

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)  
 CHILDREN’S DENTAL SURGERY CENTER (CDSC)  
 Advisory Committee Meeting  
 Executive Conference Room  
 Tuesday, September 26, 2017  
 10:30 am**

**AGENDA FOR PUBLIC SESSION**

**I. PUBLIC COMMENTS**

**“Comments can be made concerning any matter within the Partnership’s jurisdiction; but if the matter is not on the agenda, there will be no discussion of the issue. A person addressing the Partnership will be limited to 5 minutes.”**

	<u><b>ACTION</b></u>	<u><b>EXHIBIT</b></u>
<b>II. CALL TO ORDER</b>		
<b>III. ROLL CALL</b>		
<b>IV. APPROVAL OF AGENDA</b>	*	
<b>V. APPROVAL OF MINUTES</b>		
A. August 22, 2017 Meeting Minutes	*	1
<b>VI. FINANCIAL REPORT</b>		
A. August 2017 Financials	*	2
<b>VII. ADMINISTRATOR REPORT</b>		
<b>VIII. OLD BUSINESS</b>		
<b>IX. NEW BUSINESS</b>		
A. Policies & Procedures Recommendation	*	3
B. Credentialing / Privileging Recommendation	*	
C. ByLaws Amendment	*	4
<b>X. AGENDA FOR CLOSED SESSION</b>		
<b>Closed Session Items Pursuant the Brown Act will be:</b>		
<b>1. Section 54954.5(h) Report Involving Trade Secrets – Regarding New Services.</b>		
<b>Estimated date of public disclosure will be in 2017</b>		
<b>2. Section 54954.5 (c); 54956.9 Conference with Legal Counsel for Initiation of Litigation.</b>		
<b>3. Section 1461 of the Health and Safety Code – Quality Management.</b>		
<b>4. Section 54957 Personnel Actions.</b>		
<b>XI. NEXT MEETING DATE</b>		
<b>XII. ADJOURNMENT</b>		

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)  
U.S. DENTAL SURGERY  
d/b/a CHILDREN'S DENTAL SURGERY CENTER (CDSC)  
Advisory Committee Meeting  
Executive Conference Room  
Tuesday, August 22, 2017  
10:30 am**

**PUBLIC COMMENTS**

None.

**CALL TO ORDER**

Edward Lujano, Bloss CEO, called the meeting to order at 11:00 am.

**ROLL CALL**

Present: Edward Lujano, Bloss CEO; Fily Cale, Executive Assistant;  
Dawnita Castle, CFO; Rosalie Heppner, Committee Member and  
Glenn Arnold, Committee Member

Others Present: Kyleene Powell, CDSC Administrator and David Thompson, CDSC

Absent: None

**APPROVAL OF AGENDA**

**A motion was made / seconded, (Rosalie Heppner / Glenn Arnold) to approve the August 22, 2017 agenda as presented. Motion carried.**

**APPROVAL OF MINUTES**

A. July 25, 2017 Meeting Minutes, Exhibit 1

**A motion was made / seconded, (Glenn Arnold / Rosalie Heppner) to approve and accept the July 25, 2017 Meeting minutes as presented, Exhibit 1. Motion carried.**

**FINANCIAL REPORT**

A. June 2017 Financials, Exhibit 2

Dawnita Castle reported that for July 2017, CDSC had treated 105 patients and recorded a net loss in the amount of \$83,625.

CDSC received a \$10,000 grant from Delta Dental to promote and improve oral health for underserved or at risk patients. The grant will be recorded under Non Operating Revenue and will be allocated through the year.

The net patient revenue per case was \$1,335 and expenses was \$2,139 per patient.

AR is at \$1,113,000 with \$790,000 allowed for at 100% for HPSJ. Possible collections of AR is \$323,000.

David Thompson commented that part of any future revenues that would impact us significantly is the 40% increase that was stated in the Denti-Cal Bulletin that will start in July 1, 2017. These financials don't reflect this yet.

He is not quite sure how the accounting will work, but it will raise and lower our break-even point in terms of the number of patient treated. It will also affect all of our other statistics. Once the increase goes into effect other providers that refer to us will try to treat those patients to keep their own revenues.

**A motion was made / seconded, (Rosalie Heppner / Glenn Arnold) to approve and accept the July 2017 Financial Report as presented, Exhibit 2. Motion carried.**

### **ADMINISTRATOR REPORT, EXHIBIT 3**

Kylene Powell, Administrator reported that a security drill was held in July that went very well. Out of this drill, they were able to make recommendations and improvements with our security. After the death threats in June 2017 staff was very scared and wanted to make sure that we went over our emergency preparedness guidelines and did an active shooter based on their own emergency preparedness plan. They looked through Homeland Security and looked at their recommendations along with our Emergency Preparedness Guidelines.

CFHC had active shooter training recently and she is working with Sabrina Cooksey on this for the Dental Centers.

Kylene Powell, Administrator reported that they wrapped up a quality study that they had been doing on succinylcholine. This is a medication they give in case they have to emergently intubate a child. They were getting vials and are now getting pre-filled syringes, which have a 90-day shelf life. The goal was to have a cost savings of 75%, they did this for two months and the cost savings was 87% by using the pre-filled syringes.

In July 2017 they had their exit interview from the State survey that was done in June 2017. She just receive the plan of correction and is working on that. There are policies that she is working on. They revisited last week and she had some good input from the surveyor and they felt that they would be able to close the case very soon.

CDSC has been doing 1 OR days Monday thru Thursday because Dr. Marquez is still out on personal leave. Dr. Cho is willing to come to CDSC for some 2 OR days beginning in September.

Denti-Cal has increased their rates by 40% retro to July 1.

Melissa Blackburn, RN, is being appointed as Infection Control Preventionist beginning August 2017 for CDSC.

We also completed our root cause analysis from the June 2017 event and she was able to send that off to AAAHC.

### **OLD BUSINESS**

None.

### **NEW BUSINESS**

#### **A. Policies & Procedures Recommendation, Exhibit 4**

Kylene Powell presented the Guidelines for When to Call for a Registered Nurse Intraoperatively policy. This came out of the survey they had at CDSC, just to get more clarity when the RN should be called to the OR to assist the anesthesia provider.

It was recommended that this policy go to the full Board for approval.

**A motion was made / seconded, (Glenn Arnold / Rosalie Heppner) to recommend full Board of Directors approval of the Guidelines for When to Call for a Registered Nurse Intraoperatively policy. Motion carried.**

#### **B. Credentialing / Privileging Recommendation**

None.

### **AGENDA FOR CLOSED SESSION**

Section 1461 of the Health and Safety Code – Quality Management.

### **NEXT MEETING DATE**

The next Advisory Committee Meeting will be held Tuesday, September 26, 2017 at 10:30 a.m.

### **ADJOURNMENT**

As there was no further business, the meeting adjourned into closed session at 10:43 am for the Quality Report under Section 1461 Quality Management.

The meeting reconvened into public session at 10:53 am and adjourned. No action taken.

