
PUBLIC NOTICE

Bloss Memorial Healthcare District, A Public Entity • 3605 Hospital Road, • Atwater, California 95301 •
(209) 381-2000 x 7002 • fax: (209) 722-9020

Date: September 21, 2017

Phone: (209) 724-4102

Fax: (209) 722-9020

Bloss Memorial Healthcare District will hold their Finance Committee meeting on Thursday, September 28, 2017 at 1:30 pm in the Board Room at 3605 Hospital Road, Atwater, CA 95301.

The next Bloss Memorial Healthcare District Board of Directors meeting will be held Thursday, September 28, 2017 at 2:00 pm in the Board Room at 3605 Hospital Road, Atwater, Ca 95301.

I, Fily Cale, posted a copy of the agenda of the Board of Directors of Bloss Memorial Healthcare District, said time being at least 72 hours in advance of the meeting of the Board of Directors.

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)
 BOARD OF DIRECTORS MEETING
 BOARD ROOM
 Thursday, September 28, 2017
 2:00 pm**

AGENDA FOR PUBLIC SESSION

I. CALL TO ORDER

II. ROLL CALL

	<u>ACTION</u>	<u>EXHIBIT</u>
III. APPROVAL OF AGENDA	*	

IV. PUBLIC COMMENTS

Comments can be made concerning any matter within the Board’s jurisdiction; but if the matter is not on the agenda, there will be no Board discussion of the issue. Anyone wishing to address the Board on any issue, please stand and approach the microphone.

V. APPROVAL OF MINUTES

- A. August 22, 2017 CCDSC Advisory Committee Meeting – **Informational**
- B. August 22, 2017 CCDSC Advisory Committee Meeting – **Informational**
- C. August 31, 2017 Board of Directors Meeting * 1
- D. August 31, 2017 Board of Directors’ Joint Advisory Meeting * 1a

VI. FINANCIAL REPORT

- A. August 31, 2017 Finance Committee Minutes * 2
- B. Chief Financial Officer Report 3
- C. August Payroll, Electronic Payments & Check Register * 4

VII. CHIEF EXECUTIVE OFFICER REPORT

VIII. OLD BUSINESS / REPORTS

- A. Castle Family Health Centers, Inc Report 5
- B. Bloss Board Member Report

IX. NEW BUSINESS

- A. Provider Credentialing / Privileging *
- B. Approval of CCDSC / CDSC Policies & Procedures * 6
- C. ByLaws Amendment for CCDSC / CDSC * 7

X. AGENDA FOR CLOSED SESSION

Closed Session Items Pursuant the Brown Act will be:
 Section 54954.5(h) Report Involving Trade Secrets – Regarding New Services.
 Estimated date of public disclosure will be in 2017.
 Section 54954.5 (c); 54956.9 Conference with Legal Counsel for Initiation of
 Litigation. *Hernandez-Avila vs. Bloss Memorial Healthcare District*

XI. NEXT MEETING DATE

XII. ADJOURNMENT

Assistance for those with disabilities: If you have a disability and need accommodation to participate in the meeting, please call Fily Cale at (209) 724-4102 or (209) 381-2000 extension 7000 for assistance so that any necessary arrangements may be made.

Any written materials relating to an agenda item to be discussed in open session of a regular meeting that is distributed within the 72 hours prior to the meeting is available for public inspection at the time the record is distributed to all, or a majority of all, members of the Board. These documents are available from the Executive Assistant in administration at 3605 Hospital Road, Suite F, Atwater, California 95301.

**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.

David 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

**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: Kylene 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

**BLOSS MEMORIAL HEALTHCARE DISTRICT (BMHD)
BOARD OF DIRECTORS MEETING
BOARD ROOM
Thursday, August 31 2017
2:00 pm**

CALL TO ORDER

Rosalie Heppner, Board Chair, called the meeting to order at 2:00 pm.

ROLL CALL

Board Members Present: Kory Billings, Vice Chair; Al Peterson, Secretary / Treasurer; Glenn Arnold, Board Member and Lloyd Weaver, Board Member

Others Present: Edward Lujano, CEO; Fily Cale, Executive Assistant; Dawnita Castle, CFO; Dorothy Bizzini, CFHC Board Chair; Ralph Temple, Jr., Legal Counsel; Kylene Powell, RN, CCDSC/CDSC Administrator; Sonny Vasquez, CCDSC/CDSC Marketing; Sabrina Cooksey @ 2:03 pm; Peter Mojarras, CFHC COO @ 2:04 pm and David Thompson, CCDSC/CDSC @ 2:09 pm

Absent: Rosalie Heppner, Chair

APPROVAL OF AGENDA

A motion was made/seconded, (Lloyd Weaver / Alfonse Peterson) to approve the August 31, 2017 agenda as presented. Motion carried.

PUBLIC COMMENTS

None.

APPROVAL OF MINUTES

- A. July 25, 2017 CCDSC Advisory Committee Meeting - **Informational**
- B. July 25, 2017 CDSC Advisory Committee Meeting – **Informational**
- C. July 27, 2017 Board of Directors Meeting, Exhibit 1

A motion was made / seconded, (Glenn Arnold / Alfonse Peterson) to approve and accept the July 27, 2017 Board of Directors Meeting as presented, Exhibit 1. Motion carried.

FINANCIAL REPORT

A. July 27, 2017 Finance Committee Meeting Minutes, Exhibit 2

A grammatical correction was made.

A motion was made / seconded, (Alfonse Peterson / Lloyd Weaver) to accept the July 27, 2017 Finance Committee Meeting Minutes with correction. Exhibit 2. Motion carried.

