing the findings and technique.
 - d. Progress notes must be relevant to the podiatric condition.
- J. Primary care/Cardiologist Responsibilities:
 - a. Medical history pertinent to the patient's general health, including consultation requirements. Within 30 days of the planned procedure, completed by the patients primary care or cardiologist.
 - b. Medical Clearance, completed by the patient's primary care provider or cardiologist, for the patient to be admitted to the facility for the planned procedure.
 - c. A physical examination to determine the patient's condition prior to anesthesia and surgery, completed by the patient's primary care or cardiologist.
- K. Anesthesia Responsibilities:
 - a. A pre-anesthesia evaluation

- b. Treatment of any medical condition present on admission or that occurs during the patient's stay at Truckee Surgery Center.
- L. Discharge: The discharge of the podiatry patient will be on written order of the Podiatrist member or the responsible physician member of the Medical Staff

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

PolicyStat Id	Title	Department
8416302	Abnormal Diagnostic Test Results Follow-up, DI-1901	Diagnostic Imaging
8416320	Absenteeism and Tardiness, HR-1901	Human Resources
8416309	Abuse Reporting-Suspected Child, Adult, Disabled Person and Elder Abuse and Neglect, GOV-1901	Governance
8338993	Accounts Payable Accounts Receivable, BO-1901	Business Office
8416374	Acute Pain Management, NS-1901	Nursing Services
8338999	Administration of Truckee Surgery Center, BO-1902	Business Office
8339025	Admission Procedures, BO-1903	Business Office
8342304	Advance Directives, BO-1904	Business Office
8416375	Adverse Drug Reactions, PH-1901	Pharmacy
8413139	Aerator Cleaning, IC-1901	Infection Prevention and Control
8342319	Against Medical Advice (AMA), GOV-1902	Governance
8338665	Allied Health Professionals, MS-1901	Medical Staff
8416377	Allograft Handling- Accepting, Storing, and Tracking TB-1901	Tissue Bank
8416284	Alternate Life Safety Measures, EOC-1922	Environment of Care
8342331	Anaphylaxis Protocol, NS-1902	Nursing Services
8416308	Anesthesia Informed Consent, AN-1901	Anesthesia
8416304	Anesthesia Responsibilities, AN-1902	Anesthesia
8387458	Antibiotic Intravenous Administration, IC-1902	Infection Prevention and Control
8416150	Approved Drug List and Formulary, Medication Management, PH-1907	Pharmacy
8251167	Arthrocare Cable & Foot Control Cleaning, SP-1901	Sterile Processing Dept
7538174	Asepsis, IC-1926	Infection Prevention and Control
8342342	Autoclave Cleaning, SP-1902	Sterile Processing Dept
8251233	Biohazardous Waste Definitions and Management Plan, IC-1903	Infection Prevention and Control
8342356	Biological Test Indicators, SP-1903	Sterile Processing Dept
8251415	Blood & Body Fluid Spill Clean-Up, IC-1904	Infection Prevention and Control
8251472	Blood Glucose (Precision Xtra), LAB-1901	Laboratory
8251534	Blood, LAB-1902	Laboratory
8251556	Bomb Threat, EOC-1901	Environment of Care
8342375	Bowie Dick Testing, SP-1904	Sterile Processing Dept
8251594	Cancellation Policy, BO-1905	Business Office
8251615	Cleaning and Storage of Lumify Ultrasound Transducer, NS-1904	Nursing Services
8251634	Cleaning and Storage of McGrath Video Laryngoscope, PS-1901	Perioperative Services
8251747	Cleaning Patient Care, IC-1905	Infection Prevention and Control
8251770	Clinical Laboratory Point of Care Testing Program, LAB-1909	Laboratory
8416243	Clinical Laboratory Specimen Collection and Transport, LAB-1914	Laboratory
8251861	Clinical Laboratory Specimen Transport and Courier Service, LAB-1912	Laboratory

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

8251921	Code Blue Protocol, NS-1905	Nursing Services
8251944	Code of Conduct, HR-2001	Human Resources
8354501	Code of Ethics, BO-1906	Business Office
8251963	Collection of Contaminated Instruments & Equipment, SP-1905	Sterile Processing Dept
8103776	Communicable Diseases, IC-1906	Infection Prevention and Control
8252058	Competencies, NS-1906	Nursing Services
8252156	Comprehensive History & Physical, MS-1902	Medical Staff
8354514	Computer & Information Technology Standards of Practice, BO-1907	Business Office
8252217	Conscious Procedural Sedation, NS-1907	Nursing Services
8342504	Continuing Education & In-Service Training, NS-1908	Nursing Services
8252235	Counts, PS-1903	Perioperative Services
8089682	COVID-19: Facility Disinfection, IC-2003	Infection Prevention and Control
8177864	COVID-19: Screening of Patients, Employees, and Vendors, IC-2002	Infection Prevention and Control
8252274	Credentialing & Privileging Licensed Independent Practitioners, MS-1903	Medical Staff
8342510	Designated Holidays- HR-1914	Human Resources
8342607	Discharge Criteria, NS-1909	Nursing Services
8346827	Discharge Planning and Education, NS-1928	Nursing Services
8342535	Discharge, NS-1910	Nursing Services
8346842	DVT Stocking Use, NS-1911	Nursing Services
8252613	Educational Plan-Patient, NS-1912	Nursing Services
8416295	Electrical Equipment Safety, EOC-1903	Environment of Care
8252629	Electrosurgical Cautery Unit Safety, PS-1904	Perioperative Services
8416274	Emergencies, EOC-1904	Environment of Care
8252645	Emergency Call Lights, EOC-1905	Environment of Care
8252651	Emergency Lighting Unit Maintenance, EOC-1906	Environment of Care
8347732	Emergency Operations Plan, EOC-1902	Environment of Care
8252873	Employee Health Program, IC-1939	Infection Prevention and Control
8103650	Employee Health Screening and Immunization, IC-1908	Infection Prevention and Control
8252921	Employee Injury, HR-1902	Human Resources
8398473	Employee Insurance Benefits, HR-2004	Human Resources
8416315	Employee Treatment, HR-1903	Human Resources
8416325	Employment Categories, HR-2002	Human Resources
8252929	Epidural Steroid Injections (Therapeutic), NS-1913	Nursing Services
8347744	Event-Related Shelf Life Sterile Storage, SP-1907	Sterile Processing Dept
8347752	Executor Signature, GOV-1903	Governance
8347868	Exposure Control Plan, IC-1909	Infection Prevention and Control
8347919	Exposure Control Program, IC-2001	Infection Prevention and Control
8347932	External Disaster, EOC-1907	Environment of Care
8347992	Financial Policy, BO-1909	Business Office
8348005	Financial Reports, Monthly Liabilities, BO-1914	Business Office
8348018	Fire Alarm System, EOC-1908	Environment of Care

