	2/13-2/14 Actual
OP Surgery Gross Charges	$11,845,608
Patient Refunds	(9,458)
Gross Revenue	**11,836,150**
Contractuals	(7,162,905)
Net Patient Revenue	**4,673,245**
Other Revenue	4,761
Total Net Revenue	**4,678,006**
Operating Expenses	
Medical Supplies - Surgery	691,617
Medical Supplies - Pharmaceuti	93,916
Medical Supplies - Gases	8,175
Med Supplies - OP Implants	539,113
Med Supplies - Anesthesia	1,087
Med Supplies - Radiology	1,837
Med Supplies - Other Clinical	4,477
Clinical Supplies	**1,340,222**
Purchased Service - Administration	147,602
Purchased Service - Clinical Staff	714,826
Purchased Service - Patient Support	130,825
Purchased Service - Billing	2,574
Purchased Service - Janitorial	28,395
Purchased Services - Haz Waste	6,796
Purchased Service - Laundry	26,030
Purchased Service - Transcript	16,034
Purchased Service - Radiology	5,344
Purchased Service - Pharmacy	675
Purchased Services -Med Record	2,172
Purchased Services-Maintenance	3,140
Purchased Services - Other	2,344
Purchased Services	**1,086,757**
Prof. Fees - Medical Director	26,076
Prof. Fees - General Consultin	1,850
Prof. Fees - Phy-Anes	100
Professional Fees	**28,026**
Travel - Meals & Entertainment	
Travel - Airfare	435
Travel - Lodging	-
Travel - Auto Rental & Expense	1,479
Travel	523
	2,437
Utilities - Electricity	
Utilities - Gas	93,372
Utilities - Other	733

Telephone/Cable/Internet-Office	16,146
Telephone - Cell	21,704
Utilities	2,158
	134,113
General Exp. - Computer Suppli	5,197
General Exp. - Office Supplies	7,100
General Exp. - Kitchen	5,975
General Exp - Minor Equip/Inst	15,993
General Exp. - Other Supplies	7,941
General Exp. - Bank Service Ch	10,017
General Exp. - Books, Dues, Su	16,667
General Exp. - Postage & Couri	30,329
General Exp. - Meals	5,364
General Exp. - Forms	8,537
General Exp. - Uniforms	1,792
General Exp. - Housekeeping	8,357
Service Contracts - Computers	18,130
Service Contracts - Medical Eq	1,138
Service Contracts - Office	6,822
Maintenance & Repair - Med. Eq	9,136
Maintenance & Repair - Office	305
Maintenance & Repair - Med Equip	3,111
Maintenance & Repair - Bldg.	2,971
Management Fees	187,133
Other Operating Exp	**352,015**
Total Operating Expenses	
	2,943,570
Non-Operating Expenses	
Rental - Building	
Rental - Medical Equipment	605,079
Rent	18,889
	623,968
Taxes - Business	
Taxes - Property	3,770
Taxes - Payroll	39,298
Other Taxes - Prop/Sales/Fran	61,340
Insurance - Property	574
Insurance - Malpractice	1,567
Marketing - Direct Advertising	2,622
Marketing - Phy. Rel/Recruit	2,138
Marketing - Public Relations	-
Marketing - Printed Material	3,135
Marketing - Other	794
Other Non-Operating Exp	6,273
	121,511
Corporate Gen. & Admin. Exp	**96,804**
Total Non-Operating	**842,283**
EBITDA	**892,153**
Deprec-Leasehold Improvements	
Deprec - Equip. Medical	1,513

Deprec - Equip, Hi Tech	846,298
Deprec - Surgical Instruments	38,932
Deprec - Furn/Fix - Fixed	195,956
Deprec - Furn/Fix - Movable	1,501
Deprec - Computers	112,353
Depreciation	60,388
	1,256,941
Amortization	4,781
Total Depreciation & Amortization	**1,261,722**
Interest Expense	138,316
Investment Income & Expense	**138,316**
EBIT	**(507,885)**
Net Income(Loss)	**(507,885)**

Patient Payment Data	From 2/26/13 To 3/1/14	
# of Surgical Cases	1363	
REVENUE		
Gross Patient Revenue		
Self Pay/ Indigent/ Charity	339,235	revenue by date 2/26/13-2/26/14 ins plan type primary
Medicare / Medicare Managed Care	1,237,075	
Medicaid	1,126,895	
Commercial Insurance	7,865,066	
Managed Care	39,237	
Other (Specify)	1,228,643	Other/Worker's Comp
Total	11,836,150	
Deductions from Gross Patient Revenue		
Charity Care		
Bad Debt		
Medicare Contractual Adjustment	851,422	Gross charges 2/26/13-12/31/13 * 70% flat write off, plus calculated write offs Jan-Feb14
Medicaid Contractual Adjustment	292,631	Gross charges 2/26/13-12/31/13 * 70% flat write off, plus calculated write offs Jan-Feb14
Other Contractual Adjustments	6,018,851	2013 All Contractuals + JAn14+Feb14 Contractuals less B17 and B18
Total Deductions from Patient Revenue	7,162,905	Determination of contractual adjustments problematic due to initial out of network status
Net Patient Revenue	4,673,245	
Other Revenue		
Total Revenue	4,673,245	

Attachment B

	7% Worksheet	Self-Pay	Medicaid	Total
A	# of Surgical Cases	56	151	207
B	Average Medicare Allowable Amount per Surgical Case	2,101.80	2,231.37	4,333.17
C	Revenue (A x B)	117,700.80	336,936.87	454,637.67
D	Revenue Collected (net revenue by payor category)	45,292.00	125,128.08	170,420.08
E	Difference (C - D)	72,408.80	211,808.79	284,217.59
F	Total Net Revenue (all payors combined)	3,044,922.82	3,044,922.82	3,044,922.82
G	Percentage (E / F)	2.38%	6.96%	9.33%

7% Worksheet

A	# of Surgical Cases	Cases between 2/26/2013-2/25/2014
B	Average Medicare Allowable Amount per Surgical Case	Medicare allowable per procedure per surgical case. Fee schedule based on percentage of Medicare
C	Revenue (A x B)	
D	Revenue Collected (net revenue by payor category)	Actual collected revenue as of 4/30/2014
E	Difference (C - D)	
F	Total Net Revenue (all payors combined)	Actual collected revenue as of 4/30/2014
G	Percentage (E / F)	

Report to Statewide Data Processor

Pursuant to the material representations made in your application and the conditions imposed on your certificate, the facility is required to submit utilization and payment data to the statewide data processor as required by G.S. 131E-214.2. Did the facility submit utilization and payment data to the statewide data processor during the reporting period? *Yes* Provide supporting documentation.

Triangle Orthopaedics Surgery Center / Truven Health Analytics- CareComparison Implementation
Project Status
3/27/2014
Conference Call Number: 866.777.5715 Pass Code: 69347520

Overall Project Status

Final Deliverable	Expected Production Delivery Date	Schedule Risk Status	Comments	Critical Items
Triangle Orthopaedics Surgery Center, NC	3/21/2014 ~~3/3/2014~~ ~~2/7/2014~~	Completed ♿	~~- Q1 (2/26 - 3/31)~~, Q2, and Q3 data needed to complete implementation	~~- Requested update for Patient Control Number from Unique to Visit to Unique to Patient; cannot be changed back once completed and all files will need to reprocess~~
			~~- Q1 file submitted 12/19 has a 3% error rate; waiting on Triangle's decision to approve; approved 1/13~~	~~- 2013 files are being reprocessed; prompt approval/resubmission is needed.~~
			~~- Awaiting replacement Q4 file~~	-
				-

Status Matrix

General Items

Overall Risk Status	Completed ♿	
	Target Date	Completed Date
Implementation Kickoff Date	11/19/2013	11/19/2013
Hospital Profile	11/26/2013	11/19/2013
Transit Setup Completed	12/5/2013	11/26/2013
Transition Call with Client	2/7/2014	3/27/2014

Data File Format

NC 702

Overall Risk Status	Completed ♿	
Status Summary/Open Issues	- Q1 (2/26 - 3/31) file showed 7 errors; Howard will try to correct and upload to transit 12/5 - Howard plans to upload new Q1 2013 file by 12/17 -12/17 test file had 5% error rate; Howard will resubmit Q1 - Q1 test file approved 1/13/2014 - Q2 test file received 1/13/2014 with 11.7% error rate - Patient Control Number change from Unique to Visit to Unique to Patient requested; Truven working to update - Q1 approved; Q2 awaiting approval	
Follow-up Required	*N*	
Follow-up Owner	*N/A*	
	Target Date	Completed Date
Submit Test File #1	12/12/2013	12/5/2013
Review DQRs for Test File #1	12/17/2013	12/11/2013
Resubmit Corrected Test File(s)	12/24/2013	12/17/2013
Review DQRs for Corrected Test File(s)	12/30/2013	12/18/2013
Authorize Test Phase Completion	1/2/2014	1/13/2014
Submit Historical Production Files	1/9/2014	1/13/2014 12/19/2013
Review and Authorize Historical DQRs	1/16/2014	1/13/2014
Submit Current Production Files	1/23/2014	1/23/2014
Review and Authorize Production DQRs	2/28/2014 ~~3/20/2014~~	3/20/2014
Authorize Production Phase Completion	3/3/2014 ~~2/7/2014~~	3/20/2014

On-track ✓
Caution ▲
Critical !
Completed ♿

TRUVEN
HEALTH ANALYTICS

Triangle Orthopaedics Surgery Center – CareComparison Implementation
Transition Call Summary
March 27, 2014 3:00 PM EST

Thank you all for your participation in the CareComparison Implementation Project! Your partnership and trust with Truven Health Analytics is greatly appreciated.

Project Status: **Completed**
Production Delivery Date: **3/21/2014**

Attendees

- **Triangle Orthopaedics**
  1. Howard Mullins

Call Summary

- **Data Submissions**
  - The Truven team confirmed the **Q1 – Q4 2013 Ambulatory Surgery** data for Triangle Orthopaedics has been successfully added to our database.
- **Reporting**
  - The Truven team confirmed reports for the 2013 Ambulatory Surgery data will be available in late April.
  - Howard wanted to ensure the Quality Indicators were coming through properly. The Client Manager, Jamey Motter, has reached out to Howard to follow-up on the reporting concerns.
- **Ongoing**
  - Your main contact regarding file submissions and DQR processing is now Ernesto Zuniga.
  - The January - March 2014 Ambulatory Surgery data is due to Truven Health on or before May 15, 2014. *Please see the attached 2014 NC submission calendar for more information.*
  - The completed project plan is attached for your review.
  - As a reminder, please take advantage of The Product Support Portal and The Advantage Community. A brief overview of each is included below.
  - ***We look forward to receiving your survey response!***

Product Support Portal

- The **Product Support** web site serves as a communication tool and information resource for our customers. You may access it 24 hours a day, 7 days a week to:
  - Submit product support issues or questions
  - Review and update the status of support issues
  - Find product information and updates
  - Find solutions to common product issues in our Knowledge Base
  - Maintain your personal contact information such as phone, address and email
  - Access time-sensitive information via News Alerts and Product Bulletins
- The Product Support team understands the importance of responding within a timely manner. The team will respond to your web request within 1 business day (Monday-Friday, 7:00 a.m. - 7:00 p.m. CST).