B. Chief Financial Officer Report, Exhibit 3

Dawnita Castle, CFO, reported that Blomberg & Associates have been on site for the past 2 days working on the audit. No findings have been found and a couple of recommendations have been made. One was with the \$3M receivable for CDSC, which is under Current Asset now and because there are old invoices in there he prefers that it is moved to Other Assets for Limited Use. The reason is if users are doing a current ratio the users can use that more efficiently. Also a couple of items about minutes, which she has discussed with Fily Cale, Executive Assistant and she will update these issues. BMHD will have a good thorough audit.

Both surgery centers were awarded a \$10,000 grant from Delta Dental.

For July 2017, BMHD had a total net loss in the amount of \$57,443 before depreciation and a net loss of \$117,430 after depreciation.

Kory Billings commented that since we have switched our accounting slightly with receiving all of the money from the Bloss, how will this affect the days on end. Will it all be sitting on the fund as we get the large influx from the Trust. Dawnita Castle stated that it will go into the General Checking Account and if the Board wants to invest she can do some cash flow projections. BMHD has not received any reimbursement from CDSC and BMHD is still floating the payables. She discussed this with the auditor how it should be recorded as it is Wells Fargo Bank's fiscal year, yet they fund BMHD in October. The auditors stated for us to go ahead and hit October as revenue.

FASBA and GAPS have introduced a new Revenue Recognition as of December 2017 for public entities. She is participating in webinars and getting as much information as possible.

C. July 2017 Payroll, Electronic Payments and Check Register, Exhibit 4

A motion was made / seconded, (Alfonse Peterson / Lloyd Weaver) to approve and accept the July 2017 Payroll in the amount \$59,299.55 and Accounts Payable in the amount of \$380,770.86 for a total Disbursement of \$440,070.41, Exhibit 4. Motion carried.

CHIEF EXECUTIVE OFFICER'S REPORT

Edward Lujano, CFO, reported we have not heard when we will receive the Denti-Cal reimbursement.

CCDSC scheduled 186 patients for July 2017 and completed 144 compared to 207 patients in July 2016. As of yesterday CCDSC was at 162 cases with 1 more day to go in August y 2017. CCDSC received 194 referrals for the month.

CDSC scheduled 203 patients for July 2017 and completed 105 compared to 184 patients in July 2016. As of yesterday CDSC was at 111 completed cases and they have one OR day left for August 2017. CDSC received 151 referrals this past month.

Ralph Temple, Legal Counsel, commented that there is a substantial gap between the 203 and 105.

Kylene Powell, CDSC Administrator stated that the parents are scheduled but then they don't show up.

Sonny Vasquez, Marketing Director, provided an update on CDSC with the various community partners. And the majority of the community partners are still referring their patients to the center although some patients prefer to be referred to other locations because of the incident.

OLD BUSINESS / REPORTS

A. Castle Family Health Centers, Inc Report, Exhibit 5

Peter Mojarras reported that for July 2017 they had a decrease in numbers due to vacation schedules.

The annual Summer Family Health Festival was held on Saturday, August 5, 2017. Numerous screenings were provided and 45 agencies participated.

Peter Mojarras along with Edward Lujano attended the annual NACHC Conference in San Diego. There are concerns about community health centers with potential cut backs of 70%, future layoffs and closing of facilities. This is a huge concern and we continue to advocate to support and keep the centers open.

This also could mean that there won't be any funding for Loan Agreement Programs, which is critical for the centers to recruitment providers.

We have been able to recruit 5 providers, 2 physicians and 3 midlevels, 3 have started and 2 will begin in October 2017.

Lloyd Weaver commented that he had recently used our laboratory and that it is very nice to go into a place where you are greeted with a smile. Peter Mojarras will share this with staff.

B. Bloss Board Member Report

Kory Billings reported that the Bloss Trust annual meeting was held several weeks ago. We made some positive progress and this will be the first year in which all entities, instead of receiving a little bit annually will receive it in a lump sum. This change will come from Wells Fargo Bank very soon.

Ralph Temple, Legal Counsel, commented that in 2016 the portfolio income was approximately \$559,000 and it is anticipated that the income for this year will be \$690,000 and that is an increase of \$130,000. We are on a new payment plan that was approved by all of the beneficiaries that this will be a once in the year payment in January. Additional information on this change will be available prior to January 2018.

A Joint CFHC Advisory Committee meeting will be held at 6:00 pm today.

NEW BUSINESS

A. Provider Credentialing / Privileging

None.

B. Approval of CCDSC / CDSC Policies & Procedures, Exhibit 6

Kory Billings presented the Guidelines for When to Call for a Registered Nurse Intraoperatively for CCDSC and CDSC. This policy has gone through both CCDSC and CDSC sub-committees and were recommended for approval by the full Board of Directors.

A motion was made / seconded, (Lloyd Weaver / Glenn Arnold) to accept the recommendation of the CCDSC and CDSC Advisory Committees to approve the Guidelines for When to Call for a Registered Nurse Intraoperatively, Exhibit 6. Motion carried.

C. CFHC Request of Grant from Ung Goodwin Trust Fund, Exhibit 7

A request was received from CFHC for the Ung Goodwin Trust income for 2016 FY. Kory Billings stated that the request meets the regulations of the Trust itself for the usage to be used for seniors who may not have the coverage of insurance. This is a traditional request that we have granted.

A motion was made / seconded, (Alfonse Peterson / Lloyd Weaver) to approve the distribution from the Ung Goodwin Trust in the amount of approximately \$6,200, Exhibit 7. Motion carried.

For the record each of the members of the Board of Directors will be requested to sign the fact that there is no conflict of interest between the Board of Directors and Ung Goodwin Trust. This is the second year that we have been asked to sign such a statement.

D. Approval to add Dawnita Castle, CFO, to the Westamerica Bank Accounts

A motion was made / seconded, (Lloyd Weaver / Alfonse Peterson) to add Dawnita Castle, CFO to the Westamerica Bank Accounts. Motion carried.