Respectfully Submitted,

\_\_\_\_\_  
Rosalie Heppner  
Advisory Committee Chair

\_\_\_\_\_  
Edward Lujano  
Chief Executive Officer

**CHILDREN'S DENTAL SURGERY CENTER (CDSC)  
Period Ended August 2017**

**August Financial Statements:**

Balance Sheet (**yellow**)

Detail Income Statement Prior Month Comparison (**blue**)

Profit & Loss YTD Income Statement (**lilac**)

Income Statement per Case Analyses (**white**)

April Check Detail (**goldenrod**)

A/R Aging (**white**)

A/R Activity Summary (**pink**)

Monthly Billing by Insurance (**green**)

RUN DATE: 09/20/17  
 RUN TIME: 1008  
 RUN USER: DAMEDA

Castle Family Health Centers GL \*\*LIVE\*\*

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CHILDRENS DENTAL SURGERY CENTER  
 DETAIL BALANCE SHEET  
 PRIOR MONTH COMPARISON  
 AUG 2017

AUG 2017                      JUL 2017                      \$ CHANGE                      % CHANGE

ASSETS

CURRENT ASSETS

CASH AND EQUIVALENTS

CDSC CASH - NEW GENERAL CHK	204,082	265,899	(61,817)	(23.25)%
CDSC CASH - GENERAL CHECKING	130,854	17,373	113,482	653.21%
CDSC CASH - PETTY	300	300	0	0.00%
CDSC CASH - CHANGE FUNDS	100	100	0	0.00%

TOTAL CASH AND EQUIVALENTS	<u>335,336</u>	<u>283,672</u>	<u>51,664</u>	<u>18.21%</u>
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PATIENT ACCOUNTS RECEIVABLE

CDSC A/R OPENDENT	1,113,332	1,113,056	276	0.02%
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TOTAL PATIENT ACCOUNTS RECEIVABLE	<u>1,113,332</u>	<u>1,113,056</u>	<u>276</u>	<u>0.02%</u>
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ALLOWANCES

CDSC ALLOWANCE - OPENDENT	(853,879)	(861,166)	7,288	(0.85)%
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NET PATIENT ACCOUNTS RECEIVABLE	<u>259,454</u>	<u>251,890</u>	<u>7,564</u>	<u>3.00%</u>
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OTHER RECEIVABLES

CDSC GRANTS RECEIVABLE	0	833	(833)	(100.00)%
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ALLOWANCES FOR OTHER RECEIVABLES

NET OTHER ACCOUNTS RECEIVABLE	<u>0</u>	<u>833</u>	<u>(833)</u>	<u>(100.00)%</u>
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INVENTORY

CDSC INVENTORY	51,660	56,281	(4,621)	(8.21)%
CDSC TAX ON INVENTORY ITMES	(3,092)	(2,811)	(281)	10.01%

TOTAL INVENTORY	<u>48,568</u>	<u>53,470</u>	<u>(4,903)</u>	<u>(9.17)%</u>
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PREPAID EXPENSES AND DEPOSITS

CDSC PREAPIED INS	0	3,000	(3,000)	(100.00)%
CDSC PREPAID RENT	61,331	61,331	0	0.00%
CDSC PREPAID EXPENSE - MANUAL	7,852	8,742	(890)	(10.18)%
CDSC PREPAID EXPENSE-SYSTEM	4,236	310	3,926	1,266.14%

TOTAL PREPAID EXPENSES AND DEPOSITS	<u>73,418</u>	<u>73,383</u>	<u>36</u>	<u>0.05%</u>
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TOTAL CURRENT ASSETS	<u>716,776</u>	<u>663,248</u>	<u>53,528</u>	<u>8.07%</u>
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RUN DATE: 09/20/17  
 RUN TIME: 1008  
 RUN USER: DAMEDA

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CHILDRENS DENTAL SURGERY CENTER  
 DETAIL BALANCE SHEET  
 PRIOR MONTH COMPARISON  
 AUG 2017

	AUG 2017	JUL 2017	\$ CHANGE	% CHANGE
NON-CURRENT ASSETS				
PROPERTY, PLANT, AND EQUIPMENT				
CDSC EQUIPMENT - FIXED	88,850	88,850	0	0.00%
CDSC LEASEHOLD IMPROVEMENTS	96,752	96,752	0	0.00%
CDSC EQUIPMENT - MAJOR MOVABLE	327,951	327,951	0	0.00%
CDSC EQUIPMENT - MINOR	87,194	87,194	0	0.00%
TOTAL PROPERTY PLANT AND EQUIPMENT	600,747	600,747	0	0.00%
ACCUMULATED DEPRECIATION				
CDSC ACCUM DEPREC BLDG IMPROV	(41,762)	(41,149)	(614)	1.49%
CDSC ACCUM DEPREC - FIXED EQUI	(63,054)	(62,716)	(338)	0.54%
CDSC ACCUM DEPEREC - MINOR	(64,253)	(63,377)	(876)	1.38%
CDSC ACCUM DEPREC MAJOR EQP	(296,136)	(294,122)	(2,015)	0.69%
TOTAL ACCUMULATED DEPRECIATION	(465,206)	(461,363)	(3,843)	0.83%
NET PROPERTY, PLANT, AND EQUIPMENT	135,541	139,384	(3,843)	(2.76)%
ASSETS LIMITED AS TO USE				
OTHER ASSETS				
TOTAL ASSETS LIMITED AS TO USE	135,541	139,384	(3,843)	(2.76)%
TOTAL ASSETS	852,317	802,632	49,685	6.19%
LIABILITIES AND FUND BALANCES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE				
CDSC ACCOUNTS PAYABLE VENDORS	19,039	21,831	2,792	(12.79)%
CDSC AP ACCRUALS	9,226	15,329	6,103	(39.81)%
CDSC OTHER ACCOUNTS PAYABLE	22,821	29,087	6,266	(21.54)%
CDSC BLOSS PAYABLE	3,347,742	3,215,947	(131,795)	4.10%

RUN DATE: 09/20/17  
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Castle Family Health Centers GL \*\*LIVE\*\*

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CHILDRENS DENTAL SURGERY CENTER  
 DETAIL BALANCE SHEET  
 PRIOR MONTH COMPARISON  
 AUG 2017

	AUG 2017	JUL 2017	\$ CHANGE	% CHANGE
TOTAL ACCOUNTS PAYABLE	3,398,828	3,282,194	(116,634)	3.55%
ACCRUED PAYROLL				
CDSC ACCRUED SALARY AND WAGES	36,080	27,781	(8,299)	29.87%
CDSC ACCRUED VACATION	16,927	15,676	(1,252)	7.99%
TOTAL ACCRUED PAYROLL	53,008	43,456	(9,551)	21.98%
OTHER CURRENT LIABILITIES				
CDSC DEFERRED REVENUE	8,333	0	(8,333)	
TOTAL OTHER CURRENT LIABILITIES	(8,333)	0	(8,333)	
INTERCORPORATE TRANSFERS				
TOTAL CURRENT LIABILITIES	3,460,169	3,325,650	(134,519)	4.04%
LONG TERM LIABILITIES				
TOTAL LIABILITIES	3,460,169	3,325,650	(134,519)	4.04%
EQUITY				
CAPITAL - CDSC BLOSS	(1,504,059)	(1,504,059)	0	0.00%
CAPTIAL - CDSC US DENTAL	(809,878)	(809,878)	0	0.00%
CURRENT YR NET INCOME (LOSS)	(293,915)	(209,080)	84,834	40.57%
TOTAL EQUITY	(2,607,852)	(2,523,018)	84,834	3.36%
TOTAL LIABILITIES AND EQUITY	852,317	802,632	(49,685)	6.19%