- The URL for Product Support is http://www.truvenhealth.com/customer_support/Default.aspx

Advantage Community

- **The Advantage Community** is an on-line resource provided by Truven Health Analytics to our customers, some of the many benefits are:
  - It provides a forum for our customers to connect with peers from hospitals across the country.
  - There are over 20,000 members who visit the site on a routine basis.
  - This is a forum for them to post questions, share ideas about improving labor efficiency, and drive clinical outcomes improvement.
  - This forum also provides our clients a venue to showcase how they have implemented change to reduce medication errors and other similar successes.
  - It is our clients' outlet for sharing best practices and growing their Truven Health Analytics product knowledge through access to product announcements, expert discussions and special presentations.
- The Advantage Community link will also take you to the Truven Health Analytics Training and the Product Support website.
- The URL for the Advantage Community is http://community.truvenhealth.com

Outpatient executive summary

Patient ID	Surgical facility	Begin date	End date
486789	Triangle Ortho Surg Ctr NC	02/26/2013	03/29/2013

Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	64	64	1.00	
Total except newborn	64	64	1.00	
Total combined newborn, OB	0	0		

Discharges by patient status

Patient status	Total discharges	% of total	*Hist.comp.
Discharged to home or self care (routine discharge)	64	100.00%	

'*Historical comparison refers to previous year'

Outpatient executive summary

Facility ID	Reporting organization	Report date	Report end
486789	Triangle Ortho Surg Ctr NC	02/26/2013	03/29/2013

Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	64	100.00%	

Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist. comp.
Valid			
In State	62	96.88%	
Out of State	2	3.12%	

Discharges by admission source

Admission source adult

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	64	100.00%	

'*Historical comparison refers to previous year'

Outpatient executive summary

Facility	Name	Begin date	End date
486789	Triangle Ortho Surg Ctr NC	02/26/2013	03/29/2013

Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	6	9.38%	
18 - 44	38	59.38%	
45 - 64	20	31.25%	

Discharges by medical record

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	64	100.00%	

Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist.comp.
Hispanic	2	3.12%	
Non Hispanic	62	96.88%	

Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Black or African American	10	15.62%	
Other Race	3	4.69%	
White	51	79.69%	

*Historical comparison refers to previous year

Outpatient executive summary

Srce ID	Submitter/Organization	From date	To date
494923	Triangle Ortho Surg Ctr NC	04/01/2013	06/28/2013

Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	197	197	1.00	
Total except newborn	197	197	1.00	
Total combined newborn, OB	0	0		

Discharges by patient status

Patient status	Total discharges	% of total	*Hist.comp.
Discharged to home or self care (routine discharge)	197	100.00%	

'*Historical comparison refers to previous year'

Outpatient executive summary

Facility ID	Submitting organization	Start date	End date
494923	Triangle Ortho Surg Ctr NC	04/01/2013	06/28/2013

Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	197	100.00%	

Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist. comp.
Valid			
In State	195	98.98%	
Out of State	2	1.02%	

Discharges by admission source

Admission source adult

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	197	100.00%	

'*Historical comparison refers to previous year'

Outpatient executive summary

Facility ID	Facility name	Start date	End date
494923	Triangle Ortho Surg Ctr NC	04/01/2013	06/28/2013

Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	30	15.23%	
18 - 44	74	37.56%	
45 - 64	77	39.09%	
65 - 74	10	5.08%	
75 +	6	3.05%	

Discharges by medical record

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	197	100.00%	

Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist.comp.
Hispanic	2	1.02%	
Non Hispanic	195	98.98%	

Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian	1	0.51%	
Black or African American	20	10.15%	
Other Race	8	4.06%	
White	168	85.28%	

*Historical comparison refers to previous year

Run date: 03/14/2014 03:18 PM

Outpatient executive summary

Facility	Facility Name	Start Date	End Date
495131	Triangle Ortho Surg Ctr NC	07/01/2013	09/27/2013

Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	371	371	1.00	
Total except newborn	371	371	1.00	
Total combined newborn, OB	0	0		

Discharges by patient status

Patient status	Total discharges	% of total	*Hist.comp.
Discharged to home or self care (routine discharge)	371	100.00%	

'*Historical comparison refers to previous year'

Outpatient executive summary

Facility ID	Facility name	Start date	End date
495131	Triangle Ortho Surg Ctr NC	07/01/2013	09/27/2013

Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	371	100.00%	

Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist. comp.
Valid			
In State	367	98.92%	
Out of State	4	1.08%	

Discharges by admission source

Admission source adult

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	371	100.00%	

*Historical comparison refers to previous year'

Outpatient executive summary

[redacted]	[redacted]	[redacted]	[redacted]
495131	Triangle Ortho Surg Ctr NC	07/01/2013	09/27/2013

Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	32	8.63%	
18 - 44	149	40.16%	
45 - 64	154	41.51%	
65 - 74	32	8.63%	
75 +	4	1.08%	

Discharges by medical record

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	371	100.00%	

Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist.comp.
Hispanic	7	1.89%	
Non Hispanic	364	98.11%	

Discharges by race

Race	Total discharges	% of total	*Hist. comp.
Asian	1	0.27%	
Black or African American	56	15.09%	
Other Race	20	5.39%	
White	294	79.25%	

*Historical comparison refers to previous year

Run date: 03/17/2014 11:58 AM

Outpatient executive summary

Patient ID	Patient name	Start date	End date
495515	Triangle Ortho Surg Ctr NC	10/01/2013	12/31/2013

Discharges summary

Discharges summary	Discharges	Total LOS	Avg. LOS	*Hist. comp. LOS
Grand total	483	483	1.00	
Total except newborn	483	483	1.00	
Total combined newborn, OB	0	0		

Discharges by patient status

Patient status	Total discharges	% of total	*Hist.comp.
Discharged to home or self care (routine discharge)	483	100.00%	

*Historical comparison refers to previous year

Outpatient executive summary

Facility ID	Facility name	Start date	End date
495515	Triangle Ortho Surg Ctr NC	10/01/2013	12/31/2013

Discharges by admission type

Admission type	Total discharges	% of total	*Hist. comp.
Information not available	483	100.00%	

Discharges by ZIP code

ZIP code	Total discharges	% of total	*Hist. comp.
Valid			
In State	478	98.96%	
Out of State	5	1.04%	

Discharges by admission source

Admission source adult

Admission source	Total discharges	% of total	*Hist. comp.
Information not available	483	100.00%	

*Historical comparison refers to previous year

Outpatient executive summary

CMS ID	Submitting Organization	Beg. Date	End Date
495515	Triangle Ortho Surg Ctr NC	10/01/2013	12/31/2013

Discharges by age range

Age range description	Total discharges	% of total	*Hist. comp.
1 - 17	66	13.66%	
18 - 44	177	36.65%	
45 - 64	191	39.54%	
65 - 74	41	8.49%	
75 +	8	1.66%	

Discharges by medical record

Medical record #	Total discharges	% of total	*Hist. comp.
Not Reported	483	100.00%	

Discharges by ethnic origin

Ethnic origin	Total discharges	% of total	*Hist.comp.
Hispanic	13	2.69%	
Non Hispanic	470	97.31%	

Discharges by race

Race	Total discharges	% of total	*Hist. comp.
American Indian or Alaska Native	1	0.21%	
Asian	1	0.21%	
Black or African American	78	16.15%	
Other Race	36	7.45%	
White	367	75.98%	

*Historical comparison refers to previous year

Run date: 03/19/2014 02:40 PM

Surgical Safety

TOSC's first surgery was performed on February 26, 2013. At that time TOSC's electronic medical record (EMR) included an integrated safe surgery checklist that was adapted from the World Health Organization's examples of safe surgery checklists. The purpose of the checklist is to promote communication of vital safety issues among team members. Safe surgical checklist items are required fields within the EMR. Additional documentation on the case is prohibited until the checklist is completed. Incorporating the safe surgical checklist into the EMR in this manner ensures its completion, thus reinforcing accepted safety practices and fostering better communication and teamwork between disciplines. Since the checklist requires confirmation and communication between multiple departments (i.e., Registration, Pre-Operative, and Operating Room), the information is separated by department. Attached is an example of the checklist. A daily chart audit is also performed to ensure all requirements are met by the staff. In the event missing documentation is identified, immediate education is given to the staff. Attached is an example of the daily chart audit tool.

