

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)
CENTRAL CALIFORNIA DENTAL SURGERY CENTER (CCDSC)
Advisory Committee Meeting
Executive Conference Room
Tuesday, September 26, 2017
10:00 am**

AGENDA FOR PUBLIC SESSION

I. PUBLIC COMMENTS

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

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

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)
CENTRAL CALIFORNIA DENTAL SURGERY CENTER (CCDSC)
Advisory Committee Meeting
Executive Conference Room
Tuesday, August 22, 2017
10:00 am**

CALL TO ORDER

Edward Lujano called the meeting to order at 10:03 a.m.

ROLL CALL

Present: Edward Lujano, Bloss CEO; Fily Cale, Executive Assistant;
Dawnita Castle, CFO; Kory Billings, Committee Member and
Lloyd Weaver, Committee Member

Others Present: Kylene Powell, CCDSC Administrator and David Thompson,
CCDSC

Absent: None

APPROVAL OF AGENDA

A motion was made / seconded, (Kory Billings / Lloyd Weaver) 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, (Kory Billings / Lloyd Weaver) to approve the July 25, 2017 meeting minutes as presented, Exhibit 1. Motion carried.

FINANCIAL REPORT

A. July 2017 Financials, Exhibit 2

Dawnita Castle reported that CCDSC had treated 144 patients and recorded a net loss of \$1,564 before allocations and a net income loss in the amount of \$4,379 after allocation of costs.

Delta Dental has awarded another \$10,000 grant to promote and improve the oral health of underserved and at risk patients. This revenue will be allocated over the next 12-months under Non-Operating Revenue.

Net patient revenue was recorded at \$1,281 per visit and expenses at \$1,276. AR for July 2017 was at \$510,000 with a \$74,000 balance for the HPSJ. Days in AR were at 61 for collection.

Davis Thompson commented that we can't account for the increase the State is proposing in Bulletin stated. 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, (Kory Billings / Lloyd Weaver) to approve and accept the July 2017 Financials report, Exhibit 2. Motion carried.

ADMINISTRATOR REPORT

Kylene Powell, Administrator reported that they wrapped up a quality study that they had been doing on succinylcholine. They were getting vials and are now getting pre-filled syringes. The goal was to have a cost savings of 75%, they did this for two months and the cost savings was 86% by using the pre-filled syringes.

Dr. Wong is leaving and we are looking for another provider to cover for her.

It has been slower and staff is being informed that parents don't want to schedule right now. We are hoping it picks up once school starts.

David Thompson stated that with Denti-Cal rates increased it will slow down referrals, the increase is above and beyond what the Healthy Families program had paid in the past. Over all the increased rates is very positive for the Denti-Cal program.

Kory Billings asked comparatively what August look likes. Kylene Powell stated that it looks about the same, they had some provider changes at CDSC that affected the CCDSC schedule. They had 2 OR days that they had to go down to 1 OR days. The August numbers are currently about the same as July.

David Thompson stated that in terms of referrals there has actually been a slide in referrals as well. This rate increase is set for one year and afterward it will go away unless something happens. They did not increase the "per procedure rate", they are just paying a supplemental rate. This will achieve what they are trying to do, which is to reduce the number of referrals to surgical centers.

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, (Kory Billings / Lloyd Weaver) to recommend full Board of Directors approval of the Guidelines for When to Call for a Registered Nurse Intraoperatively policy. Motion carried.

Lloyd Weaver asked if there were any new policies regarding the incident at CDSC and any implications for CCDSC. Kylene Powell stated that there is a potential, she is still in the midst of doing the Plan of Corrections from the survey. There are still a few other policies that she is in the middle of.

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 10:00 am.

ADJOURNMENT

As there was no further business, the meeting adjourned into closed session at 10:17 am for the Quality Report under Section 1461 Quality Management.

The meeting reconvened into public session at 10:21 am and adjourned. No action taken.