CHILDRENS DENTAL SURGERY CENTER  
 DETAIL INCOME STATEMENT  
 PRIOR MONTH COMPARISON  
 AUG 2017

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
REVENUES				
OTHER / OP	166,616	147,522	19,094	12.94%
TOTAL PATIENT REVENUE	<u>166,616</u>	<u>147,522</u>	<u>19,094</u>	<u>12.94%</u>
DEDUCTIONS FROM REVENUES				
DENTAL SURGERY REV DED	1,538	7,376	5,838	79.15%
TOTAL DEDUCTIONS FROM REVENUE	<u>1,538</u>	<u>7,376</u>	<u>5,838</u>	<u>79.15%</u>
NET PATIENT REVENUE	<u>165,078</u>	<u>140,146</u>	<u>24,932</u>	<u>17.79%</u>
OTHER OPERATING REVENUE				
CDSC A/P DISCOUNTS TAKEN	6	2	4	216.29%
TOTAL OTHER OPERATING REVENUE	<u>6</u>	<u>2</u>	<u>4</u>	<u>216.29%</u>
TOTAL NET OPERATING REVENUE	<u>165,084</u>	<u>140,148</u>	<u>24,936</u>	<u>17.79%</u>
EXPENSES				
SALARIES				
MANAGEMENT AND SUPERVISION	10,749	9,875	(874)	(8.85)%
TECHNIAL AND SPECIALIST	4,345	4,232	(113)	(2.68)%
REGISTERED NURSE	16,312	11,314	(4,998)	(44.17)%
LISCENSED VOCATIONAL NURSE	5,822	4,609	(1,212)	(26.30)%
MEDICAL ASSISTANTS	13,058	11,655	(1,404)	(12.05)%
CLERICAL	12,048	8,221	(3,826)	(46.54)%
TOTAL SALARIES	<u>62,333</u>	<u>49,905</u>	<u>(12,428)</u>	<u>(24.90)%</u>
BENEFITS				
FICA	4,566	3,832	(734)	(19.15)%
HEALTH INSURANCE	3,890	3,647	(243)	(6.66)%
WORKERS COMPENSATION	1,500	1,398	(102)	(7.30)%
OTHER BENEFITS	41	0	(41)	
TOTAL BENEFITS	<u>9,997</u>	<u>8,878</u>	<u>(1,120)</u>	<u>(12.61)%</u>
TOTAL SALARIES AND BENEFITS	<u>72,330</u>	<u>58,783</u>	<u>(13,547)</u>	<u>(23.05)%</u>

CHILDRENS DENTAL SURGERY CENTER  
 DETAIL INCOME STATEMENT  
 PRIOR MONTH COMPARISON  
 AUG 2017

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
PROFESSIONAL FEES				
CONSULTING & MANAGEMENT	13,977	13,779	(199)	(1.44)%
LEGAL	0	71	71	100.00%
ACCOUNTING / AUDIT	850	850	0	0.00%
OTHER CONTRACTED SERVICE	4,441	5,403	963	17.81%
ANESTHESIOLOGIST	30,670	24,100	(6,570)	(27.26)%
DENTIST	28,794	25,221	(3,573)	(14.17)%
<b>TOTAL PROFESSIONAL FEES</b>	<b>78,732</b>	<b>69,424</b>	<b>(9,308)</b>	<b>(13.41)%</b>
SUPPLIES				
DENTAL SUPPLIES	10,634	3,084	(7,550)	(244.81)%
PHARMACEUTICALS	1,927	1,740	(186)	(10.70)%
OTHER MEDICAL SUPPLIES	7,848	6,483	(1,365)	(21.05)%
FOOD	84	34	(51)	(150.55)%
LINEN	3,269	4,103	835	20.34%
OFFICE SUPPLIES	1,615	887	(728)	(82.02)%
INSTRUMENTS & MINOR EQUIPMENT	102	191	88	46.34%
OTHER MINOR EQUIPMENT	0	3,499	3,499	100.00%
OTHER NON-MEDICAL SUPPLIES	749	317	(432)	(136.19)%
INVENTORY ADJUSTMENTS	0	(810)	(810)	100.00%
FREIGHT ON PURCHASES	419	70	(349)	(498.41)%
SALES TAX AND VARIANCE	118	18	(99)	(544.71)%
<b>TOTAL SUPPLIES</b>	<b>26,764</b>	<b>19,615</b>	<b>(7,148)</b>	<b>(36.44)%</b>
PURCHASED SERVICES				
REPAIRS AND MAINTENANCE	3,746	3,243	(503)	(15.52)%
MANAGEMENT SERVICES	200	200	0	0.00%
OTHER PURCHASED SERVICES	16,800	20,858	4,058	19.45%
<b>TOTAL PURCHASED SERVICES</b>	<b>20,746</b>	<b>24,300</b>	<b>3,555</b>	<b>14.63%</b>
DEPRECIATION				
DEPREC-LEASEHOLD IMPROVEMENTS	614	614	0	0.00%
DEPREC-EQUIPMENT	3,229	3,229	0	0.00%
<b>TOTAL DEPRECIATION</b>	<b>3,843</b>	<b>3,843</b>	<b>0</b>	<b>0.00%</b>
RENTS AND LEASES				
RENTAL - BUILDING	31,938	31,938	0	0.00%
RENTAL - EQUIPMENT	152	313	161	51.43%
<b>TOTAL RENTS AND LEASES</b>	<b>32,090</b>	<b>32,251</b>	<b>161</b>	<b>0.50%</b>
UTILITIES				