E. Melissa Blackburn, RN, Infection Control Preventionist

Kylene Powell reported that the previous Infection Control Preventionist left us in May 2017 and Carie Meadows, Director of Nursing has been handling that position. Melissa Blackburn, RN, is currently going through all of her training and will be in charge of the entire Infection Control Program.

A motion was made / seconded, (Glenn Arnold / Lloyd Weaver) to appoint Melissa Blackburn, RN as the Infection Control Preventionist for CCDSC and CDSC. Motion carried.

AGENDA FOR CLOSED SESSION

Ralph Temple, Legal Counsel, reported that he has one item of involving potential litigation in regarding Children’s Dental Surgery Center in Stockton under Section 54954.5 (c) and 54956(c) 54956.9.

There will be a Performance Improvement report under Section 1461 of the Health and Safety Code – Quality Management.

It was requested that David Thompson and Kylene Powell attend the Closed Session.

NEXT MEETING DATE

The next Board of Directors Meeting will be held on Thursday, September 28, 2017 at 2:00 p.m. in the Board Room.

The Finance Committee will also meet on Thursday, September 28, 2017 at 1:30 p.m. in the Board Room.

ADJOURNMENT

As there was no further business, the meeting adjourned into closed session at 2:45 pm.

The meeting reconvened into public session at 3:28 pm with no action taken.

Respectfully Submitted,

Fily Cale
Executive Assistant

Alfonse Peterson
Board Secretary

**BLOSS MEMORIAL HEALTHCARE DISTRICT (BMHD)
SPECIAL BOARD OF DIRECTORS MEETING**

Board Room

Thursday, August 31, 2017

6:00 pm

CALL TO ORDER

Kory Billings, Vice Chair, called the meeting to order at 6:14 am.

ROLL CALL

Board Members Present: Kory Billings, Vice Chair; Al Peterson, Secretary / Treasurer; Glenn Arnold, Board Member and Lloyd Weaver, Board Member

Others Present: Edward Lujano, Chief Executive Officer; Dawnita Castle, CFO; Fily Cale, Executive Assistant; Peter Mojarras, COO; Dorothy Bizzini, CFHC Board Chair; Joe Hoffar CFHC Board Vice Chair; Patti Kishi, CFHC Board Secretary; Miguel Soto, CFHC Board Treasurer; Cora Gonzales, CFHC Board Member; Mario Haro, CFHC Board Member; Kathy Dunbar, CFHC Board Member; Ana Boyenga, CFHC Board Member; Annette White, CFHC Board Member and Olivia Flores, CFHC Board Member

Absent: Rosalie Heppner, Chair; Nicole Silveira, CFHC Board Member; Vicky Solis, CFHC Board Member and Sam Torres, CFHC Board Member

APPROVAL OF AGENDA

None.

PUBLIC COMMENTS

None

NEW BUSINESS

A. Joint Advisory Meeting with Castle Family Health Centers, Inc

Kory Billings introduced himself. Our board chair Rosalie Heppner was unable to attend this evening and Kory Billings was asked that he facilitate the meeting. He also provided a brief history on Bloss Memorial Healthcare District. He also spoke on the relationship between Bloss Memorial Healthcare District and Castle Family Health Centers.

Dorothy Bizzini stated that CFHC will be building a new facility at the corner of Winton Way and

Gertrude Avenue, which will house the Winton Clinic. This facility will cost approximately \$9M when completed. Ground breaking will be held Wednesday, October 18, 2017 or Wednesday, November 1, 2017. The Bloss Board of Directors are invited to attend.

Dorothy Bizzini mentioned that with the closure of Horisons we have experienced an increase in patients. Two provider have joined CFHC and two more will be joining on October 1, 2017. We are running out of space and the Winton Clinic will not be completed until December 2018. CFHC would like BMHD to consider an opportunity at the Castle facility for CFHC to utilize additional space.

Kathy Dunbar stated that there is confusion with the registration areas as MFA registration area is closer to the entrance and you need to pass it on your way to CFHC registration area.

Patti Kishi commented that the community gets confused not understanding the distinction between MFA and CFHC. MFA is in the middle of the facility.

Dorothy Bizzini stated that MFA does not send any of their patients to our laboratory or radiology.

Joe Hoffar stated that the Urgent Care signage could be clearer. He also commented that it appears that BMHD and CFHC share staff. Edward Lujano stated that BMHD contracts with CFHC for Fily Cale, Executive Assistant, Dawnita Castle, CFO and Materials Management. Kory Billings stated that BMHD does pay CFHC for the ability to utilize CFHC support staff.

Ana Boyenga stated that the priority she sees, is the ability to take in more patients with additional rooms and space for the physicians coming on board October 1, 2017.

Peter Mojarras commented that CFHC averages a 8%-12% annual growth with new patients. When he joined CFHC in 2006 they were seeing about 52,000 patients per year and now are seeing over 120,000 per year. Like all centers, we want to continue to improve our quality, efficiency and customer service, but over the last couple of years there has been expansion in California for Medi-Cal. With the recent 25,000 increase from the Alliance community these people are looking for a community health center at either CFHC, GVHC or LMG. We are limited to space here.

Kory Billings stated that there is the West Wing space and BMHD would also like to look at how they can utilize that to the best of its ability. It may not be CFHC utilizing it, but perhaps someone has an idea of how to use it. BMHD also has some property in Parlier and there is still some vacant space at the original Bloss facility.

Dorothy Bizzini mentioned that the Alliance is looking into having Telemedicine and today at the CFHC Board meeting a dermatologist was approved and they will also have behavioral health. This is another opportunity to serve more people.