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

7740223	Fire Drills, EOC-1909	Environment of Care
8348035	Fire Safety-Oxygen Enriched Atmosphere in the Operating Room, EOC-1911	Environment of Care
8348037	Fire Safety, EOC-1910	Environment of Care
8348042	Fire Staff Response, EOC-1912	Environment of Care
8348116	Fire Watch, EOC-1913	Environment of Care
8348124	Fluoroscopy Use, DI-1903	Diagnostic Imaging
8348132	Generator Inspections, EOC-1915	Environment of Care
8348154	Hand Hygiene, IC-1910	Infection Prevention and Control
8348159	Handling Hazardous Chemicals, EOC-1916	Environment of Care
8348169	Handling Tissue at Truckee Surgery Center, TB-1902	Tissue Bank
8348179	High Risk Medications and Look Alike Sound Alike Drugs, PH-1911	Pharmacy
8348188	HIPAA Security Confidentiality, GOV-1904	Governance
8348193	Hiring New Employees, HR-1910	Human Resources
8141326	Hours of Care, BO-1908	Business Office
8348197	Housekeeping – Between and After Cases, IC-1911	Infection Prevention and Control
8348200	Housekeeping – Terminal & Scheduled Cleaning, IC-1912	Infection Prevention and Control
8348243	Immediate Use Sterilization Tracking, SP-1908	Sterile Processing Dept
8348265	Impaired or Incapacitated Medical Staff, MS-1904	Medical Staff
8348282	Infection Control Plan, IC-1914	Infection Prevention and Control
8349849	Informed Consent, GOV-1905	Governance
8349856	Instrument Preparation & Assembly, SP-1909	Sterile Processing Dept
8349867	Instruments From Outside Truckee Surgery Center, SP-1910	Sterile Processing Dept
8349873	Interpretation of Fluoroscopic Images, DI-1904	Diagnostic Imaging
8349887	Isolation Precautions, IC-1915	Infection Prevention and Control
8349898	IV Therapy, NS-1918	Nursing Services
8349904	Lab & Radiologic Testing Ordering & Obtaining, LAB-1903	Laboratory
8349921	Lab Tests- Pre-Operative Guidelines, LAB-1904	Laboratory
8349930	Laboratory & Diagnostic Testing- Follow-Up on Abnormal Results, LAB-1905	Laboratory
8349944	Laryngoscope Cleaning & Maintenance, SP-1911	Sterile Processing Dept
8349959	Latex Allergy, IC-1916	Infection Prevention and Control
8349970	Lead Shield Monitoring, DI-1904	Diagnostic Imaging
8349975	Life Safety, EOC-1917	Environment of Care
8349984	Linen Management, IC-1925	Infection Prevention and Control
8349992	LMA Cleaning & Tracking, SP-1912	Sterile Processing Dept
8350008	Long Term Plan, GOV-1906	Governance
8350051	Maintaining Relative Humidity in the Operating Room Suites, IC-1917	Infection Prevention and Control
8350251	Maintenance & Testing of Fire/Smoke Dampers, EOC-1918	Environment of Care
8350266	Maintenance of Fluoroscopic Images, DI-1905	Diagnostic Imaging
8350326	Malignant Hyperthermia Crisis, NS-1919	Nursing Services
8350368	Meal and Rest Periods, HR-1912	Human Resources

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

8350381	Medical Equipment Intended for Outside Vendors, IC-1918	Infection Prevention and Control
8350420	Medical Equipment Management Plan, IC-1919	Infection Prevention and Control
8350426	Medical Record Content, BO-1910	Business Office
8350447	Medical Record-Patient Access, BO-1913	Business Office
8350478	Medical Students at Truckee Surgery Center, MS-1905	Medical Staff
8350489	Medication & Equipment Outdates and Storage, PH-1904	Pharmacy
8350509	Medication Administration, NS-1920	Nursing Services
8350518	Medication Errors: Plan to Prevent or Substantially Reduce, PH-1903	Pharmacy
8350717	Medication Management and Administration PH-1908	Pharmacy
8350745	Medication Management: Adverse Drug Event Reporting, PH-1912	Pharmacy
8350756	Mission and Goals, GOV-1907	Governance
8350908	Month-End Statistics, GOV-1908	Governance
8177897	N-95 Masks: Fit Testing, Checking and Reprocessing, IC-2004	Infection Prevention and Control
8248437	Name Tags, HR-1913	Human Resources
8350940	Narcotic Storage and Distribution, PH-1905	Pharmacy
8350999	National Patient Safety Goal- Universal Protocol/Time Out, PS-1911	Perioperative Services
8351020	Needlestick Protocol, IC-1921	Infection Prevention and Control
8351045	New Employee Orientation, HR-1905	Human Resources
8351098	Non-Discrimination, GOV-1909	Governance
8351150	Notification of Significant Changes, BO-1915	Business Office
8351157	Nursing Accountability to the Medical Staff and Administration, NS-1921	Nursing Services
8351162	Nursing Diagnosis, NS-1903	Nursing Services
8351208	Occurrence/Notification Reports, QA-1903	Quality and Patient Safety
8351220	Operation of C-Arm and Mini C-Arm and use of C-Arm Spacer Cone, DI-1902	Diagnostic Imaging
8351281	Operative Site Marking and Verification, PS-1905	Perioperative Services
8351290	Pacemaker, NS-1922	Nursing Services
8351300	PACU Admission Protocol, PS-1906	Perioperative Services
8351314	PACU Care, NS-1940	Nursing Services
8416366	PACU Policies, NS-1915	Nursing Services
8351339	PACU Refrigerator Temperatures, PS-1908	Perioperative Services
8351348	Patient Assessment-Nurse, NS-1923	Nursing Services
8351359	Patient Chart Alerts, BO-1916	Business Office
8351371	Patient Eligibility, AN-1903	Anesthesia
8351454	Patient Food & Drink Handling, NS-1924	Nursing Services
8351462	Patient Informed Decision Making, NS-1925	Nursing Services
8351481	Patient Participation in Investigation Medication Protocol, PH-1912	Pharmacy
8351496	Patient Rights and Responsibilities, BO-1919	Business Office
8351501	Patient Shielding, DI-1906	Diagnostic Imaging

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

8351440	Patient/Family Complaints/Grievance, BO-1917	Business Office
8351511	Payroll Liabilities (Taxes) Business Office, BO-1920	Business Office
8351517	Pediatric Patients, NS-1926	Nursing Services
8351531	Peer Review/Indicators for Medical Record Review, HIM-1901	Health Information Management
8360640	Peer Review/Medical Record Review, MS-1906	Medical Staff
8351556	Performance Evaluations, GOV-1910	Governance
8351574	Personal Paid Leave (PTO)- HR 1913	Human Resources
8351591	Personal Protective Clothing and Equipment (PPE), IC-1922	Infection Prevention and Control
8351637	Pest Management, IC-1923	Infection Prevention and Control
8351676	Pharmacy Consultation, PH-1909	Pharmacy
8351699	Pharmacy Quarterly Audit, PH-1910	Pharmacy
8351722	Pharmacy Refrigerator, PH-1902	Pharmacy
8351737	Physician Notification of Change in Patient Condition, MS-1907	Medical Staff
8351771	Physician Orders:Routine, Telephone, Verbal, NS-1917	Nursing Services
8351790	Point of Care Licensure, LAB-1913	Laboratory
8351808	Point of Care Testing Laboratory Basic Safety, LAB-1911	Laboratory
8351834	Point of Care Testing Program Overview, LAB-1910	Laboratory
8351849	Post Exposure to Blood or Bodily Fluids Evaluation and Follow-up, IC-1924	Infection Prevention and Control
8351870	Postoperative Phone Evaluation, NS-1927	Nursing Services
8338693	Preadmission Screening and Assessment, NS-1939	Nursing Services
8416364	Pregnancy - Assessment, NS-1938	Nursing Services
8351968	Pregnancy- Employee, NS-1928	Diagnostic Imaging
8351989	Preoperative Instructions, NS-1914	Nursing Services
8352079	Procedural Sedation, NS-1929	Nursing Services
8352019	Procedure List, MS-1908	Medical Staff
8352087	Protocol for Sales Representatives, BO-1921	Business Office
8352416	Quality Assessment & Performance Improvement (QAPI) Plan, QA-2002	Quality and Patient Safety
8352438	Radiation Exposure Monitoring, DI-1907	Diagnostic Imaging
8352451	Radiation Safety Control Measures- Equipment, DI-1908	Diagnostic Imaging
8352472	Radiological Services - Scope & Complexity, DI-1909	Diagnostic Imaging
8352475	Reassessment, NS-1930	Nursing Services
8352482	Recalls, NS-1931	Nursing Services
8352486	Receiving Damaged Tissue, TB-1903	Tissue Bank
8352492	Receiving Inventory from Tissue Bank, TB-1904	Tissue Bank
8352513	Receptacle Testing, EOC-1919	Environment of Care
8352800	Record Retention & Destruction, BO-1911	Business Office
8352807	Registered Nurse First Assistant (RNFA), NS-1932	Nursing Services
8352833	Reporting Test Results, LAB-1906	Laboratory
8352848	Reporting to NPDB (National Practitioners Data Bank), BO-1922	Business Office
8035861	Reprocessing of Single-Use Devices, SP-1920	Sterile Processing Dept
8352879	Respiratory Hygiene, IC-1927	Infection Prevention and Control