CHILDRENS DENTAL SURGERY CENTER  
 DETAIL INCOME STATEMENT  
 PRIOR MONTH COMPARISON  
 AUG 2017

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
ELECTRICITY	7,215	7,439	224	3.01%
NATURAL GAS	533	531	(3)	(0.50)%
UTILITIES - OTHER	455	455	0	0.00%
<b>TOTAL UTILITIES</b>	<b>8,203</b>	<b>8,425</b>	<b>221</b>	<b>2.63%</b>
OTHER OPERATING EXPENSES				
MALPRACTICE INSURANCE	1,500	1,402	(98)	(6.97)%
INSURANCE	324	650	326	50.13%
TAX AND LICENSE	2,923	2,810	(113)	(4.02)%
OTHER UNASSIGND COSTS	279	551	271	49.27%
TELEPHONE	915	941	27	2.83%
TRAINING	0	49	49	100.00%
TRAVEL	1,141	629	(512)	(81.42)%
ADVERTISING	350	455	105	23.11%
OTHER EXPENSES	612	479	(133)	(27.85)%
<b>TOTAL OTHER OPERATING EXPENSE</b>	<b>8,044</b>	<b>7,966</b>	<b>(78)</b>	<b>(0.98)%</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>250,751</b>	<b>224,607</b>	<b>(26,145)</b>	<b>(11.64)%</b>
<b>NET INCOME FROM OPERATIONS</b>	<b>(85,668)</b>	<b>(84,459)</b>	<b>(1,209)</b>	<b>1.43%</b>
NON-OPERATING REVENUES				
GRANT REVENUE	833	833	0	0.00%
<b>TOTAL NON-OPERATING REVENUE</b>	<b>833</b>	<b>833</b>	<b>0</b>	<b>0.00%</b>
<b>NET NON-OPERATING INCOME</b>	<b>833</b>	<b>833</b>	<b>0</b>	<b>0.00%</b>
<b>NET INCOME</b>	<b>(84,834)</b>	<b>(83,625)</b>	<b>(1,209)</b>	<b>1.45%</b>
** STATISTICS **				
VISITS	117	105	(12)	(11.43)%



**BLOSS MEMORIAL HEALTHCARE DISTRICT**

**Month of August 2017**

	<u>INCOME STATEMENT</u>	<u>\$ PER CASE</u>
	CDSC	CDSC
NUMBER OF CASES	<u>117</u>	<u>117</u>
NET PATIENT REVENUE	165,078	1,411
OTHER REVENUE	<u>6</u>	<u>0</u>
TOTAL NET OPERATING REVENUE	<u>165,084</u>	<u>1,411</u>
OPERATING EXPENSES		
SALARIES AND WAGES	62,333	533
EMPLOYEE BENEFITS	9,997	85
PROFESSIONAL FEES	78,732	673
SUPPLIES	26,763	229
PURCHASED SERVICES	20,746	177
DEPRECIATION	3,843	33
RENT	32,090	274
UTILITIES	8,203	70
INSURANCE	1,824	16
OTHER EXPENSES	<u>6,219</u>	<u>53</u>
TOTAL OPERATING EXPENSE	<u>250,751</u>	<u>2,143</u>
NET INCOME FROM OPERATIONS	(85,667)	(732)
NON-OPERATING REVENUE	<u>833</u>	
NET INCOME	<u>(84,834)</u>	<u>(725)</u>



**Children's Dental Surgery Center  
August-17**

**Auto Debits - Old Account**

Bank Fees 118.60

**Grand Total** 118.60

**Children's Dental Surgery Center**

**Auto Debits - New Account**

Bank Fees 160.83

The Hartford - Automatic Payment 196.50

Midwest Insurance 0.00

**Grand Total** 357.33

RUN DATE: 08/31/17  
 RUN TIME: 1433  
 RUN USER: COOKS

Castle Family Health Centers AP \*\*LIVE\*\*  
 CHECK REGISTER BY DATE

CDSC  
 FROM 08/01/17 TO 08/31/17

DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	AMOUNT	
						ISSUED/ CLEARED	VOIDED/ UNCLAIMED
08/04/17	005620	C0016	AIRGAS USA, LLC	ISSUED	08/04/17	453.70	
08/04/17	005621	C0020	ALSCO	ISSUED	08/04/17	817.20	
08/04/17	005622	C0094	DELTA PROTECTIVE SERVICES	ISSUED	08/04/17	1696.83	
08/04/17	005623	C0040	DENOVO	ISSUED	08/04/17	1017.93	
08/04/17	005624	C0063	FEDEX	ISSUED	08/04/17	15.19	
08/04/17	005625	C0005	HENRY SCHEIN DENTAL (1542017)	ISSUED	08/04/17	3740.83	
08/04/17	005626	C0059	HENRY SCHEIN MEDICAL (02696956)	ISSUED	08/04/17	1895.84	
08/04/17	005627	C0003	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/04/17	1238.17	
08/04/17	005628	C0013	OFFICE DEPOT	ISSUED	08/04/17	219.58	
08/04/17	005629	C0071	OFFICETEAM	ISSUED	08/04/17	2884.44	
08/04/17	005630	C0006	PATTERSON DENTAL SUPPLY, INC.	ISSUED	08/04/17	2180.00	
08/04/17	005631	C0017	SOMTHIN' FISHY	ISSUED	08/04/17	90.00	
08/04/17	005632	C0028	TPX COMMUNICATIONS	ISSUED	08/04/17	432.49	
08/04/17	005633	C0014	VANGUARD CLEANING SYSTEMS	ISSUED	08/04/17	360.00	
08/10/17	005634	C0035	CITY OF STOCKTON	ISSUED	08/10/17	7869.68	
08/10/17	005635	C0045	CLARK PEST CONTROL	ISSUED	08/10/17	69.00	
			REMITTED TO: CLARK PEST CONTROL				
08/10/17	005636	C0059	HENRY SCHEIN MEDICAL (02696956)	ISSUED	08/10/17	1501.24	
08/10/17	005637	C0003	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/10/17	603.75	
08/10/17	005638	C0037	NUSMILE PEDIATRIC CROWNS (CDSC)	ISSUED	08/10/17	1208.30	
08/10/17	005639	C0013	OFFICE DEPOT	ISSUED	08/10/17	221.77	
08/10/17	005640	C0092	PACIFIC STORAGE COMPANY	ISSUED	08/10/17	25.00	
			REMITTED TO: PACIFIC RECORDS MANAGEMENT (1207)				
08/10/17	005641	C0031	SHABBIR A. KAHN	ISSUED	08/10/17	3581.61	
08/10/17	005642	C0050	SMILEMAKERS (CDSC)	ISSUED	08/10/17	490.57	
08/10/17	005643	C0007	WESTCON MEDICAL (CDSC)	ISSUED	08/10/17	962.76	
08/18/17	005644	C0029	A SIMPLE SOLUTION INC.	ISSUED	08/18/17	342.40	
08/18/17	005645	C0096	A-1-A/PRESTON'S LOCK SHOP	ISSUED	08/18/17	412.27	
08/18/17	005646	C0016	AIRGAS USA, LLC	ISSUED	08/18/17	453.70	
08/18/17	005647	C0020	ALSCO	ISSUED	08/18/17	1634.40	
08/18/17	005648	C0026	CALIFORNIA DEPARTMENT OF PUBLIC	ISSUED	08/18/17	4178.16	
08/18/17	005649	C0047	CERTIFIED MEDICAL TESTING	ISSUED	08/18/17	510.00	
08/18/17	005650	C0035	CITY OF STOCKTON	ISSUED	08/18/17	1.72	
			REMITTED TO: CITY OF STOCKTON				
08/18/17	005651	C0055	ISING'S CULLIGAN/SAN JOAQUIN	ISSUED	08/18/17	73.00	
08/18/17	005652	C0034	DENNEHY DENTAL SUPPLY	ISSUED	08/18/17	150.00	
08/18/17	005653	C0005	HENRY SCHEIN DENTAL (1542017)	ISSUED	08/18/17	304.98	
08/18/17	005654	C0059	HENRY SCHEIN MEDICAL (02696956)	ISSUED	08/18/17	1173.12	
08/18/17	005655	C0039	HcBInte1	ISSUED	08/18/17	8903.88	
08/18/17	005656	C0003	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/18/17	432.33	
08/18/17	005657	C0013	OFFICE DEPOT	ISSUED	08/18/17	211.87	
08/18/17	005658	C0025	OPEN DENTAL SOFTWARE	ISSUED	08/18/17	99.00	
08/18/17	005659	C0006	PATTERSON DENTAL SUPPLY, INC.	ISSUED	08/18/17	1318.95	
08/18/17	005660	C0032	PURCHASE POWER	ISSUED	08/18/17	253.71	
08/18/17	005661	C0027	UNIVERSAL DATA (CDSC)	ISSUED	08/18/17	61.00	
08/23/17	005662	C0002	ADVANCED SECURITY TECHNOLOGIES	ISSUED	08/23/17	105.00	
			REMITTED TO: ADVANCED SECURITY TECHNOLOGIES				