Cora Gonzales asked if the BMHD Board is holding back to ask MFA for that space. Kory Billings stated that they have not had a conversation at this point, it was mentioned a year ago and that was the last they hear of it. It is something that if it's serious and CFHC is in need, then they can figure out how to get this on the agenda to have a conversation about it.

Dorothy Bizzini stated that CFHC will continue to recruit physicians and if there is enough space here these physicians can be utilized here until the Winton Clinic is complete. Kory Billings asked how the Bus is working out, has it been a valuable tool. Edward Lujano stated that it

has, it is being driven more for the Adult Day Health Care Center, but those numbers have also gone up. We have 2 buses and will most likely need to replace them within the next year or so. Kory mentioned that he does see the bus all over town, including Merced.

Peter Mojarras mentioned that the physician coming in October 1st will be placed in the specialty hallway. This hallway has 9-10 rooms, with one being utilized by Telemedicine and the physician will utilize 3 rooms and this will leave the specialists with 5-6 rooms and some days we may have 2-3 specialist on site during the same time frame.

Edward Lujano stated that BMHD and CFHC need to be open and communicate their concerns and work together to ensure their longevity.

Peter Mojarras also mentioned that CFHC is in need of upgrading their radiology equipment. If BMHD has potential funding to assist with digitized equipment this is greatly needed. But the priority is additional space. CFHC wants to have the highest quality equipment and technology to serve our patients.

Cora Gonzales commented that this annual joint meeting is very important so that everyone is in the same place at the same time and hearing each other. We can work together cohesively and to address BMHD's Mission Statement.

Kory Billings mentioned that there are two BMHD board members that are assigned and when anything comes up and if CFHC or BMHD feel that there needs to be a meeting they are able to meet. He is encouraging that they meet more often so that ideas can facilitate in a timely manner. Annually is great, but they can meet as needed.

AGENDA FOR CLOSED SESSION

None.

NEXT MEETING DATE

The next Annual Advisory Meeting will be determined at a later date.

ADJOURNMENT

The meeting adjourned at 7:20 pm

Respectfully Submitted,

Fily Cale
Executive Assistant

Alfonse Peterson
Secretary

**BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD)
FINANCE COMMITTEE MEETING
BOARD ROOM
Thursday, August 31, 2017
1:30 p.m.**

Committee: Edward Lujano, CEO; Dawnita Castle, Chief Financial Officer;
Fily Cale, Executive Assistant; Alfonse Peterson, Committee Chair
and Glenn Arnold, Committee Member

Others Present: Kory Billings, Board Vice Chair and Dorothy Bizzini, Castle
Board Chair

Absent: None

CALL TO ORDER

Al Peterson, Committee Chair, called the meeting to order at 1:30 p.m. in the Board Room.

APPROVAL OF AGENDA

A motion was made/seconded, (Edward Lujano / Glenn Arnold) to approve the August 31, 2017 agenda as presented. Motion carried.

PUBLIC COMMENTS

None.

APPROVAL OF FINANCE COMMITTEE MINUTES

A. July 27, 2017 Finance Committee Minutes, Exhibit 1

A grammatical correction was made.

A motion was made / seconded, (Glenn Arnold / Edward Lujano) to approve and accept the July 27, 2017 Finance Committee Minutes with correction, Exhibit 1. Motion carried.

REVIEW OF DISTRICT FINANCIAL STATEMENTS, EXHIBIT 2

Dawnita Castle, CFO, reported that BMHD had a net loss for the month of July 2017 in the amount of \$57,443 before depreciation and a net loss in the amount of \$117,403 after depreciation. Cash on Hand increased 18 days to 169 days compared to 151 in June 2017.

A motion was made / seconded, (Glenn Arnold / Edward Lujano) to approve and accept the Review of District Financial Statements as presented, Exhibit 2. Motion carried.

CCDSC FINANCIAL REPORT, EXHIBIT 3

Dawnita Castle stated that David Thompson, CCDSC, had reported at the Advisory Committee meetings that Denti-Cal had posted in their Bulletin announcing that a 40% rate increase is coming in for specific codes. This will be for dates July 1, 2017 thru June 30, 2018. This once time supplement payment will go back retro to July and we don't have those amounts yet as they still need to be approved by CMS.

Dawnita Castle reported that for the month of July 2017 CCDSC treated 144 patients and recorded a small net profit in the amount of \$1,564 before allocations of overhead and recorded a net income loss of \$4,379 after allocations of overhead.

Delta Dental has awarded CCDSC another \$10,000 grant which will be deferred throughout the year for this fiscal year.

SKDSC FINANCIAL REPORT, EXHIBIT 4

Dawnita Castel reported that SKDSC total expenses for July 2017 were \$20,975.

CDSC FINANCIAL REPORT, EXHIBIT 5

Dawnita Castle reported that for the first time Delta Dental also awarded CDSC a \$10,000 grant which will also be allocated throughout the next 12 months.

For the month of July 2017, CDSC treated 105 patients and recorded a net loss in the amount of \$83,625.

Some of the variances are management supervision, Kylene Powell, Administrator, has returned to work. Supply expense had also decreased and Dawnita Castle confirmed that no orders had been placed.

DENTAL CENTERS' COMPARISON, EXHIBIT 6

The Dental Center's Comparison report was reviewed and discussed.

Dawnita Castle reported that net patient revenue cases for CCDSC was \$1,287 and CDSC was \$1,361. Net expenses per case for CCDSC was \$1,118 and CDSC was \$1,475. The variable expenses are in the rent and utilities.

A motion was made / seconded, (Glenn Arnold / Edward Lujano) to approve and accept the CCDSC Financial Report, Exhibit 3; SKDSC Financial Report, Exhibit 4; CDSC Financial Report, Exhibit 5 and Dental Centers' Comparison, Exhibit 6 as presented. Motion carried.