Respectfully Submitted,

Fily Cale
Executive Assistant

Kory Billings
Advisory Committee Chair

**CENTRAL CALIFORNIA DENTAL SURGERY CENTER (CCDSC)
Period Ended August 2017**

August Financial Statements:

Prior Month Comparison (**blue**)

Monthly Operating Report Summary (**green**)

Accrual Basis

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

January Check Register (**goldenrod**)

A/R Aging (**white**)

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

Monthly Billing by Insurance (**green**)

CENTRAL CALIFORNIA DENTAL SURGERY CENTER
 MONTHLY OPERATING STATEMENT
 PRIOR MONTH COMPARISON
 7200 BMH CCDSC
 D. THOMPSON

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
REVENUES				
CCDSC DENTAL SURGERY REV	222,734	188,291	34,443	18.29%
TOTAL PATIENT REVENUE	<u>222,734</u>	<u>188,291</u>	<u>34,443</u>	<u>18.29%</u>
DEDUCTIONS FROM REVENUES				
DENTAL SURGERY RD	7,469	3,830	(3,639)	(95.03)%
TOTAL DEDUCTIONS FROM REVENUE	<u>7,469</u>	<u>3,830</u>	<u>(3,639)</u>	<u>(95.03)%</u>
NET PATIENT REVENUE	<u>215,265</u>	<u>184,461</u>	<u>30,804</u>	<u>16.70%</u>
OTHER OPERATING REVENUE	<u> </u>	<u> </u>	<u> </u>	<u> </u>
TOTAL NET OPERATING REVENUE	<u>215,265</u>	<u>184,461</u>	<u>30,804</u>	<u>16.70%</u>
EXPENSES				
SALARIES				
MANAGEMENT AND SUPERVISION	10,006	9,235	(771)	(8.34)%
TECHNICAL AND SPECIALIST	3,907	3,794	(113)	(2.99)%
REGISTERED NURSE	14,463	12,811	(1,652)	(12.89)%
LICENSED VOCATIONAL NURSE	4,621	3,805	(816)	(21.45)%
MEDICAL ASSISTANTS	15,598	14,553	(1,045)	(7.18)%
CLERICAL	8,642	8,313	(329)	(3.95)%
VACATION EXPENSE	930	372	(558)	(150.04)%
TOTAL SALARIES	<u>58,167</u>	<u>52,884</u>	<u>(5,283)</u>	<u>(9.99)%</u>
BENEFITS				
FICA	4,438	3,998	(440)	(11.01)%
HEALTH INSURANCE	3,680	5,150	1,470	28.54%
WORKERS COMPENSATION	601	601	0	0.00%
TOTAL BENEFITS	<u>8,720</u>	<u>9,749</u>	<u>1,030</u>	<u>10.56%</u>
TOTAL SALARIES AND BENEFITS	<u>66,886</u>	<u>62,633</u>	<u>(4,253)</u>	<u>(6.79)%</u>
PROFESSIONAL FEES				
CONSULTING & MANAGEMENT	12,900	12,500	(400)	(3.20)%

CENTRAL CALIFORNIA DENTAL SURGERY CENTER
 MONTHLY OPERATING STATEMENT
 PRIOR MONTH COMPARISON
 7200 BMH CCDCS
 D. THOMPSON

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
REGISTRY NURSING	261	0	(261)	
OTHER CONTRACTED SERVICE	2,183	2,330	147	6.31%
ANESTHESIOLOGIST	38,940	36,740	(2,200)	(5.99)%
DENTIST	31,876	27,061	(4,815)	(17.79)%
TOTAL PROFESSIONAL FEES	86,160	78,631	(7,529)	(9.57)%
SUPPLIES				
DENTAL SUPPLIES	13,830	9,557	(4,274)	(44.72)%
MEDICAL GASES	474	470	(4)	(0.90)%
PHARMACEUTICALS	5,183	1,301	(3,882)	(298.33)%
OTHER MEDICAL SUPPLIES	13,893	6,806	(7,086)	(104.11)%
FOOD	104	0	(104)	
LINEN	1,426	1,321	(105)	(7.97)%
CLEANING SUPPLIES	101	101	0	0.00%
OFFICE SUPPLIES	582	485	(97)	(20.04)%
EMPLOYEE APPAREL	1,191	1,191	0	0.01%
OTHER MINOR EQUIPMENT	37	187	150	80.04%
OTHER NON-MEDICAL SUPPLIES	510	498	(13)	(2.57)%
INVENTORY ADJUSTMENTS	0	92	92	100.00%
FREIGHT ON PURCHASES	227	188	(39)	(20.76)%
GROSS VARIANCE	1	0	(1)	
SALES TAX AND VARIANCE	30	(10)	(40)	389.86%
TOTAL SUPPLIES	37,587	22,185	(15,402)	(69.42)%
PURCHASED SERVICES				
REPAIRS AND MAINTENANCE	1,222	1,286	64	4.97%
MANAGEMENT SERVICES	200	200	0	0.00%
OTHER PURCHASED SERVICES	11,840	12,168	328	2.70%
TOTAL PURCHASED SERVICES	13,262	13,654	392	2.87%
DEPRECIATION				
DEPREC - LAND & IMPROVEMENTS	100	100	0	0.00%
DEPREC-LEASEHOLD IMPROVEMENTS	15	15	0	0.00%
DEPREC-EQUIPMENT	1,763	1,815	52	2.86%
TOTAL DEPRECIATION	1,878	1,930	52	2.69%
RENTS AND LEASES				
RENTAL - EQUIPMENT	124	124	0	0.00%
TOTAL RENTS AND LEASES	124	124	0	0.00%
UTILITIES				