RUN DATE: 08/31/17  
RUN TIME: 1433  
RUN USER: COOKS

Castle Family Health Centers AP \*\*LIVE\*\*  
CHECK REGISTER BY DATE

PAGE 2

CASC  
FROM 08/01/17 TO 08/31/17

DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	AMOUNT	
						ISSUED/ CLEARED	VOIDED/ UNCLAIMED
08/23/17	005663	C0016	AIRGAS USA, LLC	ISSUED	08/23/17	873.41	
08/23/17	005664	C0020	ALSCO	ISSUED	08/23/17	817.20	
08/23/17	005665	C0047	CERTIFIED MEDICAL TESTING	ISSUED	08/23/17	1375.00	
08/23/17	005666	C0018	CO OCCUPATIONAL MEDICAL PARTNERS	ISSUED	08/23/17	105.00	
08/23/17	005667	C0044	JIVE COMMUNICATIONS INC	ISSUED	08/23/17	462.33	
08/23/17	005668	C0071	OFFICETEAM	ISSUED	08/23/17	49.93	
08/23/17	005669	C0022	PGE (1178141465-8)	ISSUED	08/23/17	7748.58	
08/23/17	005670	C0012	VALLEY YELLOW PAGES	ISSUED	08/23/17	300.11	
08/23/17	005671	C0014	VANGUARD CLEANING SYSTEMS	ISSUED	08/23/17	1095.00	
08/30/17	005672	C0016	AIRGAS USA, LLC	ISSUED	08/30/17	453.88	
08/30/17	005673	C0030	BLOSS MEMORIAL HEALTHCARE DISTRICT	ISSUED	08/30/17	47010.86	
08/30/17	005674	C0015	COMCAST (8155 60 067 0975070)	ISSUED	08/30/17	170.67	
08/30/17	005675	C0040	DENOVO	ISSUED	08/30/17	649.98	
08/30/17	005676	C0063	FEDEX	ISSUED	08/30/17	11.38	
08/30/17	005677	C0059	HENRY SCHEIN MEDICAL (02696956)	ISSUED	08/30/17	84.29	
<b>TOTAL \$</b>						<b>115403.05</b>	



CHILDREN'S DENTAL SURGERY CENTER  
 ACCOUNTS RECEIVABLE AGING SCHEDULE  
 EXCLUDES OUTSIDE COLLECTIONS ACCOUNTS  
 12 MONTH SUMMARY

	TOTAL	0 - 30	31 - 60	61 - 90	90 +	% < 60 DAYS
Sep-16	1,218,207	234,017	59,155	8,569	916,466	24.07%
Oct-16	1,192,054	216,116	39,213	6,248	930,477	21.42%
Nov-16	1,293,461	326,384	32,464	24,918	909,694	27.74%
Dec-16	1,134,114	129,521	93,250	20,695	890,648	19.64%
Jan-17	1,204,616	223,549	50,966	44,158	885,943	22.79%
Feb-17	1,259,223	269,682	57,752	32,399	899,391	26.00%
Mar-17	1,226,213	236,682	61,627	32,487	895,418	24.33%
Apr-17	1,270,454	265,666	77,354	29,735	897,700	27.00%
May-17	1,404,388	384,072	85,967	31,152	903,197	33.47%
Jun-17	1,151,212	189,532	65,556	23,411	872,713	22.16%
Jul-17	1,113,056	141,948	60,458	34,492	876,158	18.18%
Aug-17	1,113,332	158,605	57,839	28,515	868,374	19.44%
% OF TOTAL		14.25%	5.20%	2.56%	78.00%	

CHILDRENS DENTAL SURGERY CENTER  
 12 MONTH SUMMARY  
 SUMMARY A/R ACTIVITY REPORT

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-14	May-17	Jun-17	Jul-17	Aug-17	Jul-17 Aug-17 CHANGE
BEG BALANCE	1,254,267	1,218,207	1,192,054	1,293,461	1,134,114	1,204,616	1,259,223	1,226,213	1,270,454	1,404,388	1,151,212	1,113,056	
CHARGES	309,618	334,488	386,882	238,111	320,887	329,442	350,566	350,044	399,455	210,032	147,522	166,616	19,094
PAYMENTS LESS REFUN	(332,807)	(348,017)	(266,145)	(387,215)	(233,673)	(259,207)	(366,471)	(288,569)	(245,038)	(452,663)	(178,078)	(157,514)	(20,563)
ADJUSTMENTS	(12,871)	(12,624)	(19,331)	(10,243)	(16,722)	(15,627)	(17,105)	(17,233)	(20,483)	(10,545)	(7,601)	(8,825)	1,225
NET IN(DE)CREASE	(36,061)	(26,153)	101,407	(159,347)	70,502	54,608	(33,010)	44,242	133,934	(253,176)	(38,156)	276	
END BALANCE	1,218,207	1,192,054	1,293,461	1,134,114	1,204,616	1,259,223	1,226,213	1,270,454	1,404,388	1,151,212	1,113,056	1,113,332	276
COLLECTION % *	96.28%	96.50%	93.23%	97.42%	93.32%	94.31%	95.54%	94.36%	92.29%	97.72%	95.91%	94.69%	-1.21
ADJUSTMENT %	3.72%	3.50%	6.77%	2.58%	6.68%	5.69%	4.46%	5.64%	7.71%	2.28%	4.09%	5.31%	1.21
DAYS IN A/R ***	121.20	109.32	114.17	108.74	117.16	127.56	110.26	109.77	117.45	109.18	135.27	195.41	60.14

\*COLLECTION % = PAYMENTS DIVIDED BY TOTAL PAYMENTS & ADJUSTMENTS.  
 \*\*\* 3 MONTH ROLLING AVERAGE CHARGES / LAST 3 MONTHS # WORKDAYS