WARRANTS AND PAYROLL

A. July 2017 Payroll, Electronic Payments & Check Register, Exhibit 7

A motion was made/seconded, (Edward Lujano / Glenn Arnold) to approve and accept the July 2017 Total Payroll in the amount \$59,299.55 and Total Accounts Payable in the amount of \$380,770.86 for a total Grand Total Disbursement of \$440,070.41, Exhibit 7. Motion carried.

DISCUSSION

None.

AGENDA FOR CLOSED SESSION

There was no Closed Session item(s) for discussion.

NEXT MEETING DATE/ADJOURNMENT

The next Finance Committee meeting will be held on Thursday, September 28, 2017 at 1:30 pm.

As there was no further business, the meeting adjourned at 1:38 p.m.

Respectfully Submitted,

Fily Cale
Executive Assistant

Alfonse Peterson
Committee Chair

Exhibit 3

CHIEF FINANCIAL OFFICER REPORT

BMHD had a total net loss before depreciation of \$70,125 for the month compared to a net gain of \$13,619 last year. Expenses include \$20,975 of SKDSC costs.

The August 31, Operating Cash Balance was \$1,675,230 and Days Cash On Hand was 143 Days*. In July the DCH was 169 Days.

* Days Cash on Hand (DCH) = Operating Cash / Average Daily Expense (excluding depreciation). DCH indicates Bloss's ability to cover operating expenses. The Benchmark for Health Centers is a minimum of 90 Days.

Dental Surgery Center Summary :

	CCDSC	SKDSC	CDSC	COMBINED
Net Operating Revenue and Non-Operating	\$216,098	\$0	\$165,917	\$382,015
Operating Expenses	213,076	21,783	250,751	485,610
Net Income (Loss)	3,022	(21,783)	(84,834)	(103,595)
BMHCD % Share	100.00%	100.00%	65.00%	N/A
Bloss Share of Net Income (Loss)	\$3,022	(\$21,783)	(\$55,142)	(\$73,903)

A summary comparison of operations for the month and the prior year is as follows :

	Aug-17	Aug-16	VARIANCE *	%	Y-T-D Aug-17	Y-T-D Aug-16	Y-T-D VARIANCE *	Y-T-D %
Net Patient Revenue	215,265	264,964	(49,699)	-18.76%	399,726	529,496	(129,770)	-24.51%
Other Operating Revenue	4,528	1,066	3,462	324.77%	5,309	3,217	2,092	65.03%
Total Net Operating Revenue	219,793	266,030	(46,237)	-17.36%	405,035	532,713	(127,678)	-23.97%
Operating Expenses Excluding Depreciation	363,857	393,235	29,378	7.47%	682,443	773,189	90,746	11.74%
Net Operating Income (Loss) Before Depreciation	(144,064)	(127,205)	(16,859)	-13.25%	(277,408)	(240,476)	(36,932)	-15.36%
Net Non Operating-Gains/Losses	38	61	(23)	N/A	4,919	5,281	(362)	-6.85%
Gain/Loss on Investments	(55,142)	962	56,104	5632.02%	(54,357)	(26,631)	(27,726)	-104.11%
CDSC Gain/Losses	129,043	139,801	10,758	7.70%	199,278	304,813	(105,535)	-34.62%
All Other Non-Operating Gains/Losses	73,939	140,824	66,885	47.50%	149,840	283,463	(133,623)	-47.14%
Total Net Non-Operating Income: Losses/Gains	(70,125)	13,619	(83,744)	-614.91%	(127,568)	42,987	(170,555)	-396.76%
Total Net Income (Loss) Before Depreciation	59,667	59,443	424	0.71%	119,827	118,688	1,139	0.96%
Depreciation Expense	(129,992)	(45,824)	(84,168)	183.68%	(247,395)	(75,701)	(171,694)	226.81%
Net Income (Loss) After Depreciation								

* Note: unfavorable variances are indicated by parenthesis (-).

Bloss Memorial HealthCare District
 Operations Summary Report
 Two Months Ending August 31, 2017

Total CFHC Inc. encounters for the month are 11,274 compared to 11,551 last year, a 2.40% decrease.
 CCDSC cases for the month are 15.27 % less than last year.
 CDSC cases for the month are 53.94% less than last year.

Department	Aug-17	Aug-16	VARIANCE	%	Aug-17	Aug-16	VARIANCE *	Y-T-D	Aug-16	Y-T-D	VARIANCE *	Y-T-D	%
Castle Clinic	4,230	3,645	585	16.05%	7,572	6,321	1,251	19.79%	6,321	1,251	19.79%	19.79%	
Specialty Clinic	726	1,071	(345)	-32.21%	1,254	1,976	(722)	-36.54%	1,976	(722)	-36.54%	-36.54%	
Bloss Clinic	872	995	(123)	-12.36%	1,763	1,943	(180)	-9.26%	1,943	(180)	-9.26%	-9.26%	
Winton Clinic	885	752	133	17.69%	1,537	1,311	226	17.24%	1,311	226	17.24%	17.24%	
Urgent Care	237	1,121	(884)	-78.86%	502	1,413	(911)	-64.47%	1,413	(911)	-64.47%	-64.47%	
Lab	1,988	1,739	249	14.32%	3,733	3,354	379	11.30%	3,354	379	11.30%	11.30%	
Radiology	615	556	59	10.61%	996	979	17	1.74%	979	17	1.74%	1.74%	
Behavioral Health	232	246	(14)	-5.69%	413	445	(32)	-7.19%	445	(32)	-7.19%	-7.19%	
Adult Day Health Care	632	560	72	12.86%	1,060	1,026	34	3.31%	1,026	34	3.31%	3.31%	
Optometry	419	552	(133)	-24.09%	847	1,054	(207)	-19.64%	1,054	(207)	-19.64%	-19.64%	
Ophthalmology	438	314	124	39.49%	752	609	143	23.48%	609	143	23.48%	23.48%	
TOTAL ENCOUNTERS	11,274	11,551	(277)	-2.40%	20,429	20,431	(2)	-0.01%	20,431	(2)	-0.01%	-0.01%	