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

8352891	Restraints, NS-1933	Nursing Services
8398471	Retirement Plan, HR-2003	Human Resources
8352902	Reversal Drugs Approved for Use During Procedural Sedation Cases, PH-1906	Pharmacy
8352903	Review of Nosocomial Infections, IC-1928	Infection Prevention and Control
8352927	Review of Policies and Procedures, BO-1923	Business Office
8353015	Risk Management, QA-1905	Quality and Patient Safety
8353025	Rodent Management, IC-1929	Infection Prevention and Control
8353048	Roller Use, NS-2001	Nursing Services
8353233	Safe Injection Practices, IC-1930	Infection Prevention and Control
8353246	Safety in the Workplace, QA-1906	Quality and Patient Safety
8416227	Safety Rules, DI-1910	Diagnostic Imaging
8353292	Safety, QA-1907	Quality and Patient Safety
8353304	Scheduling Procedures, BO-1924	Business Office
8353315	Scope of Anesthesia Services, AN-1904	Anesthesia
8353318	Scope of Services, GOV-1912	Governance
8353380	Scotsman Ice Maker Cleaning, IC-1913	Infection Prevention and Control
8353390	SDS-Hazardous Substances, IC-1920	Infection Prevention and Control
8353399	Security and Belongings, GOV-1913	Governance
8353419	Sentinel Event Alert Analysis, QA-1910	Quality and Patient Safety
8353614	Sentinel/Adverse Event/Error or Unanticipated Outcome, QA-2001	Quality and Patient Safety
8353632	Sharps Safety, IC-1931	Infection Prevention and Control
8353641	Skin Preparation, NS-1934	Nursing Services
8353656	Smoke Detector Sensitivity Testing, EOC-1920	Environment of Care
8353914	Smoke-Free Facility, GOV-1914	Governance
8353928	Specimen Collection, LAB-1907	Laboratory
8353934	Sprinkler System 5 Year Certification, EOC-1921	Environment of Care
8353946	Staff Recruitment-Retention, HR-1906	Human Resources
8353964	Staff Right to Request to be Excused from Participation in an Aspect of Patient Care, HR-1907	Human Resources
8353976	Staffing Plan, HR-1908	Human Resources
8354003	Steam Sterilizing and Tracking, SP-1914	Sterile Processing Dept
8354014	Sterile Processing Audits (Monthly), SP-1915	Sterile Processing Dept
8354018	Sterilizer Testing, SP-1916	Sterile Processing Dept
8354020	Storage and Distribution of Sterilized Items, SP-1917	Sterile Processing Dept
8252585	Stryker Neptune Waste Management System Operation and Cleaning, SP-1906	Sterile Processing Dept
8354042	Summary List, BO-1918	Business Office
8416229	Sure-View HCG Pregnancy Test, LAB-1915	Laboratory
8354059	Surgical Clipper Use, IC-1933	Infection Prevention and Control
8354070	Surgical Hand Scrub, IC-1934	Infection Prevention and Control
8354093	Surgical Log, PS-1910	Perioperative Services

TRUCKEE SURGERY CENTER POLICIES PROCEDURES

8354098	Surgical Pathology - Tissues Exempt From Submission, TB-1906	Tissue Bank
8354129	Surgical Site Infection (SSI) Risk Factors and Criteria, IC-1938	Infection Prevention and Control
8354114	Surgical Site Infection, IC-1935	Infection Prevention and Control
8354135	Surgical/ Procedural Attire, IC-1932	Infection Prevention and Control
8354159	TB Exposure Control Plan, IC-1936	Infection Prevention and Control
8354171	Telephone Messages, BO-2001	Business Office
8354194	Temperature, Humidity & Air Exchanges at Truckee Surgery Center, IC-1937	Infection Prevention and Control
8354218	Termination of Physician-Patient Relationship, MS-1909	Medical Staff
8354229	Time Keeping, HR-1911	Human Resources
8354238	Tissue Quarantining, TB-1908	Tissue Bank
8354245	Tower Documentation, PS-1912	Perioperative Services
8354248	Transfer Agreement, GOV-1917	Governance
8354255	Transfer to a Higher Level of Care, GOV-1915	Governance
8354264	Transfusion Reaction, NS-1935	Nursing Services
8354431	Ultrasonic Washer Use, SP-1918	Sterile Processing Dept
8354437	Use of digital Xray by Dentist During Dental Procedures, DI-1911	Diagnostic Imaging
8354442	Use of KimGuard & KimGuard One-Step Sterilization Wrap, SP-1919	Sterile Processing Dept
8354452	Visitors in Patient Care Areas, GOV-1916	Governance
8354454	Waived Testing, LAB-1908	Laboratory
8354461	Warming solutions, NS-1936	Nursing Services
8354467	Work Place Health & Safety-Ergonomics, HR-1904	Human Resources
8354479	Workplace Violence Prevention, HR-1909	Human Resources
8354498	Wound Classifications, NS-1937	Nursing Services

TRUCKEE SURGERY CENTER FORMULARY 2020

Last Revised: EP 7/2/2020

	Ordered
	Back-ordered
	Substitute for Back-ordered Medication
	Refrigerated
	Expires within 2 months
	Discontinue when out of stock