DENTAL SURGERY CENTER - Stockton

MONTHLY BILLING BY INSURANCE

Administration

Aug-17

	NET	GROSS
<b>Anesthesia</b>		
FLAT	133.38	750.00
*Denti-Cal	15,062.97	71,550.00
Delta Dental of California	900.00	900.00
	<u>\$ 16,096.35</u>	<u>\$ 73,200.00</u>
<b>Dental Common</b>		
FLAT	2,857.00	2,886.00
*Denti-Cal	107,139.00	206,050.00
Delta Dental of California	5,505.00	5,505.00
	<u>\$ 115,501.00</u>	<u>\$ 214,441.00</u>
<b>Facility Fees</b>		
*California Health and Wellness	2,365.73	35,910.00
Anthem Blue Cross Medi-cal	3,889.35	44,010.00
Contra Costa Health Plan	495.04	7,740.00
Health Net Medi-cal	1,343.59	20,070.00
HPSJ Medi-cal	17,875.00	114,125.00
O/P Medi-cal	1,909.95	31,680.00
Partnership Healthplan of California	7,139.99	107,010.00
	<u>\$ 35,018.65</u>	<u>\$ 360,545.00</u>
	<b>\$ 166,616.00</b>	<b>\$ 648,186.00</b>

INSURANCE PAYMENTS		PATIENT PAYMENTS		ADJUSTMENTS		INSURANCE WRITEOFFS	
*California	-4,716.70	10785	-199.00	DF-Contractual	-2,105.86	*California Health and	-25.56
*Denti-Cal	-112,804.13	12146	-199.00	DP-Contractual	-4,966.19	Partnership Healthplan of	-143.00
Anthem Blue	-169.25	18868	-2.00	DA-Contractual	-1,584.82		
Anthem Blue	-3,763.46	19760	-796.00				
Contra Costa	-938.90	19736	-796.00				
Delta Dental of	-769.10	19750	-796.00				
Delta Dental of	-42.40						
EBMS	-2,115.16						
Health Net	-1,006.90						
HPSJ Medi-cal	-17,550.00						
Northern Valley	-750.00						
O/P Medi-cal	-1,163.00						
Partnership	-8,937.23						
	<u>-154,726.23</u>						
			<u>-\$ 2,788.00</u>		<u>-\$ 8,656.87</u>		<u>-\$ 168.56</u>

TOTAL ACCOUNTS RECEIVABLE	
Beginning A/R:	1,113,056.06
Net Charges:	166,616.00
Insurance Payments:	-154,726.23
Patient Payments:	-2,788.00
Adjustments:	-8,656.87
Writeoffs:	-168.56
<b>Total A/R:</b>	<b>\$ 1,113,332.40</b>

## POLICIES & PROCEDURES RECOMMENDATION

- Adverse Events
- Operating Room Time Out and Consent Time Out
- Anesthesia Service Guidelines



Number: 5.2.05  
Original Date: 1-15-2015

**TITLE:** Adverse Events

**PURPOSE:** A process is established for the identification, reporting, analysis, and Prevention of **adverse** incidents or **near miss** events and ensuring their consistent and effective implementation through systems improvement.

**POLICY:**

1. An Adverse Event is defined as an unexpected event during a healthcare encounter, including:
  - An unexpected occurrence during a health care encounter involving patient death or serious physical or psychological injury or illness, including loss of limb or function, not related to the natural course of the patient's illness or underlying condition.
  - Death during or up to 24 hours after induction of anesthesia after surgery of a normal, healthy patient who has no organic, physiologic, biochemical, or psychiatric disturbance and for whom the pathologic process for which the operation is to be performed are localized and do not entail a systemic disturbance.
  - Any process variation for which a recurrence carries a significant chance of a serious adverse outcome.
  - Events such as breeches in medical care, administrative procedures or other breeches resulting in a negative impact on a patient, even where death or loss of limb or function does not occur.
  - All events involving reactions to drugs, materials and devices that result in death or serious disability.
2. Any Children's Dental Surgery Center staff member, who witnesses, discovers, or otherwise becomes aware of information that reasonably suggests an Adverse Event has occurred must immediately report the event to his/her supervisor and subsequently submit an Incident Report.
3. A medical care clinical provider and/or Medical Director and other appropriate clinical staff, along with the Administrator, will investigate the incident and conduct a root cause analysis to determine suspected root cause. A Systematic method will be applied to identify related causes and need for process deficiencies identified will be developed and implemented through cooperative effort of representation for those

who have ownership of the process (es). The quality improvement action plan will identify strategies to be taken, responsibility for implementation. Oversight, timelines, and strategies for measuring the effectiveness of the actions.

4. The Administrator will track the implementation of the corrective action plan to determine if the actions taken have rectified the process deficiency, thereby reducing the possibility of a recurrence of such an event.
5. Adverse Incidents will be reported by administration of Children's Dental Surgery Center to external agencies in accordance with law and regulation. At a minimum the facility must notify the CA Department of Public Health (916) 263-5800 within 24 hours of the event. In addition, Accreditation Association for Ambulatory Health Care must be notified in writing within 15 days of the incident.
6. For near miss events, an incident report will be generated and a debriefing of the event will be done. To help prevent these occurrences, there is staff training/competencies such as medication dose repeat back verification and medication dosage test upon hire and annually.



Number: 10.1.05  
Original Date: 01-15-2015

**TITLE;** Operating Room Time Out and Consent Time Out

**PURPOSE:** To establish the guidelines for confirming the identity of the RIGHT patient in the RIGHT operating room to the RIGHT Open Dent record and also to establish guidelines for the complete informed consent for dental treatment.

**POLICY:**

- The "Operating Room Time Out" will be conducted for every patient upon entering the Operating Room prior to procedure beginning.
  - All staff involved in the procedure should be present at the time the Time Out is being conducted
  - State the patient, procedure and site aloud exactly as it appears on the informed consent.
- The circulating RDA will identify the patient using patient's armband with the chair-assist RDA to the electronic chart in Open Dent.
- This confirmation will be documented on the Operating Room record.
- Prior to the start of the procedure, the dentist will visually exam the patient and explain a proposed treatment plan to the parents/guardian based on the exam. The Consent for Dental Treatment will contain the proposed treatment plan. The Consent for Dental Treatment will be signed by the parents/guardians with a witness. A final treatment plan will be explained to the parents/guardians after imaging is completed.
- The "Consent Time Out" will be completed when the RDA/DA comes back to the OR after obtaining consent from the parent/guardian for the final treatment plan. The RDA/DA will state to the dentist the Consent Time Out and that the parents/guardian have consented to the treatment plan as stated, they are requesting changes, or that they are not agreeing to the treatment plan. The time will be recorded on the OR Record on the line provided.



Number: 9.1.04  
Original Date: 01-15-2015

**TITLE:** Anesthesia Service Guidelines

**PURPOSE:** To deliver quality anesthesia service in conformance with all standards, Regulations, and Center policies and procedures in a timely manner with courtesy and cost efficiency.

**POLICY:** The service shall be responsible to the Anesthesia / Dental Staff and Administration, for the provision of Anesthesia Services and shall be accountable to the Executive Committee for the delivery of quality service in conformance with all Standards and Regulations, center's Policies and Procedures, and in a timely manner with courtesy and cost efficiency.