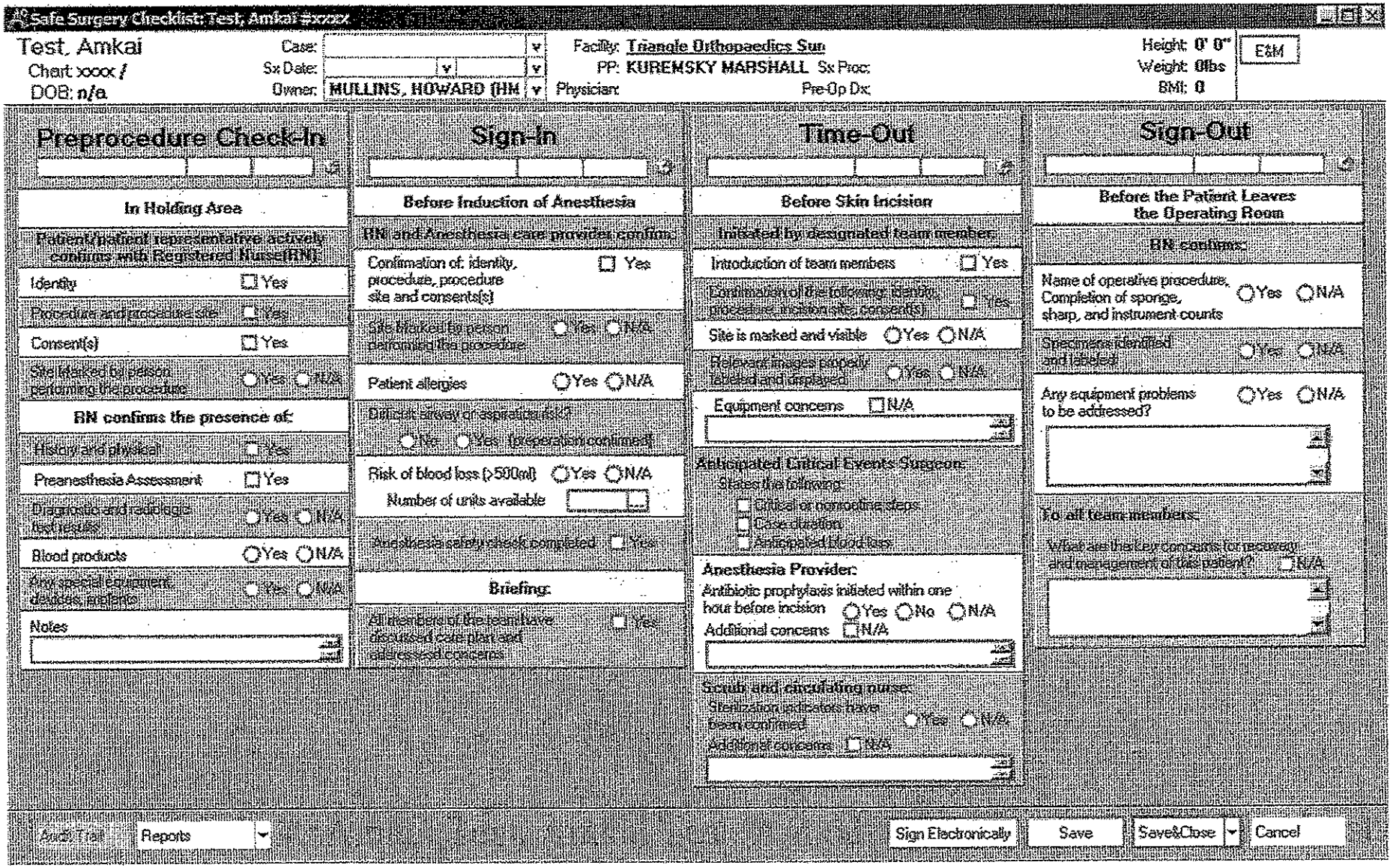

Safe Surgery Checklist: Test, Amkai xxxx
Test, Amkai
Chart: xxxx /
DOB: n/a
Case:
Sx Date:
Owner: MULLINS, HOWARD (HM
Facility: Triangle Orthopaedics Sur
PP: KUREMSKY MARSHALL Sx Proc:
Physician:
Pre-Op Dx:
Height: 0' 0"
Weight: 0lbs
BMI: 0
E&M
Preprocedure Check-In
In Holding Area
Patient/patient representative actively confirms with Registered Nurse(RN):
Identity Yes
Procedure and procedure site Yes
Consent(s) Yes
Site marked by person performing the procedure Yes N/A
RN confirms the presence of:
History and physical Yes
Preanesthesia Assessment Yes
Diagnostic and radiologic test results Yes N/A
Blood products Yes N/A
Any special equipment, devices, implants Yes N/A
Notes
Sign-In
Before Induction of Anesthesia
RN and Anesthesia care provider confirm:
Confirmation of: identity, procedure, procedure site and consents(s) Yes
Site marked by person performing the procedure Yes N/A
Patient allergies Yes N/A
Difficult airway or aspiration risk? No Yes (preparation confirmed)
Risk of blood loss (>500ml) Yes N/A
Number of units available
Anesthesia safety check completed Yes
Briefing:
All members of the team have discussed care plan and addressed concerns Yes
Time-Out
Before Skin Incision
Initiated by designated team member:
Introduction of team members Yes
Confirmation of the following: identity, procedure, incision site, consent(s) Yes
Site is marked and visible Yes N/A
Relevant images properly labeled and displayed Yes N/A
Equipment concerns N/A
Anticipated Critical Events Surgeon:
States the following:
Critical or nonroutine steps
Case duration
Anticipated blood loss
Anesthesia Provider:
Antibiotic prophylaxis initiated within one hour before incision Yes No N/A
Additional concerns N/A
Scrub and circulating nurse:
Sterilization indicators have been confirmed Yes N/A
Additional concerns N/A
Sign-Out
Before the Patient Leaves the Operating Room
RN confirms:
Name of operative procedure, Completion of sponge, sharp, and instrument counts Yes N/A
Specimens identified and labeled Yes N/A
Any equipment problems to be addressed? Yes N/A
To all team members:
What are the key concerns for recovery and management of this patient? N/A
Audit Trail
Reports
Sign Electronically
Save
Save&Close
Cancel

CHART AUDIT

Attach this audit to each medical record upon registration.
Complete audit concurrently and document compliance at the end of each phase of care.

Registration	Complete	Initials	Comments
• Labels (correct DOS, DOB, Sex, Visit type, Spelling)			
• Bracelet			
• Patient Rights			
• Advanced Directives			
• Privacy Notice			
• Face Sheet			
• Statement of Financial Responsibility			
• Verified Patient's Photo ID (copy not necessary)			
Pre-Op Area	**Complete**	**Initials**	**Comments**
• Surgical and Anesthesia Consent, verified, signed with assistant's added			
• History and Physical on chart prior to surgery. H&P not more than 30 days old and is greater than 24 hours updated.			
• Physician's Orders on Chart, signed, dated, timed and noted by nursing			
• Lab Work, if ordered on chart, abnormal results stamped and reported to MD.			
• EKG, if ordered on chart, with signed, dated and timed interpretation			
• Review of labs and pre-op assessment signed by MD (date and time)			
• Medication Reconciliation form completed			
• Pregnancy Test			
• Pre-op Record complete, no blanks			
• Nurses Signature (date and time)			
PERIOPERATIVE AREA	**Complete**	**Initials**	**Comments**
• Pre-Op Checklist			
• Physician Orders, signed, dated, timed and noted by nursing.			
• Is ASA Score Documented?			
• Record Complete (all forms) Peri-operative Form or Minor Procedure form as appropriate			
• Time out documentation complete			
• Nurses Signature (date and time)			

PACU	Complete	Initials	Comments
• Physician Orders, signed, dated, timed and noted by nursing			
• Immediate Post Operative Note in Record, complete, signed, dated and timed			
• Discharge Note and Orders per anesthesiologist, signed dated, timed and noted as appropriate by nursing, patient released by physician.			
• Medication Reconciliation form signed by MD (date and time)			
• Signed copy of Discharge Instructions with discharge medications and emergency contact number			
• Record Complete (all forms) PACU Record			
• Nurses Signature (date and time)			

Medical Records	Complete	Initials	Comments
• Operative Report on chart Signed, timed and dated			
• Pathology Report on chart signed, timed, dated and reviewed by admitting MD if malignant			
• Signatures Complete			
• IF Transfer: Complete Transfer Form, with indication of mode of transfer, reason for transfer			
• IF Transfer: A Discharge Summary with explanation to patient of risks and benefits and condition of patient at time of discharge.			
• IF Transfer: State Report of Transfer Form			
• **Post-op Phone Call (includes transfer patients)**			

CHART COMPLETE: _____ **DATE:** _____

Signature

Initials	Signature

PATIENT LABEL

Note: Audit tool is not part of the permanent record and is kept on the left side of the chart.

Patient Outcomes

A comprehensive set of measures were prioritized by the Quality Improvement Committee, Infection Control Committee, Safety Committee and Medical Executive Committee. The Medical Executive Committee is comprised of 2 physician owners and 2 non-owners, one of which also serves as the Anesthesia Supervisor. TOSC collects data for both improvement priorities and continuing measurement of important aspects of care. These measures include processes affecting a large percentage of our patients. This allows us to evaluate the stability of our processes and the predictability of our outcomes. The functions and indicators were selected and prioritized based on the major patient populations served at TOSC. See attached Quality Assurance Performance Improvement Program and spreadsheet. TOSC's EMR also requires data input for the CMS Quality Indicators on each case performed. See attached example of CMS Quality Indicators data collection screen.

Attachment E

Quality Assurance Performance Improvement
Risk Management Program

2013

1. Mission and Plan

The mission of the Triangle Orthopaedic Surgery Center (TOSC) is to provide high-quality, continually improving, health care at an affordable price. The Governing Body, through administrative and clinical leadership is responsible for assessing the center's progress towards accomplishing the mission, and will allocate resources as needed to support the program.

The purpose of this Plan is to create a shared and future direction of TOSC's quality improvement initiatives. It has been designed to provide a format for internal and external benchmarking. The structure provides for a decentralized and integrated process in quality improvement.

2. Scope

The Plan is a collaborative effort of TOSC and its Medical Staff. It applies to the services supplied.

The Quality Improvement Committee (QIC) will identify the key functions of the center, assess the quality and appropriateness of these functions, and identify opportunities for improvement.

3. Goals and Objectives:

- Emphasize the role of leadership in improving performance.
- Evaluate and improve key processes which affect patient outcomes and customer satisfaction.
- Measuring and maintaining improvement over time (internal benchmarking)
- To be positioned to respond to internal and external demands for information, and for comparing performance to similar ambulatory surgery centers (external benchmarking)

4. Program Leadership and Responsibility

The ultimate authority for accountability of the quality of care and services is the Governing Body.

To facilitate the accomplishment of the programs goals and objectives, the Board has delegated authority to conduct quality improvement activities to the Medical Staff and Administration. The Governing Body ensures adequate resources and time for personnel to participate in quality improvement activities. The Board will receive and review periodic reports from the Quality Improvement and Medical Executive Committees, no less than annually.

5. Communication

The focal point of the Quality Assurance Performance Improvement (QAPI) Program is the Quality Improvement Committee (QIC). This interdisciplinary group has the primary responsibility for monitoring the quality of care, risk and resource use within the center. This committee or team reviews and evaluates trend analysis relative to the center's mission and vision (see flow chart).

Department Directors and employees participate in these interdisciplinary and interdepartmental quality improvement activities by membership on the Quality Improvement Committee or in information gathering and serving on Quality Improvement Teams, as necessary. The Medical Staff participates in the development, implementation and evaluation of quality improvement activities through membership on the QIC. When the Medical Executive Committee serves as

the QIC, it becomes a multidisciplinary committee that includes clinical and administrative staff as necessary. Peer review issues are addressed separately by the Medical Executive Committee.

The QIC is responsible for prioritizing center-specific indicators and improvement projects. Priority setting is sensitive to emerging needs, such as those identified through data collection and assessment, changing regulatory requirements, patient and staff needs, changes in facilities and management, or changes in the community. Prioritization is designed to reduce duplication of effort. The QIC is responsible for the assignment of Teams when areas of improvement have been identified within a certain process; those persons working most closely with the process will be assigned to the Team.

Conclusions, recommendations, actions and the evaluation of the effectiveness of these actions taken will be summarized within the Medical Executive Committee minutes, or Quality Improvement Team minutes. All Team findings and actions are reviewed by the Medical Executive Committee and Governing Body.

6. Measures

A comprehensive set of improvement measures were prioritized by the QIC/Medical Executive Committee. TOSC collects data for both improvement priorities and continuing measurement of important aspects of care. These measures include processes that affect a large percentage of our patients, place patients at risk or are known to be problem prone. This allows us to judge the stability of our processes and the predictability of our outcomes. The functions and indicators were selected and prioritized based on the major patient populations served at TOSC. These measures address patient outcomes, clinical, administrative and cost of care issues.

7. Data collection and assessment

Data is evaluated no less than quarterly to identify unacceptable or unexpected trends or outcomes. Sampling methods for cases shall include random sampling and problem-oriented screening. Data is compared from:

- Process/outcomes over time (rate-based internal benchmarks)
- Stratified trend/pattern analysis
- Peer review
- Single event reviews
- Comparison from up to date sources of information (accreditation standards, practice guidelines, practice parameters)
- Consideration of legal and regulatory requirements
- Comparison with similar processes and outcomes in other surgery centers (external benchmarking)
- Risk management activities
- Patient/staff satisfaction
- External regulatory surveys
- Radiology dosimeter reports
- Allograft tissue audit
- Pharmacy recall products

The assessment process may be intensified when undesirable variation in performance occurs or has occurred. Such intensive assessments are initiated as follows:

- Important single events and by levels or patterns that significantly vary from those that are expected
- When performance significantly and undesirably varies from that of other surgery centers or from recognized standards
- When the TOSC wishes to improve already good performance (desire for excellence)

A root cause analysis (R/C/A) will be used when indicated, as a process for identifying the basic or causal factors that underlie variation in performance, including the possible occurrence of a sentinel event. A R/C/A focuses primarily on systems and processes, not on individual performance. It assists in the identification of potential improvements in processes or systems that would tend to decrease the likelihood of such events in the future, or determines after analysis that no such improvement opportunities exist.

Operational lines to patient care, infection control, safety and risk management include the exchange of relevant information. Risk Management, peer review and credentialing/ performance evaluation systems are systematically linked in an integrated fashion. Derived information from QI activities are shared with personnel and Medical Staff, as appropriate.

When assessment findings relate to the performance of an individual member of the medical staff, the Medical Executive Committee determines their use in peer review, ongoing monitoring, and periodic evaluations of the individual's competence.

When assessment findings relate to the performance of an individual who is not a member of the medical staff, the department manager determines the use of findings in evaluating the competence of the individual.