MEDICATION	PAR	EXPIRES	BACK-ORDER	COMMENTS
Acetaminophen (Children's) 100mg/5ml oral suspension	1	1/2021		
Acetaminophen 1,000mg/100mL IV (Ofirmev)	10	4/2021		
Acetaminophen 325 mg oral	15	4/2021		
Acetaminophen 325 mg suppository	6	2/2022		
Adenosine 6mg/2mL IV	10	5/2021		
Albuterol 90 mcg/actuation (Proair) inhaler 200 puff	4	11/2020, 2/2022		
Albuterol sulfate 0.083% 2.5mg/3mL liquid for inhalation	25	5/2021		
Ammonia inhalants	5	7/2023		
Aspirin 81 mg EC oral	15	9/2020		
Aspirin 81 mg chewable	15	3/2022		
Atropine 0.4mg/mL IV	25	10/2020, 11/2020		
Bacitracin 50,000 units/vial powder topical	5	7/2021		
Benzocaine 20% topical anesthetic spray	1	5/2022		
Benzocaine topical anesthetic spray extension tubes	50	N/A		
Bupivacaine 0.25% 30 mL INJ	75	10/2020, 12/2020, 6/2021, 2/2022, 9/2022, 12/2022		
Bupivacaine 0.25% with EPI 30 mL INJ				Ord Card 7/15 Qty 50 CN#928090
Bupivacaine 0.5% 30 mL INJ	75	11/2020, 6/2021, 3/2022, 5/2022, 3/2023		
Bupivacaine 0.5% with EPI 30 mL INJ				Ord Card 7/15 Qty 50 CN#928090
Bupivacaine liposome 1.3% 133mg/10 mL PF INJ	8	5/2021, 8/2021, 12/2021		
Calcium carbonate 750 mg (Tums) oral	25	12/2023		
Cefazolin 1 gram/vial powder IV	100	8/2021, 1/2022, 5/2022, 6/2022		
Clindamycin 300mg/2mL IV	50	2/2021		
Clonidine 0.1 mg oral	25	9/2020		
Dantrolene sodium 20mg/vial	36	1/2022		

Desflurane 240 mL inhalation anesthesia	6	9/2022	
Dexamethasone 10mg/mL IV	50	5/2021, 6/2021, 9/2021	
Dexamethasone 20mg/5mL IV	n/a	11/2020	
Dexamethasone 4 mg PO	50	2/2022	
Dexamethasone 4mg/mL IV	75	9/2020, 11/2020, 2/2021, 3/2021, 6/2021, 8/2021	
Diazepam 5 mg oral	25	2/2021	
Digoxin 500mcg/2mL IV	5	3/2021	
Diltiazem 25mg/5mL IV	2	3/2021	
Diphenhydramine 25 mg oral	25	5/2022	
Diphenhydramine 50mg/mL IV	25	2/2021, 03/2022	
Ephedrine 50mg/mL IV	20	6/2021, 9/2021, 12/2022	
Epinephrine 1mg/mL IV	30	10/2020, 1/2021, 04/2021, 8/2021	
Esmolol 100mg/10 mL IV	5	11/2020	
Ethyl chloride topical anesthetic spray	2	3/2022	
Famotidine 20mg/2mL IV	1	4/2021	
Fentanyl 100mcg/2mL IV	75	6/2021, 7/2021	
Flumazenil 1mg/10mL IV	10	11/2021	
Gadobenate dimeglumine 5,290 mg/10mL (Multihance) INJ	10	7/2021	
Gadobenate dimeglumine 5,290 mg/15mL (Multihance) INJ	n/a	6/2022	
Gentamycin 80mg/2mL IV or IM	25	1/2021, 8/2021	
Gentamycin 20mg/2mL IV	n/a	8/2021	
Glycopyrrolate 0.2mg/mL IV	50	6/2021, 7/2021, 08/2021	
Hydralazine 20mg/mL IV	15	4/2021	
Hydrocodone-acetaminophen 10-325 mg oral	50	4/2021	
Hydrocodone-acetaminophen 5-325 mg oral	50	4/2021	
Hydrocortisone Sodium Succinate 100mg/vial powder IV (Solu-Cortef)	6	9/2021	
Hydromorphone 2 mg oral	25	1/2022	
Hydromorphone 2mg/mL IV	25	11/1/2020, 3/2022	
Hydroxyzine 100mg/2mL IM	10	9/2021	
Ibuprofen 400mg oral	100	11/2020	
Ibuprophen (Children's) 100mg/5ml oral suspension	1	11/2021	
Insulin regular 300units/3mL (Humulin R) subq/IV	1	11/2021	
Intralipid 20% 500 mL IV	2	12/2021	
Iopamidol 41 % (Isovue-M 200) 10mL INJ	40	2/2022, 6/2022, 8/2022, 1/2023	

Ketamine 500mg/10mL IV	10	11/2021		
Ketoralac 30mg/mL IV	50	10/2020, 8/2021, 9/2021, 4/2022		
Labetalol 100mg/20mL IV	10	9/2021, 10/2021		
Lacri-Lube 3.5gm/tube ophthalmic ointment	4	12/2021, 6/2022, 7/2022		
Lidocaine 1% PF 5 mL INJ	25	2/2021, 7/2022		
Lidocaine 1% 20 mL INJ	75	2/2021, 8/2021, 10/2021		
Lidocaine 1% PF 30 mL INJ	50	7/2023, 8/2023, 9/2023, 10/2023		
Lidocaine 2% 40mg/2 mL PF INJ	5	8/2021		
Lidocaine 2% 5 mL topical jelly	10	3/2021		
Lidocaine 4% LTA Kit	5	1/2021		
Lorazepam 1 mg oral				
Lorazepam 2mg/mL IV	25	1/2022		
Meperidine 50mg/1mL IV	25	5/2022		
Mepivacaine 2% 50 mL PF INJ	25	3/2023		
Metoclopramide 10mg/2mL IV	50	4/2021, 2/2021		
Midazolam Inj 2mg/2ml IV	75	8/2022, 11/2022, 3/2023		
Midazolam Syrup 5 mg/2.5mL PO	10	8/2021		
Morphine 4mg/mL IV	25	4/2021		
Nafcillin 1 gram/vial powder IV	10	6/2021		
Naloxone 0.4mg/mL IV	10	3/2021		
Neostigmine 10mg/10mL IV	30	3/2021, 9/2021		
Nitroglycerin 0.4 mg/tab sublingual	of 25 tabs	6/2021		
Ondansetron 4mg/2mL IV	50	1/2021, 7/2021, 1/2022, 2/2022		
Ondansetron 8 mg oral disintegrating	30	11/2021		
ON-Q Pump Ropivacaine HCl PF 2mg/mL 745 mL	Variable			
Oxycodone 10 mg oral	50	5/2021		
Oxycodone-acetaminophen 10-325 mg oral	50	12/2020		
Oxycodone-acetaminophen 5-325 mg oral	50	12/2020		
Oxymetazoline HCl nasal solution	4	3/2021		
Phenylephrine 10 mg/mL IV	25	10/2020		
Promethazine 25mg/mL IV	25	1/2022		
Propofol 200mg/20mL IV	100	3/2021, 5/2021, 6/2021, 10/2021, 12/2021		
Propranolol 1mg/mL IV	10	4/2022		
Racemic epinephrine 2.25% liquid for inhalation	10	4/2021		