**PROCEDURE:**

1. Only patients classified as Class 1, Class 2, or Class 3 as determined by the American Society of Anesthesia may have procedures performed at this center. Class 3 patients will need the approval of the Medical Director.
  - ASA 1 patient is a healthy patient.
  - ASA 2 is a patient with mild systemic disease.
  - ASA 3 is a patient with severe systemic disease.
  
2. The Director of Anesthesia shall be a member of the Medical Staff. The responsibilities shall include but not be limited to:
  - Professional, organizational, and direction responsibilities.
  - Making recommendations to the Executive Committee for the granting of Anesthesia privileges.
  - Monitoring the quality of Anesthesia care rendered by anesthesiologist's in the center.
  - Recommending to Administration and the Medical Staff the type and amount of equipment needed for safe and proper administration of anesthesia and related resuscitation.
  - Developing regulations concerning anesthetic safety, written regulations for the safe use of anesthetic agents within the center.
  - Monitoring a program of retrospective evaluation of the quality of anesthesia care given throughout the Center by the anesthesiologists
  - Participating in the development of policies relating to cooperation with other departments or services of the center.
  - Consulting in the management of various therapeutic and diagnostic problems within the center.
  - The setting of overall standards, rules and regulations for the administration of anesthesia by physicians and dentists.



3. Staffing for the delivery of anesthesia care:
  - Anesthesia care shall be provided by qualified dental and medical anesthesiologists.
  - A qualified anesthesiologist shall be available to the dental surgery service to provide anesthesia care up until the last patient has been discharged home.
4. Continuing Education
  - Representatives of the Anesthesia Service shall participate in the center's program of continuing education.
5. Equipment
  - All equipment used for administration of anesthesia shall be periodically inspected, tested and maintained. This shall be done at least two (2) times a year. Documentation of such servicing shall be kept on file in the center.
  - It shall, be the responsibility of each anesthesiologist to inspect and test the anesthetic apparatus at the beginning of each work day and before use on the patient.
  - An appropriate monitoring device shall be available.
6. Safety Regulations
  - ONLY non-flammable anesthetic agents shall be used within the center.
  - NO flammable OR explosive agents shall be available or used in the center.
  - Conductive flooring, conductive footwear and restriction of fabrics for clothing or drapes shall not be required
  - Electrical equipment shall meet the standards and be checked periodically according to the standards outlined in this manual.
  - Each anesthesia gas machine shall be provided with:
    - i. Pin-index
    - ii. Oxygen pressure interlock system
    - iii. Gas evacuator system
    - iv. Low oxygen alarm monitor
  - All reusable anesthesia equipment in direct contact with the patient shall be cleaned after each use.
  - Anesthesia personnel shall familiarize themselves with the mechanism of air exchange within the operating room.
  - A relative humidity in a range of 20% to 60% shall be maintained in all anesthetizing areas.
  - The designated Director of Anesthesia shall review all safety regulations annually.
  - All safety regulations shall be strictly enforced.
7. Patient Care Policies and Procedures
  - A pre-operative review of the patient's condition shall be made prior to the induction of anesthesia and so recorded on the Anesthesia Record. This should include the information needed for making a choice of anesthesia agents and techniques. Notation should be made of the patient's condition, appearance, laboratory (if available and applicable) and physical findings.

- Each patient shall be informed about the type of anesthesia planned for him/her and given the opportunity to ask questions, except when circumstances make this impossible. This discussion shall be noted on the patient's record and shall indicate that "informed consent" has been given.
- Each patient shall be continuously monitored during the anesthesia. A graphic anesthetic record shall be kept by the anesthesiologist and made a permanent part of the patient's record. The types of monitoring employed will depend on the patient's variable circumstances.
  - i. In the event of an emergency where the anesthesia provider cannot be in attendance with the patient, the Circulating Registered Nurse will monitor the patient continuously during the anesthesia until an anesthesia provider is present.
- In the event that the patient reaches a depth of anesthesia in the operative suite wherein the patient ceases spontaneous ventilation, the anesthesiology provider will continue to monitor the patient within the guidelines as outlined by the Anesthesia Society of Anesthesiologists to meet the national standard of care.
- An accurate description of any unusual incidents in the operating room is to be charted at the earliest possible moment after the emergency situation.
- Following the procedure the anesthesiologist is responsible for determining when the patient may be taken to the P.A.C.U., for supervising the patient's care in the P.A.C.U. and for determining when the patient may leave the P.A.C.U.
- Release of patients from the P.A.C.U.: The criteria for the release of each individual patient from the PACU shall be set by Modified Aldrete Score and the final decision by the attending Anesthesiologist or his/her designee. A person qualified to provide anesthesia services will always be available as long as clinically indicated.
- At least one post-anesthesia visit shall be recorded with specific references to the presence or absence of anesthesia related complication.
- The quality of care provided by the anesthesia service shall be measured as part of the center's Performance Improvement program.
- The anesthesiologist is to remain at the center until discharge of the patient.
- The Anesthesia Service shall participate in the Center's Performance Improvement Program. (1.11.6)

**ASA PHYSICAL STATUS CLASSIFICATION OF THE  
AMERICAN SOCIETY OF ANESTHESIOLOGISTS**

<b>STATUS</b>	<b>DEFINITION</b>	<b>DESCRIPTION</b>
<b>ASA I</b>	A normal healthy patient	No physiological , psychological, biochemical, or organic disturbance
<b>ASA II</b>	A patient with a mild systemic disease	Cardiovascular or pulmonary disease that limits activity. Hypertension, asthma, chronic bronchitis, obesity, or diabetes mellitus
<b>ASA III</b>	A patient with a severe systemic disease that limits activity but is not incapacitating	Cardiovascular or pulmonary disease that limits activity. Severe diabetes with systemic complications. History of myocardial infarction, angina, or poorly controlled hypertension.
<b>ASA IV</b>	A patient with severe systemic disease that is a constant threat to life	Severe cardiac, pulmonary, renal, hepatic or endocrine dysfunction
<b>ASA V</b>	A moribund patient who is not expected to survive 24 hrs. with or without the procedure	The procedure is performed as a last recourse or resuscitative effort. Major multi-system or cerebral trauma, ruptured aneurysm, or pulmonary embolus
<b>ASA VI</b>	A patient declared brain dead whose organs are being removed for donor purposes	
<b>Emer (E)</b>	The suffix E is used to denote the presumed poorer physical status of any patient on one of these categories which is done as an emergency	

Exhibit 4

## BYLAWS AMENDMENT

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## ARTICLE II

The CDSC takes the responsibility to their partners very seriously.

### INITIAL APPOINTMENT / CONTRACTUAL CONSIDERATION

#### 2.1 NATURE OF INITIAL APPOINTMENT / CONTRACTUAL CONSIDERATION

No dentist or anesthesia provider, including those in a dental / medical administrative position by virtue of a contract with the Center, shall provide medical or dental-health-related services to patients in the Center unless the dentist / anesthesia provider is an independent contractor / member of the dental / anesthesia staff or has been granted privileges in accordance with the procedures set forth in these bylaws. Initial appointment / contract initiation shall confer only such privileges and prerogatives as have been granted in accordance with these bylaws.