Quality improvement findings shall be incorporated into educational activities as necessary when determined by the QIC/Medical Executive Committee or designated Quality Improvement Teams. The ultimate success of the QAPI Program will depend upon demonstrating the QIC's commitment to improvement to personnel and medical staff. The most important way to show this commitment is through a consistent emphasis on doing things well. In addition, it is important that the QIC reward and recognize people that are able to improve performance.

8. Improvement methodology

Improvement of existing processes and services are taken when there is an opportunity for improvement or when measurement of an existing process suggests that an undesirable change in performance may have occurred or is occurring.

The *TOSC approach* to problem solving will be used for improvement projects:

1. **A statement of the purpose of the QI activity that includes a description of the known or suspected problem and explains why it is significant to TOSC.**
2. **Identification of the performance goal against which TOSC will compare its current performance.**
3. **Description of the data that will be collected in order to determine TOSC current performance**
4. **Evidence of data collection**

5. **Data analysis that describes findings about the frequency, severity and source(s) of the problem(s)**
6. **A comparison of TOSC's current performance in the area of study against the previously identified performance goal**
7. **Implementation of corrective action(s) to resolve identified problem(s)**
8. **Re-measurement to objectively determine whether the corrective actions have achieved and sustained demonstrable improvement**
9. **If the initial corrective action(s) did not achieve and/or sustain the desired improved performance, implementation of additional corrective action(s) and continued re-measurement until the problem is resolved or is no longer relevant**
10. **Communication of the findings of the quality improvement activities to the governing body and throughout the organization, as appropriate, and incorporation of such finding's into TOSC's educational activities**

9. Comparative Data

Whenever possible, TOSC compares itself to prior performance and established national benchmarks, statistics, national patient safety goals, CDC, ASCA, complication rates for specific procedures published by the various specialty boards. External benchmarking studies may be provided through the corporate office, and participation in the AAAHC Institute of Quality Improvement Clinical Performance Measurement Studies, and published benchmarks through ASCA, etc. TOSC performs internal benchmarking by monitoring our data over time in an effort to identify opportunities for improvement.

10. Confidentiality

Complete and accurate minutes are prepared for each meeting and reflect the activities of the QAPI Program.

All quality improvement records, data, graphs, minutes which are generated as a part of quality improvement activities are considered confidential and are protected from discovery under the provision of the North Carolina code. HIPAA and other North Carolina Confidentiality provisions relating to protected health information will be followed. Staff names will be de-identified and replaced with a unique numbering system.

11. Risk Management Program

The purpose of the Risk Management Program is protect the lives and welfare of the patients and employees at the Triangle Orthopaedic Surgery Center (TOSC). Many important issues relating to Risk Management are addressed throughout the Policy and Procedure Manual, Human Resource Policy and Procedure Manual (see occurrence report). The QIC Coordinator shall be responsible for gathering data and reporting the following issues at the quarterly QIC meeting to determine opportunities for improvement:

1. Methods by which a patient may be dismissed from care or refused care.

The final decision as to medical and/or psychological suitability of a patient for the Center will rest with the Medical Director.

A patient may be deferred for:

- Recent oral intake of solids or significant volumes of liquid.
- Acute exacerbation of chronic disease state
- Lack of transportation home with responsible adult
- Lack of informed consent prior to procedure

- Psychological unsuitability
- Inability to provide for one's self care following the procedure
- A patient may be refused care if the acuity classification is ASA III.

2. **Reporting, review and analysis of all incidents unexpected for the clinical setting which may include but not limited to actual and potential infection control occurrences and breaches, surgical site infections, and other health care associated infections, involving or reported by patients, employee, health care professionals and others.**

All incident reports will be reviewed and signed by the immediate supervisor, Administrator and the Medical Director. Appropriate actions will be taken at the time of the occurrence.

3. **Periodic review of all litigation involving the organization, its staff and health care professionals.**

Any litigation involving TOSC or its staff will be reviewed by the QI Committee or Medical Executive Committee as appropriate.

4. **Review of all deaths, surgical complications, trauma or other adverse incidents including reactions to drugs and materials.**

This will include cardiac and or respiratory arrest, neurological or any organ system complication resulting from treatment at TOSC. All hospital admissions or emergency room visits within 72 hours of treatment will be reviewed.

5. **Review of patient complaints.**

Patient satisfaction will be evaluated by the Patient Satisfaction Survey (see Employee and Patient Survey Instructions). Patient complaints will be dealt with on an individual basis. The grievance process will be followed as appropriate, Concerns, Complaints and Grievance policy #202. Complaints can be addressed and resolved by the Administrator. More complex complaints will necessitate an incident report and review by the QIC or Medical Executive Committee, as appropriate.

6. **Communications with professional liability insurance carriers.**
7. **Managing situations in which a physician becomes incapacitated during a medical or surgical procedure.**
8. **Managing a situation of the impaired health care provider.**
9. **Establishment and documentation of coverage after normal working hours.**
10. **Methods for preventing unauthorized prescribing.**
11. **Processes to identify and designate the surgical site and involve the patient in those processes.**
12. **Active surveillance of processes and technique for detection and prevention of disease, infection, and potential communicable infective sources.**

The facility employees will participate in a facility hand surveillance activities and monthly rounding compliance audits and reported quarterly to the QIC/MEC.

13. **Development and recommendation of infection control policies and procedures as appropriate to the organization and to meet all applicable state and federal requirements.**
14. **Direct intervention to prevent infection as needed.**

These functions will include monitoring and evaluation of organization-wide practices in an effort to minimize safety hazards with the goal of reducing and preventing potential risks to patients, visitors and employees. The risk management data will become a part of the quality improvement report. In addition, the risk management function includes monitoring of the actions taken, in order to respond to liability situations, legal actions and for identifying opportunities for improvement to prevent recurrence of the same. A periodic review of clinical

records and clinical record policies will be a risk management function. Education in risk management activities is provided to all staff within the organization.

12. Peer review

Peer review is the analysis and discussion of an identifiable case where there are potential concerns over the quality of care delivered. Members of the medical staff will participate in peer review and this is a function of the Medical Executive Committee. The Medical Director will be apprised of such cases immediately. Findings will be used to improve patient outcomes, educate staff and used as part of the basis for granting continued clinical privileges. Criteria for peer review includes but is not limited to:

- Random selection of 5% of all cases performed in the preceding three months
- All cases involving significant complications, including hospital transfers and deaths
- All cases in which there was a major discrepancy between the preoperative and postoperative diagnosis
- All peer review activities must be filed with the involved providers confidential protected credentials file, and the information will form a part of the re-credentialing database. Peer Review is incorporated into the re-appointment of Medical Staff.

13. Safety

Monthly, quarterly and annual safety checks are performed and reviewed (safety rounds checklists). Any deviation from expected levels of operation is evaluated by the QIC and prioritized for improvement as necessary.

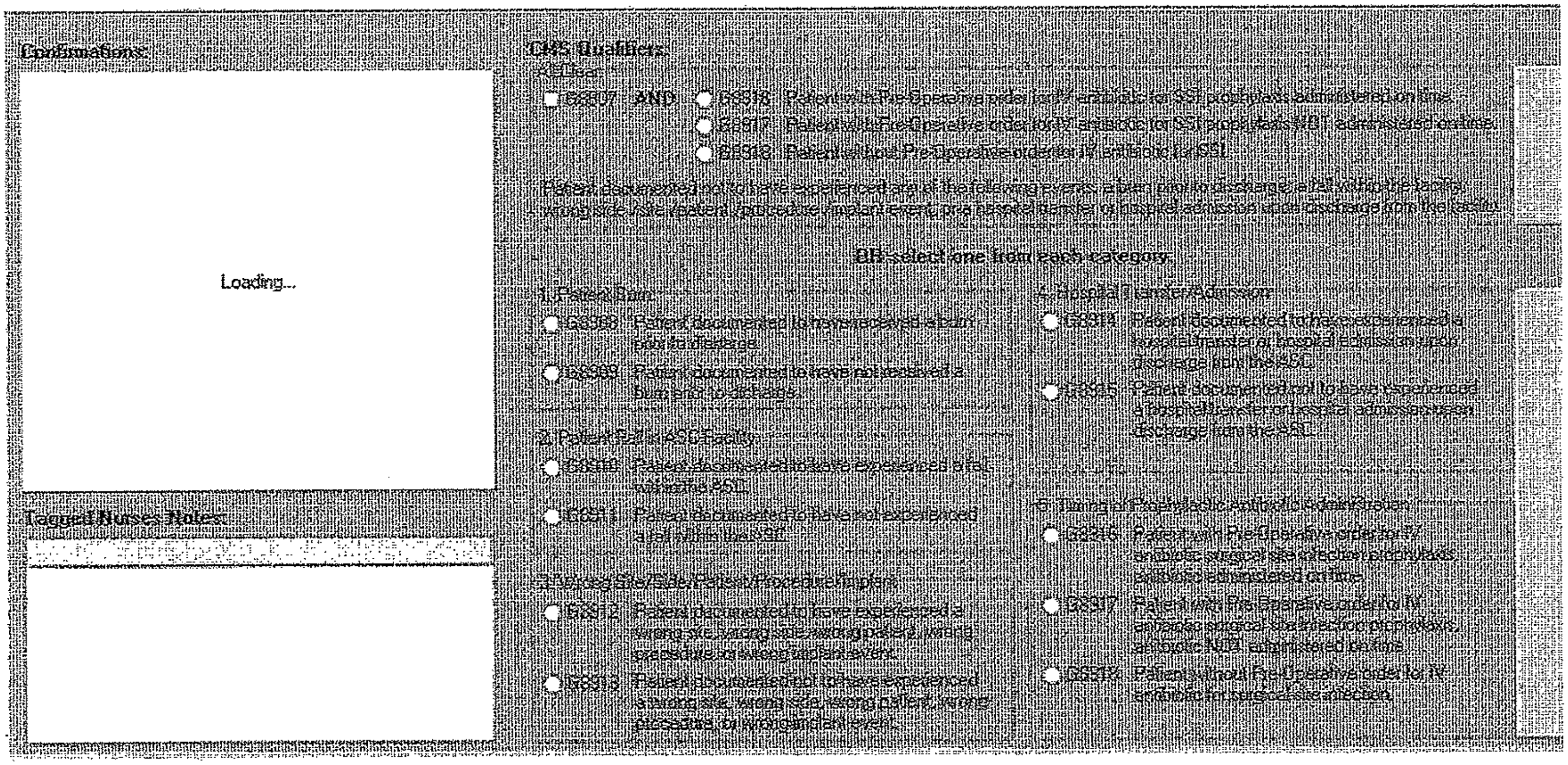
14. Annual program evaluation:

An annual program evaluation will be performed to ensure that the program is achieving its objectives, is consistent with the TOSC's mission and to determine if it continues to meet internal/external needs and expectations. This assessment will be used in planning future quality improvement, risk management and safety activities. Modifications shall be implemented as needed to assure that the program is effective and efficient in monitoring.