Rocuronium 50mg/5mL IV	25	11/2021, 1/2022	Expired product reordered	
Ropivacaine 0.5% 30 mL INJ	25	8/2021, 4/2023		
Scopolamine 1.5 mg transdermal patch	15	9/2021, 12/2021		
Sevoflurane 250 mL inhalation anesthesia	6	12/2023, 5/2024, 12/2024		
Sodium bicarbonate 4.2% 5 mEq/10mL PFS INJ	n/a	11/2020		
Sodium bicarbonate 8.4% 10 mEq/10mL IV	20	1/2022, 4/2022		
Sodium chloride 0.9% PF 10mL flush IV	100	3/2021, 2/2022, 4/2022, 2/2023		
Sodium chloride 0.9% PF 10mL IV	100	9/2020, 5/2021, 9/2021		
Sterile water 10 mL INJ	50	10/2021		
Succinylcholine 200mg/10mL IV	50	12/2020, 4/2021, 6/2021		
Sugammadex 200mg/2mL IV	10	6/2022, 10/2022, 11/2022		
Systaine 15 mL ophthalmic drops	2	10/2020		
Triamcinolone 40mg/mL IV	50	2/2021, 9/2021, 12/2021, 4/2022		
Tuberculin Purified Protien Derivative 5 TU/0.1mL	n/a	11/2020		
Vancomycin 1 gram/vial powder IV	10	6/2021		
Vasopressin 20 units/mL	1	1/2021		
Vecuronium 10 mg/vial powder	20	12/2021		
Verapamil 5mg/2mL IV	10	4/2022		
IV BAGS	PAR	EXPIRES	BACK-ORDER	COMMENTS
D5LR 1000 mL bag IV	5	11/2020		
Lactated ringer's 1000 mL bag IV	40	1/2021, 2/2021, 6/2021		
Sodium chloride 0.9% 100 mL bag IV	5	10/2021		
Sodium chloride 0.9% 250 mL bag IV	5	9/2021		
Sodium chloride 0.9% 500 mL bag IV	1	6/2021		
Sodium chloride 0.9% 1000 mL bag IV	50	4/2021, 6/2021, 7/2021		
INHALATION FLUIDS	PAR	EXPIRES	BACK-ORDER	COMMENTS
Sterile Water for Inhalation	5	8/2021		
IRRIGATION FLUIDS	PAR	EXPIRES	BACK-ORDER	COMMENTS
Sodium chloride 0.9% 1000 mL bottle IRR	50	10/2022, 11/2022, 1/2023, 2/2023		
Sodium chloride 0.9% 3000 mL bag IRR	50	10/2021, 11/2021, 1/2022, 2/2022		
Sterile water 2000 mL bottle IRR	50	9/2021, 12/2021		
Code Kit	PAR	EXPIRES	BACK-ORDER	COMMENTS
Amiodarone 150mg/3mL IV	3	2/2021		
Atropine 1mg/10mL PFS IV	3	2/2022		

Atropine 1mg/10mL PFS IV	2	9/2020		Provided by TFH pharmacy
Calcium chloride 1 gram/10mL PFS IV	1	6/2021		
Calcium chloride 1 gram/10mL PFS IV	4	11/2020		Provided by TFH pharmacy
Dextrose 50% 50 mL PFS IV	1	2/2022		
Dextrose 50% 50 mL PFS IV	3	1/2021		Provided by TFH pharmacy
Dopamine 400mg/D5W 250 mL bag IV	1	12/2020		
Epinephrine 1:10,000 PFS IV	10	10/2020		Provided by TFH pharmacy
Lidocaine 2% 5 mL PFS IV	4			
Lidocaine 2% 5 mL PF vial	10	2/2021		
Magnesium SO4 50% 10 mL PFS IV	2	1/2021		
Naloxone 0.4mg/mL IV	1	9/2021		
Sodium bicarbonate 8.4% 50 mL PFS IV	4	10/2020		Provided by TFH pharmacy
Verapamil 5mg/2mL IV	1	11/2021		
Malignant Hyperthermia Kit	PAR	EXPIRES	BACK-ORDER	COMMENTS
Calcium chloride 1 gram/10mL PFS IV	2	9/2021		
Dextrose 50% 50 mL PFS IV	2	2/2022		
Furosemide 40mg/4mL IV	4	10/2021		
Furosemide 40mg/4mL IV	4	11/2020		Provided by TFH pharmacy
Lidocaine HCl 2% 50 mL INJ	4	2/2021		
Sodium bicarbonate 8.4% 50 mL PFS IV				
Sterile water 500 mL INJ	4	11/2021		
Dantrolene 20mg/vial powder IV	36	1/2022		
Pediatric Kit	PAR	EXPIRES	BACK-ORDER	COMMENTS
Adenosine 6mg/2mL IV	3	3/2021		
Amiodarone 150mg/3mL IV	3	5/2021		
Calcium chloride 1 gram/10mL PFS IV	1	9/2021		
Dextrose 25% 10 mL PFS IV	1			
Epinephrine 1:10,000 PFS IV	6	10/2020		Provided by TFH pharmacy
Lidocaine 2% 5 mL PFS IV	4	8/2021		
Magnesium SO4 50% 10 mL PFS IV	2	3/2021		
Naloxone 0.4mg/mL IV	1	12/2021		
Sodium bicarbonate 8.4% 10 mL PFS IV	2	10/2020		Provided by TFH pharmacy
Verapamil 5mg/2mL IV	1	2/2021		
Emergency Medication Kit	PAR	EXPIRES	BACK-ORDER	COMMENTS

Adenosine 6mg/2mL IV	1	5/2021		
Atropine 0.4mg/mL IV	1	9/2020		
Dexamethasone 4mg/mL IV	2	2/2021		
Diphenhydramine 50mg/mL IV	2	2/2021		
Ephedrine 50mg/mL IV	2	6/2021		
Epinephrine 1mg/mL IV	2	1/2021		
Flumazenil 1mg/10mL IV	1	11/2021		
Glycopyrrolate 0.2mg/mL IV	5	7/2021		
Methylprednisolone Succinate (Solu-Medrol) 250mg/vial powder IV	1	10/2021		
Naloxone 0.4mg/mL IV	2	3/2021		
Neostigmine 10mg/10mL IV	1	12/2020		
Phenylephrine 10 mg/mL IV	1	10/2020		
Sodium chloride 0.9% PF 10mL flush IV	4	3/2021		

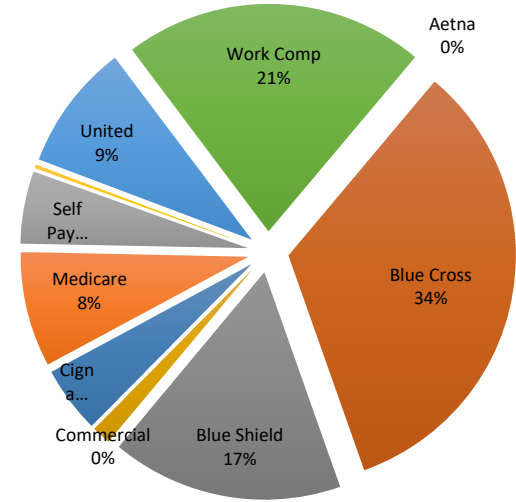
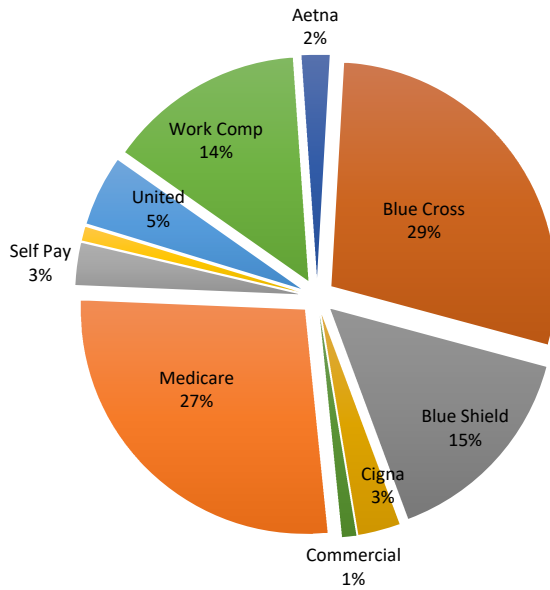
Cases and Collections by Payer