CENTRAL CALIFORNIA DENTAL SURGERY CENTER
 MONTHLY OPERATING STATEMENT
 PRIOR MONTH COMPARISON
 7200 BMH CCDSC
 D. THOMPSON

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
OTHER OPERATING EXPENSES				
INSURANCE	0	326	326	100.00%
TAX AND LICENSE	835	0	(835)	
OTHER UNASSIGEND COSTS	66	267	201	75.19%
TELEPHONE	400	432	32	7.42%
SUBSCRIPTIONS & DUES	39	39	0	0.00%
TRAINING	0	91	91	100.00%
TRAVEL	3,860	2,489	(1,371)	(55.07)%
ADVERTISING	479	429	(50)	(11.66)%
OTHER EXPENSES	500	500	0	0.00%
CONTINGENCY EXP	1,000	0	(1,000)	
TOTAL OTHER OPERATING EXPENSE	7,179	4,573	(2,606)	(56.98)%
TOTAL OPERATING EXPENSE	213,076	183,730	(29,346)	(15.97)%
NET INCOME FROM OPERATIONS	2,189	731	1,458	199.60%
NON-OPERATING REVENUES				
GRANT REVENUE	833	833	0	0.00%
TOTAL NON-OPERATING REVENUE	833	833	0	0.00%
NET INCOME BEFORE ALLOCATION OF OVERHEAD	3,022	1,564	1,458	93.25%
ALLOCATIONS				
ALLOCATION - SQ FT	5,518	5,467	(51)	(0.93)%
ALLOCATION - SALARY	635	476	(159)	(33.33)%
TOTAL ALLOCATIONS	6,153	5,943	(209)	(3.52)%
NET INCOME AFTER ALLOCATION OF OVERHEAD	(3,130)	(4,379)	1,249	(28.52)%

RUN DATE: 09/20/17
RUN TIME: 1122

Castle Family Health Centers GL **LIVE**

PAGE 4
RUN: CCDSC REPORTS RPT: CCSDTLMO FMT: INC MO 1

CENTRAL CALIFORNIA DENTAL SURGERY CENTER
MONTHLY OPERATING STATEMENT
PRIOR MONTH COMPARISON
7200 BMH CCDSC
D. THOMPSON

	AUG 2017 ACTUAL	JUL 2017 ACTUAL	\$ VARIANCE	% VARIANCE
--	--------------------	--------------------	-------------	------------

STATISTICS

LABOR STSTISTICS

PRODUCTIVE HOURS	2,161	1,771	(391)	(22.06)%
NON-PRODUCTIVE HOURS	233	404	171	42.32%
TOTAL PAID HOURS	<u>2,395</u>	<u>2,175</u>	<u>(220)</u>	<u>(10.09)%</u>

VISITS

OTHER VISITS	172	144	(28)	(19.44)%
TOTAL VISITS	<u>172</u>	<u>144</u>	<u>(28)</u>	<u>(19.44)%</u>

PROCEDURES

	<u> </u>	<u> </u>	<u> </u>	<u> </u>
--	-------------------	-------------------	-------------------	-------------------