15. Approval of the QAPI Program and Risk Management Programs

Approved by the Medical Staff on: _____

Adopted by the Governing Body on: _____



Confirmations:
Loading...
Tagged Nurses Notes:
CMS Qualifiers:
AND
OR select one from each category

2013 QAPI Matrix

Triangle Orthopaedic Surgery Center		Jan	Feb	Mar	1st Quarter	Apr	May	Jun	2nd Quarter	Jul	Aug	Sept	3rd Quarter	Oct	Nov	Dec	4th Quarter	2013	YTD 2013
Patient Satisfaction	Benchmark																		
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Patient Grievances	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0
Case Volume	Benchmark																		
Projected Cases	2013 Budget	0	50	120	170	120	120	120	360	120	120	120	360	120	120	123	360	1250	1250
Actual Cases Performed	ASCA	0	14	50	64	56	74	67	197	116	129	128	371	158	148	182	484	1116	1116
# of Operating Room Cases	ASCA	0	14	50	64	56	74	67	197	116	129	128	371	156	145	182	484	1116	1116
																			0
																			0
		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
PACU Stays >4 hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ASA Classification		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		
Total by ASA Classification for the Quarter	ASCA	35	29	0	0	81	108	8	0	135	214	22	0	200	262	22	0		
# Patients Not Assigned an ASA Classification	ASCA				1				0				0				0	1	1
Patient/Clinical Outcomes		Jan	Feb	Mar	1st Quarter	Apr	May	Jun	2nd Quarter	July	Aug	Sept	3rd Quarter	Oct	Nov	Dec	4th Quarter	2013	YTD 2013
Cancellations	Benchmark																		
# Cancelled Patients After Admission – Patient Medical	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
# Cancelled Patients After Admission – Patient Personal	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
# Cancelled Patients After Admission – Physician Issue	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Cancelled Patients on Date of Surgery-After Anes	ASCA	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1	2	2
Incident Tracking/Complications/Occurrence	Benchmark																		
# of Incident Tracking Reviewed		0	0	0	0	0	0	0	0	0									0
Percentage of Cases		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0	0.00%
Post-op Nausea & Vomiting Requiring Intervention	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0
Excessive Pain Post-op/Post Discharge	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Return to Surgery (within 48 hrs)	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Post-op Bleeding	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0
Other Complications	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Risk Management		Jan	Feb	Mar	1st Quarter	Apr	May	Jun	2nd Quarter	July	Aug	Sept	3rd Quarter	Oct	Nov	Dec	4th Quarter	2013	YTD 2013
Medication Error/ADR	Benchmark																		
See Medication Variance Report/Pharmacy Report																			
Narcotic log (# Discrepancies/Non-witnessed wastes)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADR not a Medication Error		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADR Medication Error		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
IV Infiltration		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication Errors		0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1
Total # of Medication Errors	ASCA	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1	1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
# of Reportable Medical Device Error	ASCA	0	0	0	0	0	0	0	0	0	0								0
Equipment Management-Device	0	0	0	0	0	0	0	0	0	0	0								0
Equipment Management-User	0	0	0	0	0	0	0	0	0	0	0								0
[illegible]	ASCA	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Patient and Employee Injury	Benchmark																		
# of Patient Burns	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0
Patient Falls	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Patient/Visitor Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Sharps Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Non Sharp Exposures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Employee Injuries	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Hospital Transfers Pre-op		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Hospital Transfers Intra/Post-op (including blocks)	ASCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
# of ER Visits Within 48 hrs	ASCA	0	0	0	0	0	0	0	0	0									0
Infection Control		Jan	Feb	Mar	1st Quarter	Apr	May	Jun	2nd Quarter	July	Aug	Sept	3rd Quarter	Oct	Nov	Dec	4th Quarter	2013	YTD 2013
Infections	Benchmark																		
Infection Control Survey Return Rate	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100.00%
# of Other Post-Op Infections		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Surgical Wound Infections Within 30 Days	ASCA	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	1
# of Surgical Wound Infections Within 1 Year Implants		0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Hand Hygiene	Benchmark																		
Glove Compliance	100%	N/A	N/A	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Hand Washing Compliance	100%	N/A	N/A	98.00%	99.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	99.75%	99.75%
SSIP	Benchmark																		
# of Cases Antibiotics Administered		0	14	50	64	56	74	67	197	115	129	126	370	156	148	182	484	1115	1115
# of Cases Antibiotics NOT Administered on Time		0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1
[illegible]	ASCA	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Sterile Processing	Benchmark																		
Aseptic Technique Related Incidence	0	N/A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
Sterile Indicator Related Incidence	0	N/A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%	0.00%
Environmental Safety	Benchmark																		
See Clinical Rounds and Safety Rounds																			
Hazardous Waste Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Security Incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Disaster Drills completed and critiqued	1 per year	0	2	2	4	0	0	0	0	0	0	0	0	0	0	0	0	4	4
# Fire Drills completed and critiqued	1 per QTR	0	2	1	3	1	1	0	2	0	0	1	1	0	0	1	1	7	7
Utilization		Jan	Feb	Mar	1st Quarter	Apr	May	Jun	2nd Quarter	July	Aug	Sept	3rd Quarter	Oct	Nov	Dec	4th Quarter	2013	YTD 2013
[illegible]	Benchmark	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	N/A	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	#DIV/0!
# of Possible Days		0			0				0				0				0		0
Total # of Operating Room Hours Available	ASCA	0	3420	23940	27360	25080	22820	22800	71700	22580	25080	21540	69180	26220	20280	21420	67920		239160
Total # of Operating Room Hours Utilized	ASCA	0	[illegible]	[illegible]	5911	[illegible]	[illegible]	[illegible]	17725	[illegible]	[illegible]	[illegible]	30713	[illegible]	[illegible]	[illegible]	35973		91323
Percentage of Operating Room Hours Utilized	ASCA	0	[illegible]	[illegible]	21.60%	[illegible]	[illegible]	[illegible]	24.72%	[illegible]	[illegible]	[illegible]	44.40%	[illegible]	[illegible]	[illegible]	54.44%		38.67%
																			0
																			0
																			#DIV/0!
Medical Record Summary (see attached sheet)	Benchmark																		
# Pathology Specimens		0	1	6	7	7	8	4	17	9	6	11	26	9	11	11	31		81
% of Received Specimen Reports (Lab)	100%	NA	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100%	100.00%
# Discrepancies between Op/Path Dx (Peer Review)		NA	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0	0

Interoperability with Other Providers

Since opening, TOSC has utilized AmkaiOffice and AmkaiCharts. An interface has been developed to allow demographic information to be sent from the physician's offices. See attached AmkaiOffice and AmkaiCharts product information. Hardcopy documents received are scanned into the patients chart in the corresponding section. The document can be viewed by clicking a link in either AmkaiOffice or AmkaiCharts. All providers have secure remote access to Amkai allowing for information to be obtained from off-site when needed. A complete medical record or particular sections of the chart can be faxed from within Amkai and tracked to ensure HIPAA compliance. Additional interfaces are being considered to allow surgery scheduling requests to be sent between TOSC and physician offices that would eliminate the need for additional hardcopies of information to be faxed to TOSC prior to scheduling. These documents could then be directly linked to the appropriate section of the patient's chart.

AmkaiCharts™ *Ambulatory Surgery Centers*

The #1 Rated* EMR Solution for Ambulatory Surgery Centers

Why Switch to AmkaiCharts?

Finding your way through the myriad of EMR solutions can be a daunting task, and many available solutions do not fit the unique needs of the ASC market. Document scanning solutions marketed as EMR solutions lack the discrete data elements and interoperability that a true EMR offers. Hospital systems are usually too costly, with unneeded functionality, while others are focused solely on individual practices.

AmkaiCharts™ is *specifically* designed for the fast-paced, procedure-driven ASC healthcare delivery model. The system is easy to learn, easy to use, and intuitive for the ASC. We understand the need for a rapid case-centric workflow approach and allow you to focus on patient care, not on paperwork.

Look at all we deliver:

Critical patient information at your fingertips

Complete visibility to all data, including real-time clinical alerts during the patient's encounter, to improve quality of patient care and safety through comprehensive risk management and infection control.

Data mining and reporting for historical patterns and future trends

Access to all clinical data for comparative analysis to improve your medical practice, profitability, and trends.

Accreditation at all levels

AmkaiCharts meets all the requirements of national and individual state regulatory bodies to ensure you maintain compliance and meet accreditation standards.

Multi-specialty applications including GI, pain, orthopedics, ophthalmology, and more

Completely customizable per your facility's policy, procedures, and unique workflow, accommodating multi-specialty surgery centers.

World-class client service and support

- A dedicated project manager is assigned to your facility to assess workflow and guide the implementation process to ensure a successful EMR adoption.
- Education and training is provided both on-site and remotely to fit the needs of your staff.
- Emergency support is available 24 hours a day, 365 days a year.
- Guaranteed support response times far exceed industry standards.

Multiple purchasing options

Choose from:

- A traditional client-hosted and software license model so you can manage your IT infrastructure on-site.
- Amkai OnDemand™, a hosted, monthly subscription-based pricing model that provides no up-front capital investment and worry-free IT maintenance of AmkaiCharts.

Meaningful Use certification

Although ASCs are not currently required to be Meaningful Use certified, AmkaiCharts has certified its ASC software to the current inpatient and ambulatory criteria.

* Source: Parsons Institute for Information Mapping

For more information, please contact us at:
info@amkai.com 855-462-6524 amkai.com

AmkaiSolutions™
The Only Complete Software for Surgical Centers and Hospitals

AmkaiCharts™ *Ambulatory Surgery Centers*

Feature	*Benefit*
Customization Per Your Facility's Policy and Procedure	Customize consents, orders, work lists, discharge instructions, formulary, and more to your specific workflow preference. You have the ability to *independently* and *immediately* change variables in any of our templates.
Procedure/Immediate Progress Note	Pain and GI specialty-specific procedure notes can transfer images directly into the medical record; physicians need only to point and click to chart findings. For physicians preferring dictation, our ATM will automatically import their transcribed dictations. An immediate progress note allows them to document while waiting for transcription to return.
Real-Time Clinical Alerts	Alerts for DVT risk, patient fall risk, drug interactions, patient allergies, abnormal vital signs, unsigned consents, deviations from universal protocol, and more.
Patient Assessment Tools	A huge array of patient assessments, from basic lung and bowel sounds, to more involved urinary and neurological. Patient assessments for anesthesia and discharge are also available, including a 10-point pain scale and metabolic equivalent of risk.
Clinical Decision Support Tools	Interactive decision support tools guide clinical users in creating the best possible plan of care specifically for each patient. From standard assessments with suggested actions such as the Braden scale and drug interaction mitigation, to customizable decision support such as the nursing care plan, these tools help to ensure that each patient is receiving the best possible care for their individual needs.
Plug-and-Play Patient Monitors	Over 60 different monitor models supported, including gas modules and anesthesia machines. 12-lead EKGs also supported for cardiac clearance.
Integrated Anesthesia Module	Patient history, pre-op evaluation, and surgical clearance documents can all be reviewed and documented on the same screen. Vitals and gases can be downloaded into the anesthesia record while automatically building your graphical trend. Complete with a regional block note.
Patient Tracking	Comprehensive patient tracking in all perioperative areas and the waiting room.
Complete Nursing Records	Comprehensive clinical records that follow the patient throughout the continuum of care, from the pre-op phone call to tracking post-operative complications.
Reporting Tools	Preoperative antibiotic timing, diagnostic summary, surgical site hair removal reports, emergency transfers, surgical case logs, OR log book report, X-ray exposure logs, specimen logs, implant logs, and many more.
Medication Reconciliation	Closed-loop medication reconciliation that follows the patient from the pre-op call to patient teaching performed in recovery.
Patient Portal	Allows patients to enter their own medical information in lieu of or in conjunction with the pre-operative phone call.
E-Prescribing	Perform real-time drug check, display coverage details, and electronically prescribe medications to be filled at a pharmacy of the patient's choice.
Document Management	Any pertinent clinical information, such as pulmonary clearance, cardiac clearance, labs, and history and physicals from within or outside your facility, can be attached to a case.