Payer	April 2020			May 2020			June 2020			2nd Quarter 2020		
	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total	Cases	Collections	% Total
Aetna	0	\$0.00	0.00%	0	\$0.00	0.00%	2	\$0.00	0.00%	2	\$0.00	0.0%
Blue Cross	3	\$34,493.03	45.85%	12	\$21,133.30	35.17%	13	\$11,040.73	17.31%	28	\$66,667.06	33.5%
Blue Shield	1	\$17,952.38	23.87%	7	\$6,467.86	10.76%	7	\$8,388.35	13.15%	15	\$32,808.59	16.5%
Cigna	0	\$300.45	0.40%	2	\$748.64	1.25%	1	\$1,623.75	2.55%	3	\$2,672.84	1.3%
Collections	0	\$100.00	0.13%	0	\$278.00	0.46%	0	\$9,038.42	14.17%	0	\$9,416.42	4.7%
Commercial	0	\$0.00	0.00%	1	\$0.00	0.00%	0	\$0.00	0.00%	1	\$0.00	0.0%
Healthnet	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
Medicare	4	\$4,523.74	6.01%	10	\$7,341.38	12.22%	13	\$4,439.71	6.96%	27	\$16,304.83	8.2%
Self Pay	0	-\$15,284.39	-20.32%	3	\$8,615.54	14.34%	0	\$16,892.39	26.48%	3	\$10,223.54	5.1%
Tricare	0	\$0.00	0.00%	1	\$0.00	0.00%	0	\$550.50	0.86%	1	\$550.50	0.3%
United	0	\$3,938.05	5.24%	0	\$13,723.19	22.84%	5	\$248.36	0.39%	5	\$17,909.60	9.0%
Work Comp	0	\$29,200.78	38.82%	8	\$1,787.97	2.98%	6	\$11,565.94	18.13%	14	\$42,554.69	21.4%
Painblocks	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.00%	0	\$0.00	0.0%
Totals	8	\$75,224.04		44	\$60,095.88		47	\$63,788.15		99	\$199,108.07	