CASTLE NEW PATIENTS

	Aug-17	Aug-16	VARIANCE	%	Aug-17	Aug-16	VARIANCE *	Y-T-D	Aug-16	Y-T-D	VARIANCE *	Y-T-D	%
CASTLE NEW PATIENTS	715	521	194	37.24%	1,113	741	372	50.20%	741	372	50.20%	50.20%	

Bloss Memorial Health Care District

	Aug-17	Aug-16	VARIANCE	%	Aug-17	Aug-16	VARIANCE *	Y-T-D	Aug-16	Y-T-D	VARIANCE *	Y-T-D	%
Central California Dental Surgery Center	172	203	(31)	-15.27%	316	410	(94)	-22.93%	410	(94)	-22.93%	-22.93%	
Childrens Surgery Center	117	254	(137)	-53.94%	222	438	(216)	-49.32%	438	(216)	-49.32%	-49.32%	
Total Surgery Center Visits	289	457	(168)	-36.76%	538	848	(310)	-36.56%	848	(310)	-36.56%	-36.56%	

August-17 Working Days 23
 August-16 Working Days 23

Bloss Memorial HealthCare District
 Operations Summary Report
 Two Months Ending August 31, 2017

BMHD FULL TIME EQUIVALENTS SUMMARY :

(See FTE report included in Financial Reports for detail)

	Aug-17	Aug-16	VARIANCE	%	Y-T-D Aug-17	Y-T-D Aug-16	Y-T-D VARIANCE *	Y-T-D %
EMPLOYEE FTE'S	13.31	12.37	(0.94)	-7.60%	13.28	12.70	(0.58)	-4.57%
CONTRACT FTE'S	4.86	5.97	1.11	18.59%	4.58	5.31	0.73	13.75%
TOTAL FTE'S	18.17	18.34	0.17	0.93%	17.86	18.01	0.15	0.83%

* Note: unfavorable variances above are indicated by parenthesis ().

Full Time Equivalent - Employees for the month are 7.60% more than the prior year with 0.94 more FTE'S

The major (>1 fte) Total Employee FTE increases for the month are comprised primarily of the following :

Department	Cur. Mo. Increase (DECREASE)	YTD Increase (DECREASE)	Reason
All other departments < 1 fte var	0.95	0.58	Various departments less than 1 fte variance.
	0.95	0.58	Brackets () indicate a decrease (favorable) variance

Exhibit 4

**AUGUST PAYROLL, ELECTRONIC PAYMENTS
& CHECK REGISTER**

Bloss Memorial Healthcare District
 Payroll, Accounts Payable and Funds Disbursements - Summary
 Month of August-17

Payroll	Payroll People transfer for 09/05/17 payroll		\$74,782.72
Payroll			\$125,802.33
Total Payroll			<u><u>\$200,585.05</u></u>

Accounts Payable:

A/P Checks	Bloss	<u>\$130,703.59</u>	<u>\$130,703.59</u>
Auto Debits		\$153.71	
Electronic Payments to Castle on Payable		<u>\$34,314.49</u>	
Total Auto Debits and Electronic Transfers		<u>\$34,468.20</u>	<u>\$34,468.20</u>

Electronic Payments - ACH		<u>\$179,079.69</u>	<u>\$179,079.69</u>
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Total Accounts Payable			<u><u>\$344,251.48</u></u>
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Grand Total Disbursements			<u><u>\$544,836.53</u></u>
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BLOSS	Payroll Disbursements for		August-17
	Payroll dated		
Earnings	08/05/17	08/20/17	Total
Regular			-
Overtime			-
Vacation			-
Sick			-
Holiday			-
Salary	4,125.00	4,125.00	8,250.00
Double Time			-
Call In			-
On Call			-
Other			-
			-
CCDSC Surgery Center	27,330.92	27,012.77	54,343.69
CDSC Surgery Center	25,819.35	27,552.11	53,371.46
			-
Total	57,275.27	58,689.88	115,965.15
			-
Deductions			-
FICA (+)	4,358.18	4,466.45	8,824.63
Insurance (-)	(1,013.06)	(1,000.56)	(2,013.62)
Emp Deduction(-)/Reimb(+)	2,097.70	898.80	2,996.50
Christmas Fund (-)	(65.00)	(545.00)	(610.00)
Process Fee (+)	439.99	199.68	639.67
			-
Total	5,817.81	4,019.37	9,837.18
			-
			-
Net Payroll	\$ 63,093.08	\$ 62,709.25	125,802.33