CENTRAL CALIFORNIA DENTAL SURGICAL CENTER
 MONTHLY OPERATING REPORT SUMMARY
 7200 BWH CEDSC
 D. THOMPSON

	AUG 2017 ACTUAL	AUG 2016 ACTUAL	\$ VARIANCE	% VARIANCE	AUG 2017 YTD ACTUAL	AUG 2016 YTD ACTUAL	\$ VARIANCE	% VARIANCE
PATIENT SERVICES REVENUE	222,734	293,791	(71,056.86)	(24)%	411,024	584,503	(173,479)	(29.68)%
CCDSC DENTAL SURGERY REV	222,734	293,791	(71,056.86)	(24)%	411,024	584,503	(173,479)	(29.68)%
TOTAL PATIENT REVENUE	7,469	28,827	21,357.84	74%	11,298	55,007	43,709	79.46%
DEDUCTIONS FROM REVENUE	0	(15)	(15.00)	100%	0	(15)	(15)	100.00%
DENTAL SURGERY RD								
OTHER / SELF								
TOTAL DEDUCTIONS FROM REVENUE	7,469	28,812	21,342.84	74%	11,298	54,992	43,694	79.45%
NET PATIENT REVENUE	215,265	264,979	(49,714.02)	(19)%	399,726	529,511	(129,785)	(24.51)%
OTHER REVENUE	0	0	0.00	0%	0	0	0	0.00%
TOTAL NET OPERATING REVENUE	215,265	264,979	(49,714.02)	(19)%	399,726	529,511	(129,785)	(24.51)%
OPERATING EXPENSES	58,167	52,519	(5,647.99)	(11)%	111,051	102,034	(9,017)	(8.84)%
SALARIES AND WAGES	8,720	8,955	235.12	3%	18,469	11,200	(7,269)	(64.91)%
EMPLOYEE BENEFITS	86,160	115,082	28,922.54	25%	164,791	222,376	57,585	25.90%
PROFESSIONAL FEES	37,587	33,109	(4,478.57)	(14)%	59,772	73,665	13,892	18.86%
SUPPLIES	13,262	18,570	5,307.30	29%	26,917	37,193	10,276	27.63%
PURCHASED SERVICES	1,878	1,930	51.87	3%	3,809	3,661	(147)	(4.02)%
DEPRECIATION	124	0	(123.64)		247	0	(247)	
RENTS AND LEASES	0	0	0.00	0%	326	0	(326)	
INSURANCE	7,179	8,180	1,001.19	12%	11,426	22,167	10,741	48.46%
OTHER EXPENSES								
TOTAL OPERATING EXPENSE	213,076	238,344	25,267.82	11%	396,807	472,294	75,487	15.98%
NET INCOME FROM OPERATIONS	2,189	26,635	(24,446.20)	(92)%	2,920	57,217	(54,298)	(94.90)%
NON-OPERATING REVENUE	833	6,667	(5,833.35)	(88)%	1,667	6,667	(5,000)	(75.00)%
NON-OPERATING EXPENSE	0	0	0.00	0%	0	0	0	0.00%
NET NON-OPERATING INCOME	833	6,667	(5,833.35)	(88)%	1,667	6,667	(5,000)	(75.00)%
NET INCOME	3,022	33,302	(30,279.55)	(91)%	4,586	63,884	(59,298)	(92.82)%

BLOSS MEMORIAL HEALTHCARE DISTRICT

INCOME STATEMENT

\$ PER CASE

Month of August 2017

	<u>CCDSC</u>	<u>CCDSC</u>
NUMBER OF CASES	<u>172</u>	<u>172</u>
NET PATIENT REVENUE	215,265	1,252
OTHER REVENUE	<u>0</u>	<u>0</u>
TOTAL NET OPERATING REVENUE	<u>215,265</u>	<u>1,252</u>
OPERATING EXPENSES		
SALARIES AND WAGES	58,167	338
EMPLOYEE BENEFITS	8,720	51
PROFESSIONAL FEES	86,160	501
SUPPLIES	37,587	219
PURCHASED SERVICES	13,262	77
DEPRECIATION	1,878	11
RENT	124	1
UTILITIES	0	0
INSURANCE	0	0
OTHER EXPENSES	<u>7,179</u>	<u>42</u>
TOTAL OPERATING EXPENSE	<u>213,077</u>	<u>1,239</u>
NET INCOME FROM OPERATIONS	2,189	13
NON-OPERATING REVENUE	<u>833</u>	<u> </u>
NET INCOME	<u><u>3,022</u></u>	<u><u>18</u></u>

**Central California Dental Surgery Center
August-17**

Auto Debits - Old Account

Bank Fees	66.21
Transfer to CCDSC New Account	0.00
Transfer to Bloss	0.00

Grand Total	<u>66.21</u>
--------------------	---------------------

Central California Dental Surgery Center

Auto Debits - New Account

Bank Fees	0.00
Transfer to Bloss for Payroll	134,276.40
Transfer to Laif Account	0.00