For more information, please contact us at:
info@amkai.com 855-462-6524 amkai.com

AmkaiSolutions™
The Only Complete Software for Surgical Centers and Hospitals

AmkaiOffice™ *Ambulatory Surgery Centers*

Next Generation Business Management Solution for the ASC

Why Switch to AmkaiOffice?

It is critical to find the right business management solution for your ASC. Many systems are designed for large acute-care hospitals and are costly and complex to implement, with more functionality than required by an ASC. Most physician practice management solutions do not provide adequate functionality and do not have a path to an ASC EMR solution.

AmkaiOffice™ was designed and built *specifically* to support ASC operations and workflow. AmkaiOffice streamlines and improves administrative and clinical processes, from scheduling, patient registration, patient tracking, and inventory management, to billing, collections, and more. AmkaiOffice is fully customizable to adapt to your specific workflow requirements, improving patient care and productivity while helping to maximize revenues.

Look at all we deliver:

Closed-loop revenue protection

AmkaiOffice tracks all required data, maximizing revenues throughout the billing cycle.

Supply chain management to reduce supply costs

A fully integrated facility-wide supply chain management solution provides visibility throughout the workflow; supply costs can be managed at all levels, optimizing use and reducing overall inventory cost.

Automated task management with system alerts

Customized alerts are based on facility and/or specialty requirements. Each responsible party is notified of impending tasks, improving office efficiency and customer service.

Case costing for improved profitability management

Access to unprecedented amounts of clinical and administrative data allows for a wide range of case costing analytics. Evaluate profitability within multiple categories and levels, including contract management, supplies, surgeon, or procedure.

Data mining and reporting for historical patterns and future trends

Our tools provide complete transparency for effective business management decisions.

World-class client service and support

A dedicated project manager and project management team assigned specifically to your ASC will oversee the implementation process around your unique workflow requirements.

- Education and training is provided both on-site and remotely to meet the needs of your staff.
- Emergency support is available 24 hours a day, 365 days a year.
- Guaranteed support response times far exceed industry standards.

Multiple purchasing options

Choose from:

- A traditional client-hosted and software license model so you can manage your IT infrastructure on-site.
- Amkai OnDemand™, a hosted, monthly subscription-based pricing model that provides no upfront capital investment and worry-free IT maintenance of AmkaiOffice.

For more information, please contact us at:
info@amkai.com 855-462-6524 amkai.com

AmkaiSolutions™
The Only Complete Software for Surgical Centers and Hospitals

AmkaiOffice™ *Ambulatory Surgery Centers*

Feature	*Benefit*
Scheduling	Complete scheduling functionality, appointment summary data, printed preference cards, and labels. System provides templates by provider, by procedure, by appointment, and more. The Year-at-a-Glance feature provides the user with appointment counts per day by month, the appointment type by provider, by room, and by equipment to help with future planning. Scheduling tools make rearranging appointments quick and easy.
Demographics	Person/patient identification account creation allows you to manage insurance information, assign billing groups, update case management information, and perform automated insurance verification. Features include printing labels and forms, conflict checking, and estimating revenues for scheduled cases.
Clinical Documentation Management	Supports multiple visits/appointments per case. Manages arrival/admission information, pre-admit questionnaires, department times, staff times, and supplies/resources, and charts documents through all phases of the procedure. Captures all of the clinical information required to complete your specific coding and billing.
Financial Management	End-to-end financial management including period and batch management, batch ledger, patient ledger, all charges and payments, on-demand claims, account maintenance, remittance posting, group rebill, insurance billing and patient statements, and user-defined dunning messages.
Supply Chain Management	Module includes item master, supply and resource tracking, purchasing and order requisition management, physical inventory templates, and more.
Case Costing and Analysis	Customizable reports by discrete data elements provide for in-depth cost analysis by individual case and case type, and by contract, supplies, surgeon, or procedure.
Human Resource Management	Complete physician and staff credentialing, license and certification management, sanctions, and more.
Revenue Cycle Management	Allows you to manage your billings and collections to maximize revenues. Collections and follow ups can be grouped by payer to maximize collection efficiency.
Preference Cards	Preference cards can be created by surgeon, specialty, and procedure. They can be configured to automatically include all procedure codes associated to the card, or allow the user to select specific codes included on the card during the scheduling of an appointment.
Reporting	300+ ready-to-use reports, plus a powerful report writer to add additional reports unique to your facility.
System Administration	Manage access security across the facility, maintain dictionary and fee schedule, manage supply resources and other third-party organization data, configure customizable reports, and much more.

For more information, please contact us at:
info@amkai.com 855-462-6524 amkai.com

AmkaiSolutions™
The Only Complete Software for Surgical Centers and Hospitals

Open Access to Physicians

In the CON process TOSC agreed that the facility would provide open access to all orthopedic surgeons in the surrounding area. Phone calls were made to area physicians as well as an invitation to TOSC's open house. Currently, three non-owner physicians have scheduled block time at TOSC. An application has been provided to an additional physician that has expressed interest. A copy of TOSC's qualifications for membership from the Medical Staff Bylaws is attached.

ARTICLE IV
MEMBERSHIP

4.1 NATURE OF MEMBERSHIP

Membership on the Medical Staff the Center is a privilege, which shall be extended only to professionally competent Practitioners who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Appointment to and membership on the staff shall confer on the Member only such Clinical Privileges and Prerogatives as have been granted by the Governing Board in accordance with these bylaws, and shall include Medical Staff category, and any service area assignments, if applicable. These Bylaws, in and of itself, shall not be construed in a manner as to create a contract, employment, property or liberty right, or interest in Privileges or the continuation of Privileges. An applicant or Member is neither an employee nor independent contractor of the Center unless such a relationship is separately established between the Center and such applicant or Member. In the event of any conflict between these Bylaws and a specific contract between a Member and the Hospital, the terms of the contract shall control.

4.2 QUALIFICATIONS FOR MEMBERSHIP

4.2.1 General Qualifications

Only Practitioners deemed to possess basic qualifications may be granted membership on the Medical Staff. Practitioners may be granted membership after verification, who:

(a) Provide documention of their (1) current state licensure, (2) photographic identification,(3) adequate experience, education, and training, including any documentation of any interruptions of that experience, (4) current professional competence, good clinical judgement, and knwoledge through peer evalaution, (5) current DEA registration if applicable, and (6) proof of current medical liability coverage meeting the governing board requirements , and (7) current adequate physical and mental health status, or chemical dependency problems , so as to demonstrate to the satisfaction of the Medical Staff that they are professionally and ethically competent and that patients treated by them can reasonably expect to receive quality medical care;

(b) Are determined (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 Practitioner-patient relationship, and (4) to be willing to participate in and properly discharge those responsibilities determined by the Medical Staff;

(c) Maintain in force continuous and uninterrupted professional liability insurance in not less than the minimum amounts; if any, as from time to time may be determined by the Governing Board. If professional liability insurance is obtained on a claims-made basis, the Member shall

be required to purchase tail insurance or its equivalent, as necessary, in order to prevent a lapse in coverage and shall provide evidence of such coverage to the Center.

(d) Verify that they are not currently an Ineligible Person and shall not become an Ineligible Person and shall specifically agree to provide to the Medical Staff with or without request, any new or updated information that is pertinent to the individual's license, professional qualifications, current DEA registration, or any question on the application form, including but not limited to any change in Ineligible Person status, any change in the sanctions imposed or recommended by the U.S. Department of Health and Human Services or any State;

(e) Document a history of previous professional liability claims, current claims and the final settlement or judgment rendered in each instance;

(f) Report any information on licensure revocation, suspension, voluntary reliquishement, licensure probationary status, or other licensure conditions or limitations;

(g) Document any conviction of a criminal offense other than a minor traffic violation;

(h) Document any complaints or adverse action reports filed against the applicant with a local, state , or national professional society or board;

(i) Notify the Administrator of an denial, suspension, limitation, termination, or nonrenewal of clinical privileges at any hospital, helathplan, medical group , or other health care entity;

(j) Notify the Administrator immediately upon receipt of notice of any professional liability claim or action pending against them regardless of the nature of such claim or action and its anticipated final outcome. A record of such claim or action and its ultimate outcome will be maintained in the Member's credentialing file.

4.2.2 Particular Qualifications

(a) Physicians. An applicant for Physician membership in the Medical Staff, must hold an MD or DO degree or their equivalent, a current DEA registration, and a valid and unsuspended license to practice medicine issued by the appropriate MD and DO medical licensing boards for State. For the purpose of this Section, "or their equivalent" shall mean any foreign medical degree recognized by the medical licensing board for the State.

(b) Podiatrists. An applicant for podiatric membership on the Medical

Staff must hold a DPM degree and a valid and unsuspended license to practice podiatry issued by the podiatric licensing board of the State.

(c) All Applicants should have current medical staff status at an inpatient facility within the _Wake/Durham_County.

4.3 EFFECT OF OTHER AFFILIATIONS

No person shall be entitled to membership in the Medical Staff 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 any clinical board, or because such person had, or presently has, staff membership or privileges at another health care facility.

4.4 NONDISCRIMINATION

No aspect of Medical Staff membership or particular Clinical Privileges shall be denied on the basis of sex, race, age, creed, color, religion, national origin, or physical or mental impairment or other protected classification that does not prevent the Practitioner from performing the essential elements of Medical Staff membership.

4.5 HEALTH STATUS

The Practitioner will submit a written statement as to his/her physical and mental fitness to provide care associated with requested Privileges. Medical Staff policies will define the processes and controls for self-referral and referral by others, to include a method to maintain informant confidentiality, appropriate professional internal and external resources for evaluation, diagnosis, and treatment of the condition or concern, method to manage patient load under the care of a Practitioner, methods to substantiate claims made, and methods to initiate rehabilitation.

When the credentials committee, MEC, Governing Board or Manager has reason to believe that the physical and/or mental health status of a Practitioner may be impaired, the Practitioner shall be required to submit to an evaluation of physical and/or mental health status by a Member or Members designated by the MEC and as a prerequisite to the maintenance of Member's current Staff membership or the exercise previously granted of Clinical Privileges, or to further consideration of application for Medical Staff reappointment or for initial Medical Staff appointment.