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

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

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

DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	AMOUNT	
						ISSUED/ CLEARED	VOIDED/ UNCLAIMED
08/03/17	037334	B0223	BEVERLY YI ZHANG HONG	ISSUED	08/04/17	738.80	
08/03/17	037350	B0235	STANTON E. SCHULER	ISSUED	08/04/17	1575.00	
08/04/17	037332	B0084	AMERICHEK	ISSUED	08/04/17	166.00	
08/04/17	037333	B0060	GLENN ARNOLD	ISSUED	08/04/17	300.00	
			REMITTED TO: ARNOLD, GLENN				
08/04/17	037335	B0109	KORY BILLINGS	ISSUED	08/04/17	200.00	
08/04/17	037336	A1786	CARDMEMBER SERVICES (9140)	ISSUED	08/04/17	35.95	
08/04/17	037337	B0058	ENERGY SYSTEMS	ISSUED	08/04/17	950.00	
08/04/17	037338	B0238	G & G CONSTRUCTION CO.	ISSUED	08/04/17	2398.00	
08/04/17	037339	B0225	HOFFMAN SECURITY	ISSUED	08/04/17	653.00	
08/04/17	037340	B0059	LLOYD WEAVER	ISSUED	08/04/17	100.00	
08/04/17	037341	K0003	M-D VENTURES	ISSUED	08/04/17	19007.11	
08/04/17	037342	B0017	MERCED COUNTY - CASTLE AIRPORT	ISSUED	08/04/17	4077.23	
08/04/17	037343	B0133	MERCED/MODESTO COMMERCIAL SWEEPERS	ISSUED	08/04/17	240.00	
08/04/17	037344	B0142	MURPHY AUSTIN ADAM SCHOENFELD LLP	ISSUED	08/04/17	1614.00	
			REMITTED TO: MURPHY AUSTIN ADAMS SCHOENFELD LLP				
08/04/17	037345	B0064	PETERSON, ALFONSE	ISSUED	08/04/17	200.00	
08/04/17	037346	B0014	PG&E (4705482162-5)	ISSUED	08/04/17	7293.39	
08/04/17	037347	K0044	PG&E (8300477674-2)	ISSUED	08/04/17	172.05	
08/04/17	037348	B0007	RON GRISSOM	ISSUED	08/04/17	120.00	
08/04/17	037349	B0061	ROSALIE HEPPNER	ISSUED	08/04/17	300.00	
08/04/17	037351	B0102	THE HARTFORD	ISSUED	08/04/17	229.15	
08/04/17	037352	B0200	UPS	ISSUED	08/04/17	44.43	
08/04/17	037353	B0013	WEST COAST GAS CO, INC.	ISSUED	08/04/17	2109.92	
08/04/17	037354	B0015	WINTON, WATER & SANITARY DISTRICT	ISSUED	08/04/17	72.80	
08/10/17	037355	B0072	BETA HEALTHCARE GROUP	ISSUED	08/10/17	2846.42	
08/10/17	037356	K0035	CITY OF PARLIER	ISSUED	08/10/17	284.24	
08/10/17	037357	B0132	CLARK PEST CONTROL	ISSUED	08/10/17	960.00	
08/10/17	037358	B0100	FEDEX	ISSUED	08/10/17	11.24	
08/10/17	037359	B0153	GEIL ENTERPRISES INC.	ISSUED	08/10/17	2948.40	
08/10/17	037360	B0016	GUARDCO SECURITY SERVICES	ISSUED	08/10/17	7177.50	
08/10/17	037361	B0240	GUZMAN CUSTOM WELDING	ISSUED	08/10/17	600.00	
08/10/17	037362	B0241	HIGGS, FLETCHER & MACK LLP	ISSUED	08/10/17	6150.00	
08/10/17	037363	B0043	INSIGHT EMPLOYEE ASSISTANCE PRGRM	ISSUED	08/10/17	58.86	
08/10/17	037364	K0034	JOE S RODRIGUEZ	ISSUED	08/10/17	375.00	
08/10/17	037365	B0226	NONSTOP ADMIN. & INS. SRVCS, INC.	ISSUED	08/10/17	8140.00	
08/10/17	037366	B0042	RALPH TEMPLE	ISSUED	08/10/17	382.50	
08/10/17	037367	K0057	SOCAL GAS (090 828 6930 7)	ISSUED	08/10/17	14.30	
08/10/17	037368	B0044	TRIPP SECURITY SYSTEMS	ISSUED	08/10/17	20.00	
08/15/17	037369	B0243	GOLDEN VALLEY DOOR & MILLWORK	ISSUED	08/15/17	314.94	
08/18/17	037370	B0026	MERCED IRRIGATION DISTRICT	ISSUED	08/18/17	31151.56	
08/18/17	037371	B0037	CARDMEMBER SERVICE-4798510044371793	ISSUED	08/18/17	2615.08	
08/18/17	037372	B0242	CHILDREN'S DENTAL SURGERY CENTER	ISSUED	08/18/17	10000.00	
08/18/17	037373	B0027	CITY OF ATWATER (010448-000)	ISSUED	08/18/17	730.20	
08/18/17	037374	B0134	CITY OF ATWATER (020161-000)	ISSUED	08/18/17	654.34	
08/18/17	037375	B0025	MERCED IRRIGATION DISTRICT	ISSUED	08/18/17	319.59	
08/18/17	037376	B0218	JOHN P. NIEMOTKA	ISSUED	08/18/17	400.00	
			REMITTED TO: OCTANE ADVERTISING & DESIGN				