#### 2.2 QUALIFICATIONS FOR INITIAL APPOINTMENT / CONTRACTUAL CONSIDERATION

##### 2.2.1 GENERAL QUALIFICATIONS

Only physicians (anesthesiologists / medical director or dental director/ dentist) or nurse anesthetists shall be deemed to possess basic qualifications for initial appointment / contractual consideration in the Center, and who

(a) document their (1) current licensure, (2) adequate experience, education, and training, (3) current professional competence, (4) good judgement, and (5) current adequate physical and mental health status, so as to demonstrate to the satisfaction of the dental / anesthesia staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality dental / medical care;

(b) are determined (1) to adhere to the ethics of their respective professions, (2) to be able to work cooperatively with others so as not to adversely affect patient care, (3) to keep as confidential, as required by law, all information or records received in the dentist / anesthesia – patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the executive committee;

(c) maintain in force professional liability insurance in not less than the minimum amounts, if any, as from time to time may be jointly determined by the board of directors and executive committee. The executive committee, for good cause, may waive this requirement with regard to a member as long as such a waiver is not granted or withheld on an arbitrary, discriminatory or capricious basis. In

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determining whether an individual exception is appropriate, the following facts may be considered:

- (1) Whether the independent contractor has applied for the requisite insurance;
- (2) Whether the independent contractor has been refused insurance, and if so, the reasons for such refusal; and
- (3) Whether insurance is reasonably available to the independent contractor, and if not, the reasons for its unavailability.

#### 2.2.2 PARTICULAR QUALIFICATIONS

- (a) **Physicians.** An Anesthesiologist independent contractor for physician initial appointment / contract consideration in the Center must hold an MD or their equivalent, a valid and unsuspended certificate to practice medicine issued by the Medical Board of California, and be Medi-Cal approved. For the purpose of this section, "or their equivalent" shall mean any degree (i.e., foreign) recognized by the Medical Board of California.
- (b) **Dentists.** An independent contractor for dental initial appointment / contract consideration in the Center must hold a DDS or equivalent degree, a valid and unsuspended certificate to practice dentistry issued by the Board of Dental Examiners of California, and be Denti-Cal approved.
- (c) **Nurse Anesthetists.** An independent contractor for anesthesia initial appointment/ contract consideration in the Center must hold an RN or their equivalent, a valid and unsuspended certificate to practice anesthesia issued by the National Board of Certification and Recertification for Nurse Anesthetists, and be Medi-Cal approved.

#### 2.3 EFFECTS OF OTHER AFFILIATIONS

No person shall be entitled to initial appointment / independent contractor status at the Center merely because that person holds a certain degree, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by an clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility. Initial appointment / contract status or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular dental / anesthesia group, IPA, PPO, PHO, or other organization or in contracts with a third party which contracts with this Center, unless the Center has entered into an exclusive contract with a specific Dental or Anesthesiology Group.

#### 2.4 NONDISCRIMINATION

No aspect of dental / anesthesia staff contractual status or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, physical or

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The effect of an application for reappointment or modification of dental / anesthesia privileges is the same as that set forth in Section 3.5-2.

**3.6.3 STANDARDS AND PROCEDURES FOR REVIEW**

When a dentist / anesthesiologist / **nurse anesthetist** submits the first application for reappointment, and every two years thereafter, or when the member submits an application for modification of clinical privileges, the member shall be subject to an in-depth review generally following the procedures set forth in Sections 3.5-3 through 3.5-9.

**3.6.4 FAILURE TO FILE REAPPOINTMENT APPLICATION**

Failure without good cause to timely file a completed application for reappointment shall result in the automatic suspension of the member's privileges and expiration of other practice privileges and prerogatives at the end of the current staff appointment, unless otherwise extended by the executive committee with the approval of the board of directors. If the member fails to submit a completed application for reappointment within 30 days past the date it was due, the member shall be deemed to have resigned membership in the dental / anesthesia staff. In the event membership terminates for the reasons set forth herein, the procedures set forth in Article VII shall not apply.

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Children's Dental Surgery Center procedures will include but are not limited to:

- (a) Complete oral dental restorations under general anesthesia;
- (b) Prophylaxis treatment: scaling surfaces and polishing;
- (c) Root canal;
- (d) Removal of residual root covered by bone;
- (e) Topical application of fluoride;
- (f) Treatment of minor infections;
- (g) Inclusion and drainage;
- (h) Occlusal adjustment;
- (i) Pulpotomy;
- (j) Direct/indirect pulp capping;
- (k) Osseous surgery;
- (l) Soft tissue surgery;
- (m) Multiple uncomplicated extractions;
- (n) Single uncomplicated extractions;
- (o) Surgical removal embedded teeth;
- (p) Surgical removal erupted teeth;
- (q) Surgical removal impacted teeth.

#### 4.1 PRE-PROCEDURE ASSESSMENT

The dentist/anesthesiologist/nurse anesthetist, prior to surgery, must ensure that all necessary preanesthesia documentation and assessment is completed, including medical assessment, consents and procedure orders.

#### 5.1 MEDICAL RECORDS

The dentist/anesthesiologist/nurse anesthetist is responsible for complete and accurate medical records. All medical records will be completed timely, legibly, and using only approved abbreviations. Documentation in the medical record will include:



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- (a) A preoperative history and physical must be in the medical record prior to the beginning of any invasive procedure.
  - (b) A preoperative anesthesia evaluation immediately prior to the procedure.
  - (c) A signed informed consent has been obtained from the parent or legal guardian after the procedure details and risks and benefits have been explained to the parent or legal guardian by the dentist/anesthesiologist/nurse anesthetist.
  - (d) Complete and accurate preoperative documentation.
  - (e) Complete and accurate intraoperative documentation.
  - (f) Complete and accurate postoperative assessment and discharge summary documentation.
  - (g) Discharge instructions are completed by the dentist and signed by the parent or guardian.
  - (h) All medication orders are written complete and legible.
  - (i) All signatures are timed and dated.

#### 6.1 DISCHARGE

All patients discharged from the Recovery Room will have a signed discharge order signed by the dentist.

The criteria for discharge of all postoperative patients includes:

- (a) Stable vital signs and temperature;
- (b) Airway removed;
- (c) Airway clear, cough and swallowing reflexes present;
- (d) Reacts appropriately to verbal stimuli;
- (e) Patients must have a passing Aldrete Score (anesthesia criteria).

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## 7.1 CLINICAL COMPETENCE

The dentist/anesthesiologist/nurse anesthetist will take all reasonable steps to ensure professional, ethical conduct and competent clinical performance on the part of all members of the staff by:

- (a) Reporting all adverse events and medical errors through the Quality Assurance and Peer Review process.
- (b) Supervision of all clinic staff with input into their performance evaluations.
- (c) Participation in physician committees as appointed, including Executive Committee, Peer Review and Quality Assurance.