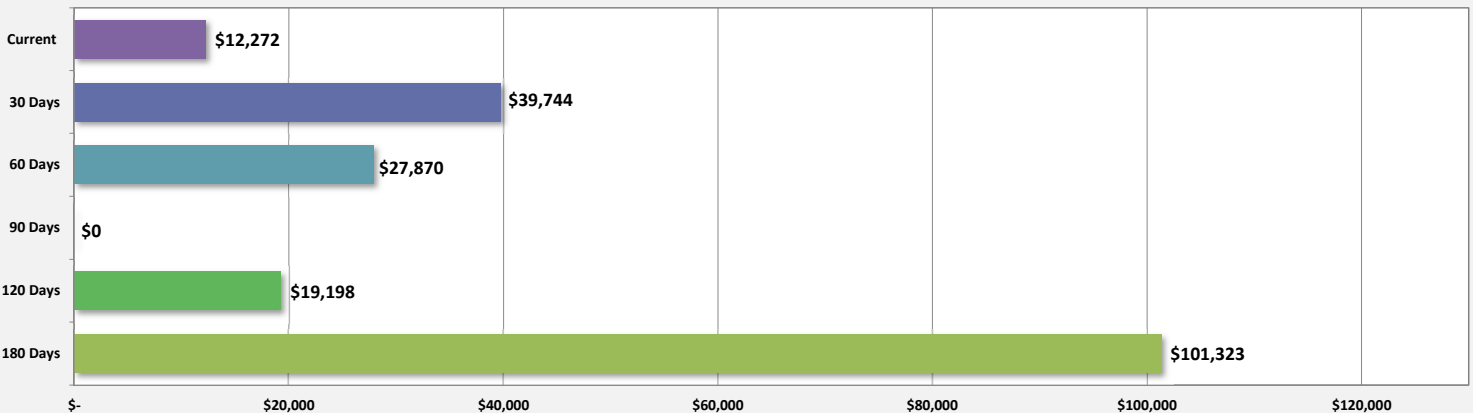
Cases by Payer

Collections by Payer

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



Accounts Receivable Aging





Truckee Surgery Center

Monthly Comparison & Quarterly Totals

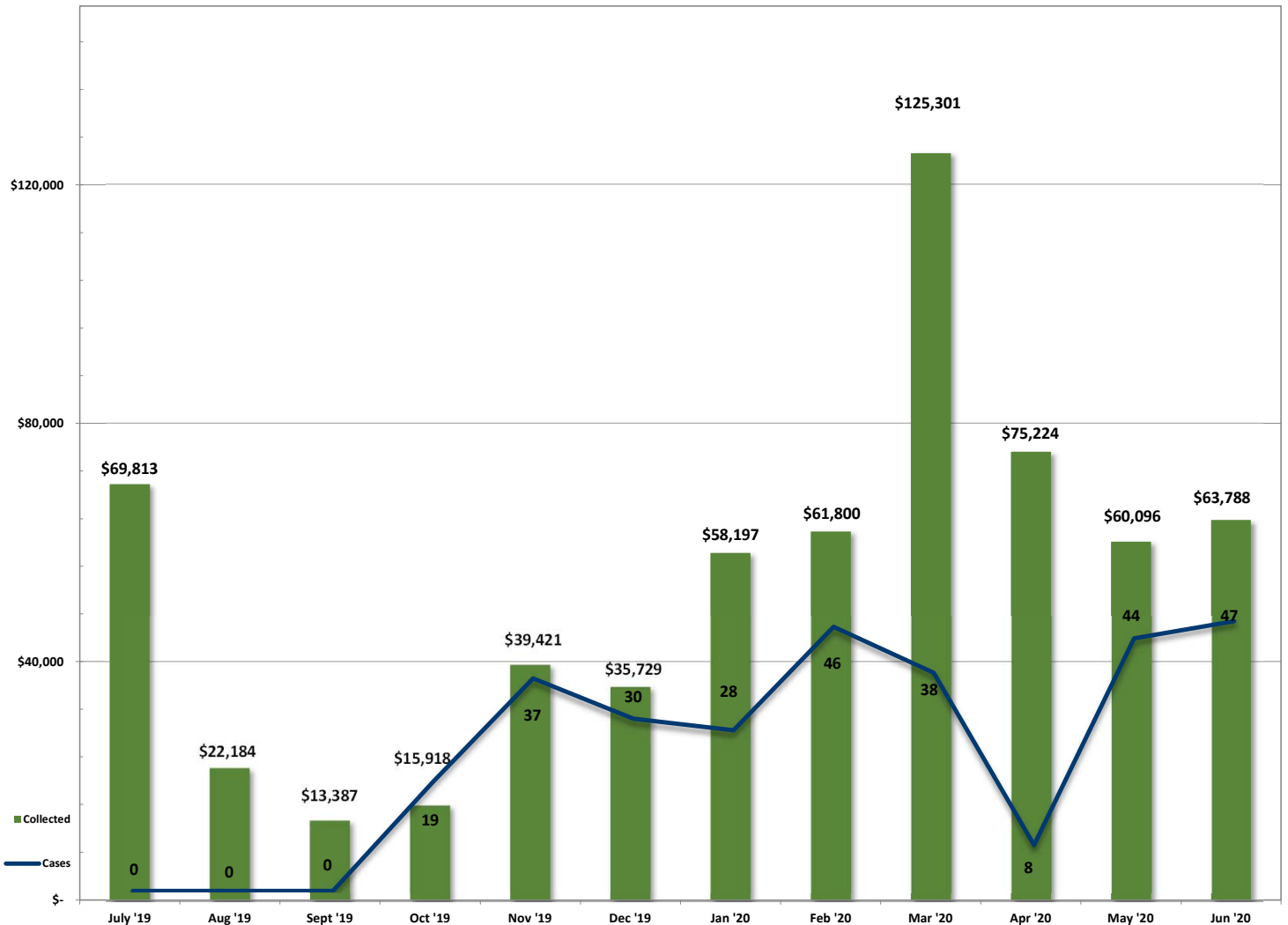
As of June 30, 2020

Cases and Revenue by Physician

Physician	1st Quarter 2020					2nd Quarter 2020				
	Cases	% Total	Net Revenue	% Total	Rev/Case	Cases	% Total	Net Revenue	% Total	Rev/Case
Condon	2	1.8%	\$ 4,369.25	1.7%	\$2,184.63	1	1.0%	\$ 1,732.50	0.9%	\$1,732.50
Cooper	0	0.0%	\$ 5,841.73	2.2%	\$0.00	0	0.0%	\$ -	0.0%	\$0.00
Dodd	20	17.9%	\$ 78,917.60	29.9%	\$3,945.88	17	17.2%	\$ 46,580.86	23.3%	\$2,740.05
Foley	0	0.0%	\$ -	0.0%	\$0.00		0.0%	\$ -	0.0%	\$0.00
Ganong	22	19.6%	\$ 15,893.42	6.0%	\$722.43	18	18.2%	\$ 12,366.78	6.2%	\$687.04
Haeder	11	9.8%	\$ 28,987.45	11.0%	\$2,635.22	15	15.2%	\$ 50,835.14	25.5%	\$3,389.01
Hagen	6	5.4%	\$ 22,731.74	8.6%	\$3,788.62	3	3.0%	\$ 8,733.33	4.4%	\$2,911.11
Ringnes	25	22.3%	\$ 104,533.25	39.6%	\$4,181.33	20	20.2%	\$ 72,563.71	36.3%	\$3,628.19
Saaremets	2	1.8%	\$ -	0.0%	\$0.00	4	4.0%	\$ -	0.0%	\$0.00
Wainstein	3	2.7%	\$ 2,965.61	1.1%	\$988.54	2	2.0%	\$ 1,778.72	0.9%	\$889.36
Watson	0	0.0%	\$ -	0.0%	\$0.00	2	2.0%	\$ 3,143.77	1.6%	\$1,571.89
Painblocks	21	18.8%	\$ -	0.0%	\$0.00	17	17.2%	\$ 2,002.00	1.0%	\$117.76
Totals	112		\$ 264,240.05		\$ 2,359.29	99		\$ 199,736.81		\$2,017.54

Cases and Collections - Rolling 12 Months

Collection Min Collection Max Collection Average Cases Min Cases Max Cases Average
\$13,386.96 **\$125,300.96** **\$53,404.97** **0** **47** **25**