Physician Responsibilities

Name of Each Physician Affiliated with the Facility during the Reporting Period	**Does the Physician have any Ownership Interest in the Facility? (Yes or No)**	**Name of Each Hospital where the Physician has Privileges** (list only one hospital per line) (provide supporting documentation)	**Provided Emergency Room Coverage during Reporting Period? (Yes or No)** (provide supporting documentation)	**# of Nights on Call during Reporting Period**
Aldridge, Julian Mack	Yes	Rex Healthcare	Yes	
		Duke Regional Hospital		
		Person Memorial Hospital		41
		Granville Medical Center		41
		North Carolina Specialty Hospital		41
Burt, Mark	Yes	Rex Healthcare	Yes	19
		Wake Med		
		Duke Raleigh		
		Blue Ridge Surgery Center		
Clifford, Philip	Yes	North Carolina Specialty Hospital	Yes	40
		Duke Regional Hospital		
		Granville Medical Center		40
		Person Memorial Hospital		40
		Davis Ambulatory Surgical Center		
Dellaero, David	Yes	Betsy Johnson Regional Hospital	Yes	
		Duke Regional Hospital		
		North Carolina Specialty Hospital		36
		Person Memorial Hospital		36
		Granville Medical Center		36
		Davis Ambulatory Surgical Center		
Dimmig, Thomas	Yes	North Carolina Specialty Hospital	Yes	
		Person Memorial Hospital		
		Granville Medical Center		
		Duke Regional Hospital		
		Duke Regional Hospital		
		Granville Medical Center		
		Person Memorial Hospital		
		Davis Ambulatory Surgical Center		
Gilbert, Brett	Yes	North Carolina Specialty Hospital	Yes	

		Rex Healthcare		7
		Wilson Medical Center		
		Betsy Johnson Regional Hospital		
Hage, William	Yes	Wake Med	Yes	
		North Carolina Specialty Hospital		
		Rex Healthcare		19
		Blue Ridge Surgery Center		
Kerner, Paul	Yes	North Carolina Specialty Hospital	Yes	27
		Duke Regional Hospital		
		Rex Healthcare		13
		Wake Med		
		Davis Ambulatory Surgical Center		
Kuremsky, Marshall	No	North Carolina Specialty Hospital	Yes	
		Betsy Johnson Regional Hospital		49
		Rex Healthcare		10
		Wake Med		25
		Blue Ridge Surgery Center		
		Duke Regional Hospital		
Liebelt, Ralph	Yes	North Carolina Specialty Hospital	Yes	
		Duke Regional Hospital		
		Granville Medical Center		
		Person Memorial Hospital		
		Davis Ambulatory Surgical Center		
Musante, David	Yes	North Carolina Specialty Hospital	Yes	22
		Duke Regional Hospital		
		Granville Medical Center		22
		Person Memorial Hospital		22
Rosenberg, Brett	No	Duke Regional Hospital	Yes	
		Betsy Johnson Regional Hospital		12
		Person Memorial Hospital		50
		North Carolina Specialty Hospital		50
		Central Harnett Health		50
Rosenblum, Shepherd	Yes	North Carolina Specialty Hospital	Yes	
		Rex Healthcare		13
		Wake Med		
		Blue Ridge Surgery Center		
Silver, William	Yes	North Carolina Specialty Hospital	Yes	44

		Duke Regional Hospital		
		Person Memorial Hospital		44
		Granville Medical Center		44
		Blue Ridge Surgery Center		
		Rex Healthcare		
Solic, John	No	Duke Regional Hospital	Yes	21
		Davis Ambulatory Surgical Center		
		Rex Healthcare		15
		Wake Med		
		Blue Ridge Surgery Center		
		Person Memorial Hospital		
Stevens, Marc	Yes	Betsy Johnson Regional Hospital	Yes	3
		Wake Med		
		Johnston Health		96
Wilson, Joseph	Yes	North Carolina Specialty Hospital	Yes	26
		Duke Regional Hospital		26
		Rex Healthcare		
		Wake Med		24
		Davis Ambulatory Surgical Center		26
		Betsy Johnson Regional Hospital		32
Winters, Steven	Yes	Granville Medical Center	Yes	39
		North Carolina Specialty Hospital		39
		Duke Regional Hospital		
		Person Memorial Hospital		39

HOSPITAL & PRACTICE AFFILIATIONS

PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

ALDRIDGE, JULIAN MACK

Institution			
North Carolina Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Active		919-595-8460	
Dates: From	To	Contact Person	
08/08	Present	Candy Johnston	

Institution			
Durham Regional Hosp.			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active		919-470-6254	
Dates: From	To	Contact Person	
08/08	Present	Donna Wright	

Institution			
Rex Healthcare			
Address	City	State	Zip
4420 Lake Boone Trail.	Raleigh	NC	27607
Staff Category		Telephone	
Suburban Affiliate		919-784-3175	
Dates: From	To	Contact Person	
08/11	Present	Cindy Fadoil	

HOSPITAL & PRACTICE AFFILIATIONS

PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Person Memorial Hosp.			
Address	City	State	Zip
615 Ridge Rd.	Roxboro	NC	27573
Staff Category		Telephone	
Courtesy		336-503-5691	
Dates: From	To	Contact Person	
02/10	Present	Phyllis Burke	

Institution			
Granville Medical Center			
Address	City	State	Zip
1010 College St.	Oxford	NC	27565
Staff Category		Telephone	
Consulting		919-690-3000	
Dates: From	To	Contact Person	
02/10	Present	Rebecca Dean	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

BURT, MARK

Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail	City: Raleigh	State: NC	Zip: 27607
Staff Category: Active		Telephone: 919-784-3175	
Dates: From: 10/06 To: Present		Contact Person: Cindy Fadoil	
Institution: Wake Med			
Address: 3000 New Bern Ave.	City: Raleigh	State: NC	Zip: 27610
Staff Category: Associate		Telephone: 919-350-8674	
Dates: From: 07/04 To: Present		Contact Person: Kelly Poole	
Institution: Duke Raleigh Hosp.			
Address: 3400 Wake Forest Rd.	City: Raleigh	State: NC	Zip: 27609
Staff Category: Courtesy		Telephone: 919-954-3105	
Dates: From: To: Present		Contact Person: Sherry Settle	

HOSPITAL & PRACTICE AFFILIATIONS
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Institution: Blue Ridge Surgery Center			
Address: 2308 Wesvill Ct.	City: Raleigh	State: NC	Zip: 27607
Staff Category: Active-Resigned Priv. in 07/12		Telephone: 919-926-7570	
Dates: From: 11/08 To: 07/12		Contact Person: Ruth Pickering	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

CLIFFORD, PHILLIP

Institution: North Carolina Specialty Hospital			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-956-9900 x409	
Dates: From: 8/2000 To: Present		Contact Person: Maggie Glenn	
Institution: Duke Regional Hospital			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-954-3105	
Dates: From: 6/2000 To: Present		Contact Person: Debra Yallin	
Institution: Granville Medical Center			
Address: 1010 College St.	City: Oxford	State: NC	Zip:
Staff Category: Consulting		Telephone: 919-690-3000	
Dates: From: 01/2010 To: Present		Contact Person: Becky Dean	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Person Memorial Hospital			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip:
Staff Category: Courtesy		Telephone: 336-503-5691	
Dates: From: 11/2009 To: Present		Contact Person: Phyllis Burke	
Institution: Davis Ambulatory Surgical Center			
Address: 120 E. Carver St.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone:	
Dates: From: 6/2000 To: Present		Contact Person: Priscilla Coleman	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

DELLAERO, DAVID

Institution			
Betsy Johnson Regional Hosp.			
Address	City	State	Zip
800 Tilghman Dr.	Dunn	NC	
Staff Category		Telephone	
Active		910-892-7161	
Dates: From	To	Contact Person	
11/12	Present	Angela Tripp	

Institution			
Durham Regional Hosp.			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active		919-470-6254	
Dates: From	To	Contact Person	
11/97	Present	Donna Wright	

Institution			
NC Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Active		919-595-8460	
Dates: From	To	Contact Person	
10/05	Present	Candy Johnston	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Person Memorial Hosp.			
Address	City	State	Zip
615 Ridge Rd.	Roxboro	NC	27573
Staff Category		Telephone	
Courtesy		336-503-5691	
Dates: From	To	Contact Person	
07/07	Present	Phyllis Burke	

Institution			
Granville Medical Center			
Address	City	State	Zip
1010 College St.	Oxford	NC	27565
Staff Category		Telephone	
Consulting		919-690-3000	
Dates: From	To	Contact Person	
08/07	Present	Rebecca Dean	

Institution			
Davis Ambulatory Surgical Center			
Address	City	State	Zip
120 E. Carver St.	Durham	NC	27704
Staff Category		Telephone	
Active-Full		919-470-1000	
Dates: From	To	Contact Person	
09/97	Present	Priscilla Coleman, RN	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

DIMMIG, THOMAS

Institution: North Carolina Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-594-8460	
Dates: From: 12/98 To: Present		Contact Person: Candy Johnston	
Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6254	
Dates: From: 12/78 To: Present		Contact Person: Donna Wright	
Institution: Person Memorial Hosp.			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip: 27573
Staff Category: Courtesy		Telephone: 336-503-5691	
Dates: From: 10/95 To: Present		Contact Person: Phyllis Burke	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Granville Medical Center			
Address: 1010 College St.	City: Oxford	State: NC	Zip: 27565
Staff Category: Active		Telephone: 919-690-3000	
Dates: From: 06/96 To: Present		Contact Person: Rebecca Dean	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

GILBERT, BRETT

Institution: North Carolina Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-956-9307	
Dates: From: 7/2009 To: Present		Contact Person: Deborah Wheeler	
Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail	City: Raleigh	State: NC	Zip: 27607
Staff Category: Associate		Telephone: 919-784-3175	
Dates: From: 8/2009 To: Present		Contact Person: Cindy Fadoil	
Institution: Wilson Medical Center			
Address: 1705 Tarboro St.	City: SW Wilson	State: NC	Zip: 27893
Staff Category: Active		Telephone: 252-399-8040	
Dates: From: 7/2013 To: Present		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Betsy Johnson Regional Hospital			
Address: 800 Tilghman Drive.	City: Dunn	State: NC	Zip: 28335
Staff Category: Active		Telephone: 910-892-7161	
Dates: From: 12/2012 To: Present		Contact Person: Angela Tripp	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

HAGE, WILLIAM

Institution			
Wake Med			
Address	City	State	Zip
3000 Newbern Ave.	Raleigh	NC	27610
Staff Category		Telephone	
Active		919-350-8673	
Dates: From	To	Contact Person	
08/02	Present	Kelly Poole	

Institution			
NC Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Courtesy		919-595-8460	
Dates: From	To	Contact Person	
10/07	Present	Candy Johnston	

Institution			
Rex Healthcare			
Address	City	State	Zip
4420 Lakeboone Trail	Raleigh	NC	27607
Staff Category		Telephone	
Active		919-784-3175	
Dates: From	To	Contact Person	
10/02	Present	Cindy Padoll	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Blue Ridge Surgery Center			
Address	City	State	Zip
2308 Wesvill Ct.	Raleigh	NC	27607
Staff Category		Telephone	
Active		919-781-4311	
Dates: From	To	Contact Person	
11/02	Present	Ruth Pickering	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

KERNER, PAUL

Institution: NC Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-595-8460	
Dates: From: 07/08 To: Present		Contact Person: Candy Johnston	
Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6254	
Dates: From: 08/08 To: Present		Contact Person: Donna Wright	
Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail	City: Raleigh	State: NC	Zip: 27610
Staff Category: Associate		Telephone: 919-350-8674	
Dates: From: 11/08 To: Present		Contact Person: Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: James E. Davis Ambulatory Surgical Center			
Address: 120 E. Carver St.	City: Durham	State: NC	Zip: 27704
Staff Category: Full		Telephone: 919-470-1000	
Dates: From: 08/08 To: Present		Contact Person: Priscilla Coleman, RN	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

KUREMSKY, MARSHALL

Institution			
North Carolina Specialty Hospital			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Active		595-8460	
Dates: From	To	Contact Person	
08/12	Present	Candy Johnson	

Institution			
Rex Healthcare			
Address	City	State	Zip
4420 Lake Boone Trail	Raleigh	NC	27607
Staff Category		Telephone	
Assolcate		919-784-3175	
Dates: From	To	Contact Person	
08/12	Present	Cindy Padell	

Institution			
Wake Med			
Address	City	State	Zip
3000 New Bern Ave.	Raleigh	NC	27610
Staff Category		Telephone	
Assolcate		919-350-8673	
Dates: From	To	Contact Person	
10/12	Present	Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Besty Johnson Regional Hospital			
Address	City	State	Zip
800 Tilghman Dr.	Dunn	NC	28336
Staff Category		Telephone	
Active		910-892-1000 ext. 4116	
Dates: From	To	Contact Person	
	Present	Angela Tripp	