Grand Total	<u>134,276.40</u>
--------------------	--------------------------

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

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

CGDSC
 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	002034	S0297	ALSCO, INC.	ISSUED	08/04/17	271.03	
08/04/17	002035	S0350	AT&T - CALNET 3	ISSUED	08/04/17	48.46	
08/04/17	002036	S0355	HEALTHY HOUSE WITHIN A MATCH	ISSUED	08/04/17	114.00	
08/04/17	002037	S0191	HENRY SCHEIN MEDICAL (920126)	ISSUED	08/04/17	986.48	
08/04/17	002038	S0066	HENRY SCHEIN DENTAL (3194208)	VOIDED	08/07/17		499.31
COMMENT: INCORRECT AMOUNT. MC.							
08/04/17	002039	S0098	MERCED COUNTY - CASTLE AIRPORT	ISSUED	08/04/17	25.49	
08/04/17	002040	S0016	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/04/17	2283.15	
08/04/17	002041	S0054	OFFICE DEPOT	ISSUED	08/04/17	77.28	
08/04/17	002042	S0091	PATTERSON DENTAL SUPPLY, INC.	ISSUED	08/04/17	2165.00	
REMITTED TO: PATTERSON DENTAL SUPPLY, INC.							
08/04/17	002043	S0353	PHARMEDIUM SERVICES, LLC	ISSUED	08/04/17	122.50	
08/04/17	002044	S0099	VACCA, KI	ISSUED	08/04/17	400.00	
08/04/17	002045	S0021	WESTCON MEDICAL	ISSUED	08/04/17	755.12	
08/10/17	002046	S0297	ALSCO, INC.	ISSUED	08/10/17	270.22	
08/10/17	002047	S0033	AT&T	ISSUED	08/10/17	53.74	
08/10/17	002048	S0035	AT&T	ISSUED	08/10/17	174.12	
08/10/17	002049	S0350	AT&T - CALNET 3	ISSUED	08/10/17	55.51	
08/10/17	002050	S0191	HENRY SCHEIN MEDICAL (920126)	ISSUED	08/10/17	1811.66	
08/10/17	002051	S0066	HENRY SCHEIN DENTAL (3194208)	ISSUED	08/10/17	3213.00	
08/10/17	002052	S0016	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/10/17	1037.55	
08/10/17	002053	S0338	NUSMILE PEDIATRIC CROWNS	ISSUED	08/10/17	521.20	
08/10/17	002054	S0233	ZENITH INSURANCE COMPANY	ISSUED	08/10/17	601.00	
08/11/17	002055			VOIDED	08/11/17		
COMMENT: METLIFE DD, PER SORAYA. MC.							
08/18/17	002056	S0320	A SIMPLE SOLUTION	ISSUED	08/18/17	257.60	
08/18/17	002057	S0297	ALSCO, INC.	ISSUED	08/18/17	540.32	
08/18/17	002058	S0350	AT&T - CALNET 3	ISSUED	08/18/17	55.48	
08/18/17	002059	S0317	HcBIntel	ISSUED	08/18/17	10732.28	
REMITTED TO: HCBINTEL							
08/18/17	002060	S0191	HENRY SCHEIN MEDICAL (920126)	ISSUED	08/18/17	942.76	
08/18/17	002061	S0066	HENRY SCHEIN DENTAL (3194208)	ISSUED	08/18/17	3475.59	
08/18/17	002062	S0012	MAXDENT DENTAL SUPPLY, INC.	ISSUED	08/18/17	94.02	
08/18/17	002063	S0016	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/18/17	5290.64	
08/18/17	002064	S0239	LOLA JEAN NEILS	ISSUED	08/18/17	565.00	
REMITTED TO: OVERNIGHT HANDPIECE REPAIR							
08/18/17	002065	S0255	VALLEY YELLOW PAGES	ISSUED	08/18/17	429.00	
08/23/17	002066	S0066	HENRY SCHEIN DENTAL (3194208)	ISSUED	08/23/17	731.32	
08/30/17	002067	S0297	ALSCO, INC.	ISSUED	08/30/17	270.16	
08/30/17	002068	S0334	AMERICAN ASSOCIATION OF BIONALYSTS	ISSUED	08/30/17	214.00	
08/30/17	002069	S0008	DENOVO	ISSUED	08/30/17	2457.43	
08/30/17	002070	S0191	HENRY SCHEIN MEDICAL (920126)	ISSUED	08/30/17	753.87	
08/30/17	002071	S0066	HENRY SCHEIN DENTAL (3194208)	ISSUED	08/30/17	1388.81	
08/30/17	002072	S0016	MCKESSON MEDICAL SURGICAL(54363856)	ISSUED	08/30/17	2007.13	
08/30/17	002073	S0107	Quantum Labs, Inc.	ISSUED	08/30/17	690.06	
08/30/17	002074	S0346	SOMTHIN' FISHY	ISSUED	08/30/17	100.00	
TOTAL \$						45981.98	499.31