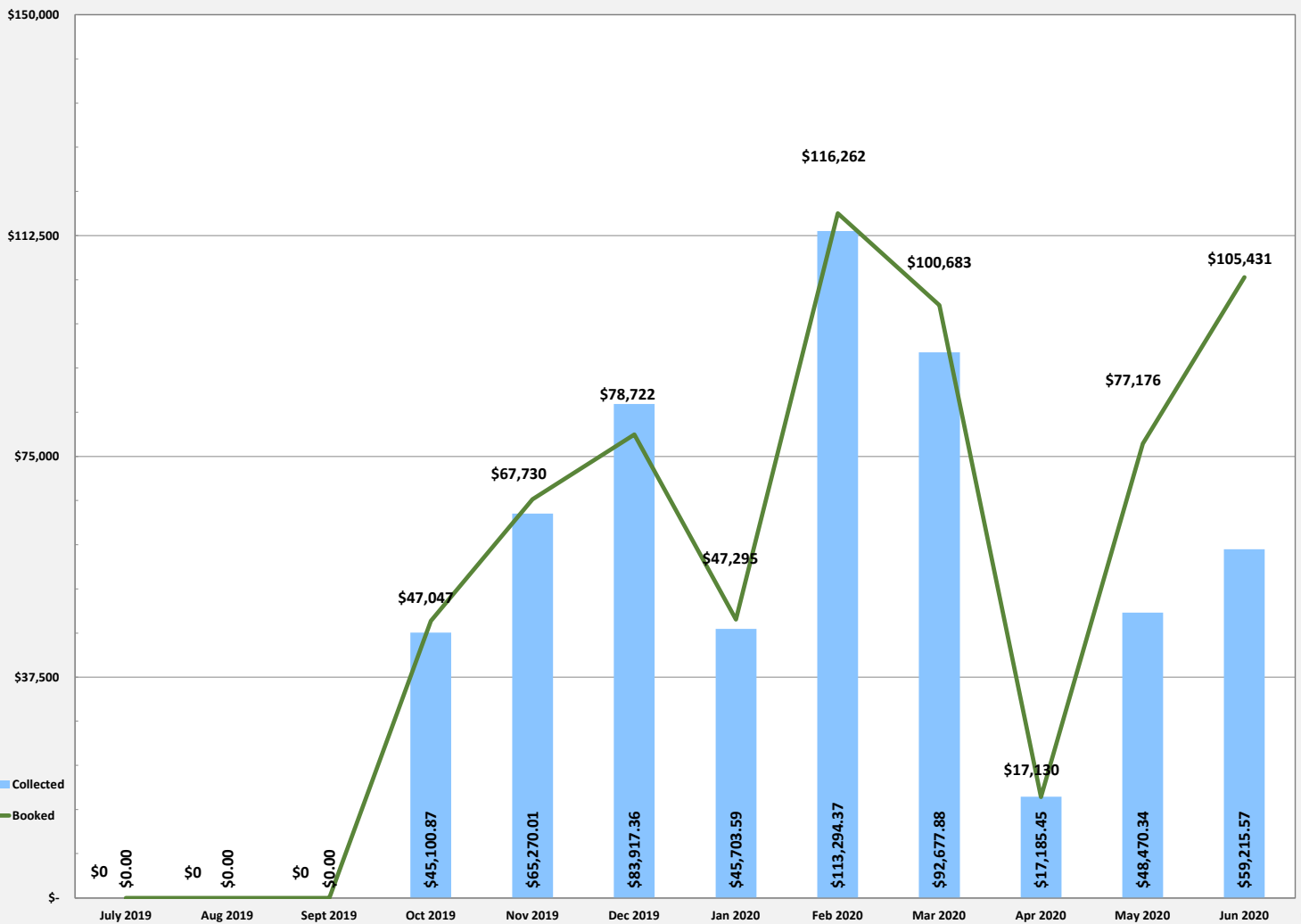


Revenue - Booked vs Collected

Month	Cases	Revenue	Rev/Case	Open A/R	% Open	Collected	% Collected
July 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Aug 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Sept 2019	0	\$0.00	\$0.00	\$0.00	0%	\$0.00	0%
Oct 2019	20	\$47,047.33	\$0.00	\$432.46	1%	\$45,100.87	96%
Nov 2019	40	\$67,730.35	\$0.00	\$1,260.82	2%	\$65,270.01	96%
Dec 2019	40	\$78,721.66	\$0.00	\$0.00	0%	\$83,917.36	107%
Jan 2020	28	\$47,295.03	\$1,689.11	\$708.28	1%	\$45,703.59	97%
Feb 2020	46	\$116,261.84	\$2,527.43	\$1,974.30	2%	\$113,294.37	97%
Mar 2020	38	\$100,683.18	\$2,649.56	\$7,062.51	7%	\$92,677.88	92%
Apr 2020	8	\$17,130.02	\$2,141.25	\$0.00	0%	\$17,185.45	100%
May 2020	44	\$77,176.13	\$1,754.00	\$28,312.56	37%	\$48,470.34	63%
Jun 2020	47	\$105,430.66	\$2,243.21	\$47,646.62	45%	\$59,215.57	56%
Totals	311	\$657,476.20	\$2,114.07	\$87,397.55	13%	\$570,835.44	87%

2nd Quarter QuickFacts

- Cases: 99
- Revenue: **\$199,736.81**
- Collections: \$199,107.43
- Outstanding Physician: Ringnes
20.02% of cases, 36.3% of revenue
- Outstanding Payer: Blue Cross 29% of cases, 34% of collections



Truckee Projects & Changes

~ Quarterly Updates ~

No DOS cases in Q2 or Q3

TRUCKEE SURGERY CENTER
SEMI ANNUAL REVIEW OF CONTRACTED SERVICES
10/1/2019-06/01/2020

CONTRACTOR	SERVICE PROVIDED	QUALITY OF SERVICES	TIMELINESS OF SERVICES	ACCURACY OF SERVICES	RESPONSIVENESS	COMPETITIVENESS OF PRICING	ACCURACY OF BILLING	PROTECTION OF PATIENTS' RIGHTS	TOTAL POINTS POSSIBLE	TOTAL POINTS EARNED	PERFORMANCE ACCEPTABLE
Airgas	Medical Gases	25	10	10	10	5	15	5	80	80	Yes
Aramark	Linen	14	4	6	5	5	15	5	80	51	NO
California Security	Burglar/Fire Alarm	25	10	10	10	5	15	5	80	80	Yes
Cashman Equipment	Generator	25	10	10	10	5	15	5	80	80	Yes
EMCOR	HVAC Services	10	3	4	8	5	13	5	80	48	NO
First Choice	Coffee Brewer	25	10	10	10	5	15	5	80	80	Yes
Gateway East	Building Lease	25	6	10	9	5	15	5	80	75	Yes
Getinge	Sterilizers	25	10	10	10	5	15	5	80	80	Yes
Hologic INC	Mini C-Arm PM	25	10	10	10	5	15	5	80	80	Yes
Iron Mountain	Document Storage	23	9	9	10	5	15	5	80	76	Yes
MedBridge	Billing Service	25	10	10	10	5	15	5	80	80	Yes
MedVantage	DVT Stockings	25	10	10	10	5	15	5	80	80	Yes
Medical Gas Diagnostics	Medical Gas & Suction	25	10	10	10	5	15	5	80	80	Yes
Medical Tech. Solutions	Anesthesia PM/ Biomed	Cancelled	Cancelled	Svcs	25	5	6.1	2020	80	Cancelled for TFH	
Merchant Services	Credit Card Processing	25	10	10	10	5	15	5	80	80	Yes
Pacific Medical	DME Equipment	25	10	10	10	5	15	5	80	80	Yes

A score < 70 will require further evaluation by the Administrator, MEC and Governing Board

TRUCKEE SURGERY CENTER
SEMI ANNUAL REVIEW OF CONTRACTED SERVICES
10/1/2019-06/01/2020

Pharmacist Consultant	Pharmacy Reconciliation/Consulting	85	8	9	10	5	15	5	80	77	Yes
Pitney Bowes	Postage Meter	85	10	10	10	5	15	5	80	80	Yes
Red Rock Water	Water Delivery	85	10	10	10	5	15	5	80	80	Yes
Shred-it	Document Shredding	85	10	10	10	5	15	5	80	80	Yes
Siemens	Fire Alarm Panel	85	10	9	10	5	15	5	80	79	Yes
Stericycle	Waste Management	85	10	10	10	5	15	5	80	80	Yes
Sutter Physics	Annual Physics Testing for C-Arms	85	10	10	10	5	15	5	80	80	Yes
Synergy EVS	Housekeeping/Terminal cleaning **Started 6/30/2020	- to be done on Next Semi-annual									
TFHD- Facilities Department	Facilities, EOC, Biomed	85	9	10	10	5	15	5	80	79	Yes
TFHD- Lab	Lab and Pathology	85	10	10	10	5	15	5	80	80	Yes
TFHD- Materials Management	Materials	85	10	10	10	5	15	5	80	80	Yes
TFHD- Occupational Health	Staff/Physician Immunization & Screening	85	9	10	10	5	15	5	80	79	Yes
TFHD- Radiology Department	Radiology	85	8	10	8	5	15	5	80	76	Yes
Total Scope	Arthroscopic Camera & Lens Supply & Repair	85	10	10	10	5	15	5	80	80	Yes
Trusted Employers	Background Screening	85	10	10	10	5	15	5	80	80	Yes
Western Path	Lab and Pathology	85	10	10	10	5	15	5	80	80	Yes
ZheMedic INC	Large C-arm PM	85	10	10	10	5	15	5	80	80	Yes

A score < 70 will require further evaluation by the Administrator, MEC and Governing Board

**Truckee Surgery Center
Contract Services Evaluation**

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: Aramark
Service/s Provided: Linens/Scrubs Evaluation Period: 10.1.19 - 10.1.20

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

Total Points Possible: 80

Total Points Earned: 54

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

Notes: supplies/linens are filled last minute, and often much later than communicated. Continued poor quality of linens (holes, stains, tape, lint). Often requires reminders to stock our supply. Constant push-back by driver when we critique the supply - issues continue; no real improvement.

Evaluation completed by:

BWatts Signature Briana Watts Printed Name QAPI/IC Coordinator Title 7/8/2020 Date

Evaluation approved by:

Courtney Leslie Signature Courtney Leslie Printed Name Administrator Title 7/16/2020 Date

Truckee Surgery Center Contract Services Evaluation

Eval Frequency:
Monthly
Quarterly
Semi-Annually
PRN

Contractor Name: EMCOR

Service/s Provided: HVAC Services

Evaluation Period: 10.1.19 - 10.1.20 ~~10.1.20~~ 6.1.20

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

Total Points Possible: 80

Total Points Earned: 48

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

Notes: Filters are not changed per contract. This is a surgery center - cleanliness and sterility are paramount. Filters are completely black with dust by the time they're changed. They have been asked to place filters in preop/pacu areas where there are none - still has not been done months later.

Evaluation completed by:

BWatts Signature Briana Watts Printed Name QAPI/IC Coordinator Title 7/8/2020 Date

Evaluation approved by:

[Signature] Signature Courtney Leslie Printed Name Administrator Title 8/4/2020 Date