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

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

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

DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	AMOUNT	
						ISSUED/ CLEARED	VOIDED/ UNCLAIMED
08/18/17	037377	B0237	UNIVERSAL DATATECH	ISSUED	08/18/17	111.77	
08/18/17	037378	B0039	VALERO MARKETING AND SUPPLY CO.	ISSUED	08/18/17	332.59	
08/23/17	037379	B0188	CHEFANELLI'S CATERING	ISSUED	08/23/17	427.73	
08/23/17	037380	B0132	CLARK PEST CONTROL	ISSUED	08/23/17	156.00	
08/23/17	037381	B0016	GUARDCO SECURITY SERVICES	ISSUED	08/23/17	1980.00	
08/23/17	037382	B0038	KINGS VIEW WEC	ISSUED	08/23/17	2110.00	
08/23/17	037383	B0212	JAVIER MENDOZA	ISSUED	08/23/17	105.00	
			REMITTED TO: NATURAL GARDENS				
08/23/17	037384	B0185	SJVAPCD	ISSUED	08/23/17	528.00	
08/25/17	037385	B0240	GUZMAN CUSTOM WELDING	ISSUED	08/25/17	1280.00	
08/30/17	037386	B0199	ANTHEM BLUE CROSS L AND H	ISSUED	08/30/17	1728.12	
08/30/17	037387	B0052	BLUE SHIELD OF CALIFORNIA	ISSUED	08/30/17	205.89	
08/30/17	037388	B0225	HOFFMAN SECURITY	ISSUED	08/30/17	558.00	
08/30/17	037389	B0239	MODERN AIR MECHANICAL	ISSUED	08/30/17	752.00	
08/30/17	037390	B0212	JAVIER MENDOZA	ISSUED	08/30/17	105.00	
			REMITTED TO: NATURAL GARDENS				
08/30/17	037391	B0018	PG&E (0665563335-9)	ISSUED	08/30/17	16.67	
08/30/17	037392	B0021	PG&E (1384254881-3)	ISSUED	08/30/17	952.18	
08/30/17	037393	B0019	PG&E (1832229927-4)	ISSUED	08/30/17	8.66	
08/30/17	037394	B0020	PG&E (1873896591-4)	ISSUED	08/30/17	432.36	
08/30/17	037395	K0044	PG&E (8300477674-2)	ISSUED	08/30/17	162.62	
TOTAL \$						130703.59	

Bloss Memorial Healthcare District
August-17

Bloss Electronic Transfers

Bloss Auto Debits

Bank Fees	153.71
Total	<u>153.71</u>

Electronic Payments to Castle on Payabl	34,314.49
Total	<u>34,314.49</u>

Grand Total	<u>34,468.20</u>
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RUN DATE: 08/31/17
RUN TIME: 1239
RUN USER: COOKS

Castle Family Health Centers AP **LIVE**
ELECTRONIC PAYMENT NUMBER LIST

PAGE 1

C
FROM D110951 TO D111447

PMT NUM	DATE	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	AMOUNT	
						ISSUED	VOIDED
D110951	08/03/17	B0149	SUNG Y. CHO DDS, INC.	DIRECTD	08/03/17	19418.00	
D110952	08/03/17	B0152	SO YOUNG PARK, DDS INC.	DIRECTD	08/03/17	1559.25	
D110953	08/03/17	B0178	CHRISTOPHER CHIU, D.D.S., INC.	DIRECTD	08/03/17	10275.50	
D110954	08/03/17	B0213	WONIL EDWARD JUNG DDS, INC.	DIRECTD	08/03/17	14300.00	
D110955	08/03/17	B0215	JANICE JAI-YING HUANG, DDS, INC.	DIRECTD	08/03/17	6100.00	
D110956	08/03/17	B0219	KAREN ANN DROSDIK	DIRECTD	08/03/17	2315.80	
D110957	08/03/17	B0220	JOSEPH S. KIM, D.D.S. INC.	DIRECTD	08/03/17	4981.00	
D110958	08/03/17	B0221	CHRISTINA BAEK, DDS, PC	DIRECTD	08/03/17	7600.00	
D110959	08/03/17	B0222	FUTURE HEALTH SERVICES, LLC	DIRECTD	08/03/17	7500.00	
D110961	08/03/17	B0224	PERRY SOLOMON	DIRECTD	08/03/17	5000.00	
D111365	08/18/17	B0149	SUNG Y. CHO DDS, INC.	DIRECTD	08/18/17	13785.75	
D111366	08/18/17	B0178	CHRISTOPHER CHIU, D.D.S., INC.	DIRECTD	08/18/17	12930.00	
D111367	08/18/17	B0213	WONIL EDWARD JUNG DDS, INC.	DIRECTD	08/18/17	9100.00	
D111368	08/18/17	B0219	KAREN ANN DROSDIK	DIRECTD	08/18/17	7224.20	
D111369	08/18/17	B0220	JOSEPH S. KIM, D.D.S. INC.	DIRECTD	08/18/17	5345.29	
D111370	08/18/17	B0221	CHRISTINA BAEK, DDS, PC	DIRECTD	08/18/17	9200.00	
D111371	08/18/17	B0222	FUTURE HEALTH SERVICES, LLC	DIRECTD	08/18/17	7500.00	
D111447	08/30/17	C0001	OMNI MEDICAL PROPERTIES	DIRECTD	08/30/17	34944.90	
TOTAL \$						179079.69	

Exhibit 5

CASTLE FAMILY HEALTH CENTERS, INC REPORT

Castle Family Health Centers Inc
 Operations Summary Report
 Two Months Ending August 31, 2017

Total encounters for the month are 11,274 compared to 11,551 last year, a 2.40% decrease.

Department	Aug-17	Aug-16	VARIANCE	%	Y-T-D Aug-17	Y-T-D Aug-16	Y-T-D VARIANCE *	Y-T-D %
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August-17 Working Days 23
 August-16 Working Days 23

NEW PATIENTS	Aug-17	Aug-16	VARIANCE *	%	Y-T-D Aug-17	Y-T-D Aug-16	Y-T-D VARIANCE *	Y-T-D %
	715	521	194	37.24%	1,113	741	372	50.20%

**APPROVAL OF CCDSC / CDSC
POLICIES & PROCEDURES**

- 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 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 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	



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.
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 - 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.
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 - 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.
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 - 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
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 - 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
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 - Anesthesia personnel shall familiarize themselves with the mechanism of air exchange within the operating room.
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- 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.
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- 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.
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ASA IV	A patient with severe systemic disease that is a constant threat to life	Severe cardiac, pulmonary, renal, hepatic or endocrine dysfunction
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BYLAWS AMENDMENT FOR CCDSC / CDSC

- **Initial Appointment / Contractual Consideration**

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.

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

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.

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).

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.