**CENTRAL CALIFORNIA DENTAL SURGERY CENTER
ACCOUNTS RECEIVABLE AGING SCHEDULE - 12 MONTH COMPARISON**

OPEN DENT	TOTAL	0 - 30	30 - 60	60 - 90	90 - 120	% < 60 DAYS	% > 90 DAYS
Sep-16	583,485	206,005	59,134	18,158	300,188	45.44%	51.45%
Oct-16	533,146	172,192	53,172	14,951	292,832	42.27%	54.93%
Nov-16	543,005	183,532	37,554	20,293	301,626	40.72%	55.55%
Dec-16	474,924	133,830	35,952	15,194	289,948	35.75%	61.05%
Jan-17	506,673	227,528	32,325	16,196	230,624	51.29%	45.52%
Feb-17	577,770	251,355	76,819	29,064	220,533	56.80%	38.17%
Mar-17	629,948	313,583	84,727	26,807	204,831	63.23%	32.52%
Apr-17	611,665	265,891	93,727	48,555	203,493	58.79%	33.27%
May-17	691,287	305,589	132,745	45,484	207,470	63.41%	30.01%
Jun-17	549,153	241,611	90,248	32,308	184,986	60.43%	33.69%
Jul-17	510,064	182,835	90,699	42,783	193,747	53.63%	37.98%
Aug-17	522,691	218,406	89,681	41,854	172,750	58.94%	33.05%
% OF TOTAL		41.78%	17.16%	8.01%	33.05%	0.00%	

CENTRAL CALIFORNIA DENTAL SURGERY CENTER
 ACCOUNTS RECEIVABLE
 12 MONTH COMPARISON
 DAYS IN A/R

	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17
OPEN DENT												
BEG BALANCE	632,549	583,485	533,146	543,005	474,924	506,673	577,770	629,948	611,665	691,287	549,153	510,064
CHARGES	277,124	239,252	232,815	186,961	300,756	296,368	341,271	288,263	313,687	260,025	188,291	222,734
PAYMENTS	(312,984)	(276,351)	(208,328)	(244,281)	(254,142)	(309,125)	(271,038)	(292,403)	(218,915)	(387,509)	(214,646)	(198,405)
ADJUSTMENTS	(13,204)	(13,240)	(14,629)	(10,761)	(14,865)	83,855	(18,056)	(14,144)	(15,150)	(14,651)	(12,734)	(11,702)
NET IN(DE)CREASE	(49,064)	(50,338)	9,859	(68,081)	31,749	71,098	52,178	(18,283)	79,622	(142,134)	(39,089)	12,627
END BALANCE	583,485	533,146	543,005	474,924	506,673	577,770	629,948	611,665	691,287	549,153	510,064	522,691
COLLECTION % *	95.95%	95.43%	93.44%	95.78%	94.47%	137.22%	93.75%	95.39%	93.53%	96.36%	94.40%	94.43%
ADJUSTMENT %	4.05%	4.57%	6.56%	4.22%	5.53%	-37.22%	6.25%	4.61%	6.47%	3.64%	5.60%	5.57%
COLLECTION RATIO ** - NOT VALID	112.94%	115.51%	89.48%	130.66%	84.50%	104.30%	79.42%	101.44%	69.79%	149.03%	114.00%	89.08%
DAYS IN A/R	62.30	60.54	65.96	66.30	64.69	66.32	60.42	58.79	67.43	57.97	61.58	71.66

*COLLECTION % = PAYMENTS DIVIDED BY TOTAL PAYMENTS & ADJUSTMENTS.