Institution			
Blue Ridge Surgery Center			
Address	City	State	Zip
2908 Wesvill Ct.	Raleigh	NC	27607
Staff Category		Telephone	
Active		919-926-7570	
Dates: From	To	Contact Person	
09/12	Present	Ruth Pickering	

Institution			
Durham Regional Hospital			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active		919-470-6254	
Dates: From	To	Contact Person	
09/12	Present	Donna Wright	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

LIEBELT, RALPH

Institution: NC Specialty Hosp.			
Address: P.O. Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-956-9307	
Dates: From: 12/1998 To: Present		Contact Person: Debbie Wheeler	
Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6254	
Dates: From: 09/1989 To: Present		Contact Person: Debra Yallin	
Institution: Granville Medical Center			
Address: 1010 College St.	City: Oxford	State: NC	Zip: 27565
Staff Category: Active		Telephone: 919-690-3000	
Dates: From: 08/1997 To: Present		Contact Person: Becky Dean	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Person Medical Hosp.			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip: 27573
Staff Category: Courtsey		Telephone: 336-503-5691	
Dates: From: 04/1995 To: Present		Contact Person: Phyllis Burke	
Institution: Davis Ambulatory Surgical Center			
Address: 120 E. Carver St.	City: Durham	State: NC	Zip: 27704
Staff Category: Full		Telephone: 919-470-1047	
Dates: From: 09/1989 To: 12/20/2012		Contact Person: Priscilla Coleman, RN	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

MUSANTE, DAVID

Institution			
North Carolina Specialty Hospital			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Active		919-956-9300	
Dates: From	To	Contact Person	
2/2005	Present	Maggie Glenn	

Institution			
Duke Regional Hospital			
Address	City	State	Zip
3643 N. Roxboro Rd.	Durham	NC	27704
Staff Category		Telephone	
Active			
Dates: From	To	Contact Person	
01/2005	Present	Donna Huston	

Institution			
Granville Medical Center			
Address	City	State	Zip
1010 College Street	Oxford	NC	27565
Staff Category		Telephone	
Consulting		919-690-3000	
Dates: From	To	Contact Person	
2/2010	Present	Becky Dean	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Person Memorial Hospital			
Address	City	State	Zip
615 Ridge Road	Roxboro	NC	27573
Staff Category		Telephone	
Courtesy		336-503-5691	
Dates: From	To	Contact Person	
2/2010	Present	Phyllis Burke	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

ROSENBERG, BRETT

Institution: St. John's Regional Medical Center			
Address: 1600 N. Rose Ave.	City: Oxnard	State: CA	Zip: 93030
Staff Category: Orthopaedics; Medical Director, Ortho Surgery Program		Telephone: 805-981-4402	
Dates: From: 11/08 To: 05/11		Contact Person: Medical Staff Services	

Institution: Providence Tarzana Hosp.			
Address: 18321 Clark St.	City: Tarzana	State: CA	Zip: 91356
Staff Category: Active		Telephone: 818-881-0800	
Dates: From: 08/02 To: 05/11		Contact Person:	

Institution: Woodland Hills Orthopaedics & Sports Medicine			
Address: 7230 Medical Center Dr. Ste. 503	City: West Hills	State: CA	Zip: 91307
Staff Category:		Telephone: 818-436-2488	
Dates: From: 07/08 To: 05/11		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Orthopaedic Consultants Medical Group			
Address: 15511 Ventura Blvd.	City: Encino	State: CA	Zip: 91436
Staff Category:		Telephone: 818-788-7343	
Dates: From: 08/02 To: 06/08		Contact Person:	

Institution: Person Memorial Hosp.			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip: 27573
Staff Category: Active		Telephone: 336-503-5691	
Dates: From: 05/11 To: 05/31/13		Contact Person: Phyllis Burke	

Institution: North Carolina Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-956-9307	
Dates: From: 06/01/11 To: 06/01/14		Contact Person: Debra Wheeler	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

ROSENBLUM, SHEPHERD

Institution			
North Carolina Specialty Hosp.			
Address	City	State	Zip
PO Box 15819	Durham	NC	27704
Staff Category		Telephone	
Courtesy		919-595-8460	
Dates: From	To	Contact Person	
01/08	Present	Candy Johnston	

Institution			
Rex Healthcare			
Address	City	State	Zip
4420 Lake Boone Trail	Raleigh	NC	27607
Staff Category		Telephone	
Active		919-784-3175	
Dates: From	To	Contact Person	
04/06	Present	Cindy Fadoll	

Institution			
Wake Med			
Address	City	State	Zip
3000 New Bern Ave.	Raleigh	NC	27610
Staff Category		Telephone	
Active		919-975-8674	
Dates: From	To	Contact Person	
04/06	Present	Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution			
Blue Ridge Surgery Center			
Address	City	State	Zip
2308 Wesville Ct.	Raleigh	NC	27607
Staff Category		Telephone	
Consulting		919-926-7570	
Dates: From	To	Contact Person	
04/06	Present	Ruth Pickering	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

Institution			
Address	City	State	Zip
Staff Category		Telephone	
Dates: From	To	Contact Person	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

SILVER, WILLIAM

Institution: North Carolina Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-595-8460	
Dates: From: 10/05 To: Present		Contact Person: Candy Johnson	
Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6254	
Dates: From: 10/05 To: Present		Contact Person: Donna Wright	
Institution: Person Memorial Hosp.			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip: 27573
Staff Category: Courtsey		Telephone: 336-503-5691	
Dates: From: 05/11 To: Present		Contact Person: Phyllis Burke	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Granville Medical Center			
Address: 1010 College St.	City: Oxford	State: NC	Zip: 27565
Staff Category: Consulting		Telephone: 919-690-3000	
Dates: From: 05/11 To: Present		Contact Person: Rebecca Dean	
Institution: Blue Ridge Surgery Center			
Address: 2308 Wesvill Ct.	City: Raleigh	State: NC	Zip: 27607
Staff Category: Consulting		Telephone: 919-926-7570	
Dates: From: 07/12 To: Present		Contact Person: Ruth Pickering	
Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail	City: Raleigh	State: NC	Zip: 27607
Staff Category: Associate		Telephone: 919-784-3175	
Dates: From: 11/06 To: Present		Contact Person: Cindy Fadoil	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

SOLIC, JOHN

Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6284	
Dates: From: 09/11 To: Present		Contact Person: Donna Wright	
Institution: Davis Ambulatory Surgical Center			
Address: 120 E. Carver St.	City: Durham	State: NC	Zip: 27704
Staff Category: Active (Full)		Telephone: 919-470-1000	
Dates: From: 09/11 To: Present		Contact Person: Priscilla Coleman, RN	
Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail	City: Raleigh	State: NC	Zip: 27607
Staff Category: Associate		Telephone: 919-784-3175	
Dates: From: 05/11 To: Present		Contact Person: Cindy Fadoll	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: WakeMed			
Address: 3000 NewBern Ave.	City: Raleigh	State: NC	Zip: 27610
Staff Category: Associate		Telephone: 919-350-8674	
Dates: From: 07/11 To: Present		Contact Person: Kelly Poole	
Institution: Blue Ridge Surgery Center			
Address: 2308 Wesvill Ct.	City: Raleigh	State: NC	Zip: 27607
Staff Category: Active		Telephone: 919-784-4311	
Dates: From: 10/11 To: Present		Contact Person: Kelly Poole	
Institution: Person Memorial Hosp.			
Address: 615 Ridge Rd.	City: Roxboro	State: NC	Zip: 27573
Staff Category: Courtsey		Telephone: 336-503-5691	
Dates: From: 05/11 To: Present		Contact Person: Phyllis Burke	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

STEVENS, MARC

Institution: Johnston Health			
Address: 509 N. Bright Leaf Blvd.	City: Smithfield	State: NC	Zip: 27577
Staff Category: Active		Telephone: 919-988-7105	
Dates: From: 05/24/07 To: Present		Contact Person: Donna Phillips	
Institution: Besty Johnson Regional Hospital			
Address: 800 Tilghman Dr.	City: Dunn	State: NC	Zip: 28335
Staff Category: Active		Telephone: 910-892-1000 ext.4116	
Dates: From: 12/30/09 To: Present		Contact Person: Angela Tripp	
Institution: Wake Med			
Address: 3000 New Bern Ave.	City: Raleigh	State: NC	Zip: 27510
Staff Category: Associate		Telephone: 919-350-8674	
Dates: From: 06/10/10 To: Present		Contact Person: Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Johnston Orthopaedic Center (No longer in existence)			
Address: 540 North St.	City: Smithfield	State: NC	Zip: 27577
Staff Category: Former Owner		Telephone:	
Dates: From: 09/2007 To: 12/2011		Contact Person:	
Institution: South Arkansas Orthopaedic Center			
Address: 1609 W. 40th Ave. Ste. 501	City: Pinebluff	State: AR	Zip: 71603
Staff Category: Staff Physician		Telephone: 870-534-3449	
Dates: From: 07/05 To: 09/07		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

WILSON, JOESEPH

Institution: NC Specialty Hosp.			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-595-8460	
Dates: From: 07/08 To: Present		Contact Person: Candy Johnston	
Institution: Durham Regional Hosp.			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-470-6254	
Dates: From: 08/08 To: Present		Contact Person: Donna Wright	
Institution: Rex Healthcare			
Address: 4420 Lake Boone Trail.	City: Raleigh	State: NC	Zip: 27610
Staff Category: Associate		Telephone: 919-350-8674	
Dates: From: 11/08 To: Present		Contact Person: Kelly Poole	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: James E. Davis Ambulatory Surgical Center			
Address: 120 E. Carver St.	City: Durham	State: NC	Zip: 27704
Staff Category: Full		Telephone: 919-470-1000	
Dates: From: 08/08 To: Present		Contact Person: Priscilla Coleman, RN	
Institution: Besty Johnson Regional Hosp.			
Address: 800 Tilghman Dr.	City: Dunn	State: NC	Zip: 28335
Staff Category: Active		Telephone: 910-892-7161	
Dates: From: 11/12 To: Present		Contact Person: Angela Tripp	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

WINTERS, STEVEN

Institution: Granville Medical Center			
Address: 1010 College St.	City: Oxford	State: NC	Zip: 27565
Staff Category: Active		Telephone: 919-690-3000	
Dates: From: 7/2003 To: Present		Contact Person: Becky Dean	
Institution: North Carolina Specialty Hospital			
Address: PO Box 15819	City: Durham	State: NC	Zip: 27704
Staff Category: Active		Telephone: 919-956-9300 x409	
Dates: From: 8/2003 To: Present		Contact Person: Maggie Glenn	
Institution: Duke Regional Hospital			
Address: 3643 N. Roxboro Rd.	City: Durham	State: NC	Zip: 27704
Staff Category: Affiliate		Telephone: 919-470-6254	
Dates: From: 2/2005 To: Present		Contact Person: Debra Yalin	

HOSPITAL & PRACTICE AFFILIATIONS
PLEASE LIST ALL AFFILIATIONS WITH COMPLETE ADDRESSES

Institution: Person Memorial Hospital			
Address: 615 Ridge Road	City: Roxboro	State: NC	Zip: 27573
Staff Category: Courtesy		Telephone: 336-503-5691	
Dates: From: 2003 To: Present		Contact Person: Phyllis Burke	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	
Institution:			
Address:	City:	State:	Zip:
Staff Category:		Telephone:	
Dates: From: To:		Contact Person:	