**COLLECTION RATIO = PAYMENTS AS A % OF CURRENT CHARGES.

NOTE: DUE TO UNIDENTIFIED ERRORS WITHIN BOTH SYSTEMS, THE "DAYS IN A/R" DATA REPORTED ABOVE IS APPROXIMATE ONLY AT THIS TIME. FURTHER ANALYSIS AND POSSIBLE ASSISTANCE FROM THE SOFTWARE VENDORS MAY BE NECESSARY.

DENTAL SURGERY CENTER - ATWATER

MONTHLY BILLING BY INSURANCE

Administration

Aug-17

	NET	GROSS
Anesthesia		
FLAT	28.02	300.00
*Denti-Cal	18,516.21	81,900.00
Delta Dental of Arkansas	600.00	600.00
Sun Life Financial	600.00	600.00
	<u>\$ 19,744.23</u>	<u>\$ 83,400.00</u>
Dental Common		
FLAT	4,300.00	4,384.00
*Denti-Cal	140,041.26	273,970.00
Cigna	1,530.00	1,530.00
Delta Dental of Arkansas	850.00	850.00
Sun Life Financial	2,260.00	2,260.00
	<u>\$ 148,981.26</u>	<u>\$ 282,994.00</u>
Facility Fees		
*California Health and Wellness	332.87	2,075.00
*Central California Alliance	32,453.86	196,935.00
*HPSJ Medi-cal	10,725.00	80,925.00
ACS Medi-cal	245.17	2,075.00
Anthem Blue Cross Medi-cal	655.00	4,150.00
Blue Shield Of California	2,075.00	2,075.00
Health Net Medi-cal	6,551.03	55,030.00
O/P Medi-cal	461.68	4,150.00
Partnership Healthplan of California	508.70	4,150.00
	<u>\$ 54,008.31</u>	<u>\$ 351,565.00</u>
	\$ 222,733.80	\$ 717,959.00

INSURANCE PAYMENTS		PATIENT PAYMENTS		ADJUSTMENTS		INSURANCE WRITEOFFS	
*Central	-20,519.84	6246	-597.00	DF-Contractual	-3,486.51	*Central California Alliance	-395.32
*Denti-Cal	-134,320.88	6225	-35.00	DP-Contractual	-5,716.46		
*HPSJ Medi-cal	-20,625.00	6203	-597.00	DA-Contractual	-2,103.46		
ACS Medi-cal	-480.00	6301	-398.00				
Aetna	-180.00	6239	-796.00				
Anthem Blue	-378.74	6212	-398.00				
Blue Shield Of	-467.50	6295	-597.00				
Cigna	-1,233.60	6284	-796.00				
Delta Dental of	-2,192.00						
Delta Dental of	-132.20						
Health Comp-	-562.50						
Health Net	-7,185.91						
Merced	-64.40						
MetLife Dental	-1,939.20						
MetLife Dental	-1,412.00						
O/P Medi-cal	-558.61						
Premier Access	-1,938.65						
	<u>-\$ 194,191.03</u>						
			<u>-\$ 4,214.00</u>		<u>-\$ 11,306.43</u>		<u>-\$ 395.32</u>

TOTAL ACCOUNTS RECEIVABLE	
Beginning A/R:	510,063.91
Net Charges:	222,733.80
Insurance Payments:	-194,191.03
Patient Payments:	-4,214.00
Adjustments:	-11,306.43
Writeoffs:	-395.32
Total A/R:	\$ 522,690.93

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/or devices that result in patient death or serious disability.
 - Circumstances or events that could have resulted in an adverse event (near-miss events).
2. Any Central California 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 Central California Dental Surgery Center to external agencies in accordance with law and regulation. At a minimum the facility must notify the Department of Public Health (916) 263-5800 within 24 hours of the event. In addition, the accredited body 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 I, 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 I 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 and/or Certified Registered Nurse Anesthetists.
 - 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**

STATUS	DEFINITION	DESCRIPTION
ASA I	A normal healthy patient	No physiological , psychological, biochemical, or organic disturbance
ASA II	A patient with a mild systemic disease	Cardiovascular or pulmonary disease that limits activity. Hypertension, asthma, chronic bronchitis, obesity, or diabetes mellitus
ASA III	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.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Severe cardiac, pulmonary, renal, hepatic or endocrine dysfunction
ASA V	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
ASA VI	A patient declared brain dead whose organs are being removed for donor purposes	
Emer (E)	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

ARTICLE II

The CCDSC 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

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

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.

Central California 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:

- (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).

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.