



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

**Special Meeting of the Board of Directors
Wed. June 16, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Participation: Zoom - Invite information is at the End of the Agenda
Or In Person**

Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. **Call to order with Flag Salute:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**
4. **Public Comment On Matters Not Listed On The Agenda:**

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda. (The public may also comment on any item listed on the Agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however it will not discuss and cannot act on items not on the agenda.

5. Consent Agenda: Public Comment - Action

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member or member of the public may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Un-Approved Minutes:

- Un-Approved Special Board Meeting on May 4, 2021
- Un-Approved Finance Committee Meeting Minutes for May 18, 2021
- Un-Approved Board Meeting Minutes for May 26, 2021.

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD June 2021 Advocate:
 - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:...Ms. Hack
- Meetings with MTHCD CEO:

B. MTMC Community Board Report:.....Ms. Sellick

C. MTMC Board of Directors:.....Ms. Reed

D. Chief Executive Officer’s Report:.....Dr. Smart

- Hospital Lease – Update:
- District Projects Matrix (Last Updated 6-8-2021) – Monthly Report:
- 401k – Consideration for Match: Public Comment - Action
- Valley Springs Health & Wellness Center:
 - Vaccination Hub (COVID - 19):
 - VS H&W Center – Draft Policies and Forms: Public Comment – Action
 - Policies for June 2021 - Valley Springs Health & Wellness Center:

NEW POLICIES

VSHWC Recruitment and Retention 240

REVISED POLICIES

Alternate Communications in Emergency Situations 10

Exposure Control Plan 71

Formulary 83

Management Of Referral Requests 103

Processing X-Ray Requisitions 144

Waived Testing - Fecal Occult Stool 203

BI-ANNUAL REVIEW POLICIES

Conflict of Interest 30

Critical Value 47

Demonstrated Competency 50

Earthquake Or Weather Emergency 58

EKG 59

Emergency Ambulance Transfer 61

Equipment Management 68

Exam Table And Exam Room Cleaning And Disinfection 69

Fluoride Varnish for Medical Pediatric Patients 220

Laboratory Electrical Safety 95

Late Arriving Unscheduled Patients 97

Laundry and Linen 98

Liquid Nitrogen 223

Registering Patient Complaints 151

Staff Meetings 176

Sterile Field 178

Storage, Handling, and Delivery of Medications 181

Transfer Of Patient To A Hospital 189

Waived Testing Blood Glucose 204

Waived Testing Hemoglobin A1C 206

E. VSHWC “Quality” Report: (MedStatix):.....Ms. Terradista

F. Stay Vertical Calaveras:.....Mr. Shetzline

7. Committee Reports:

A. Finance Committee:.....Ms. Hack / Mr. Randolph

- Financial Statements – May 2021: Public Comment – **Action**.....Mr. Wood
- Budget: (2021-2022) Draft: Public Comment - **Action**Dr. Smart / Mr. Wood

B. Ad Hoc Policy Committee:.....Ms. Sellick / Ms. Hack

- Next Meeting is Scheduled for July 20th.

C. Ad Hoc Personnel Committee:Ms. Reed

D. Ad Hoc Grants Committee:..... Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

- The Party to GO-GO: Calaveras Youth Mentoring Sat. June 19th Drive-Thru Dinner:
- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.

9. Next Meeting:

A. The next meeting will be Wednesday July 28, 2021 at 9am.

10. Adjournment: Public Comment - Action

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: 2021-06-16 MTHCD Special Board Meeting

Time: Jun 16, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89340696035?pwd=VjZ5M1gwWDdnWWNPb1FwZmMwcEpydz09>

Meeting ID: 893 4069 6035

Passcode: 389421

One tap mobile

+16699006833,,89340696035#,,,,*389421# US (San Jose)

+13462487799,,89340696035#,,,,*389421# US (Houston)

Dial by your location

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+1 301 715 8592 US (Washington DC)

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Passcode: 389421

Find your local number: <https://us02web.zoom.us/u/kbFaUaY3qV>

- Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;
2. Implements a procedure for receiving and “swiftly resolving” requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e., 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

This Institution is an Equal Opportunity Provider and Employer
Agenda – June 16, 2021 MTHCD Special Board Meeting



P. O. Box 95
 San Andreas, CA 95249
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**Special Meeting of the Board of Directors
 Tuesday May 4, 2021
 10:00 am
 Mark Twain Medical Center - District Office
 768 Mountain Ranch Rd,
 San Andreas, CA**

**Participation: Zoom - Invite information is at the End of the Agenda
 Or In Person**

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Lin Reed at 10:03am.

2. Roll Call:

	In Person	Via Zoom/Phone	Absent	Time Arrived
Lin Reed	X			
Debbi Sellick	X			
Lori Hack		X		
Rick Randolph		X		

3. Approval of Agenda: Public Comment - **Action**

Public Comment: Hearing None
Motion: Mr. Randolph
Second: Ms. Sellick
Vote: 4-0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing None

5. Vacant Finance Committee Meeting Position: Public Comment - **Action**

- Richard (Rick) Randolph

Public Comment: Hearing None
Motion: to approve President's appointment of Mr. Randolph to fill open Board seat on Finance Committee by Ms. Hack
Second: Ms. Sellick
Vote: 4-0

6. Announcements of Interest to the Board or the Public:

Hearing None

7. Next Meeting:

A. The next meeting will be Wednesday May 26, 2021

B. Note: The June meeting has been changed from June 23 to June 16th at 9am

8. Adjournment: Public Comment - **Action**

Public Comment: Hearing None
Motion: Mr. Randolph
Second: Ms. Hack
Vote: 4-0
Time: 10:06am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: May 4, 2021 at 10:00 Special MTHCD Board Meeting

Time: May 4, 2021 10:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89928711399?pwd=eEd2aFUyQVdpL3hmUnNwSmxmMFk1UT09>

Meeting ID: 899 2871 1399

Passcode: 862954

One tap mobile

+16699006833,,89928711399#,,,,*862954# US (San Jose)

+13462487799,,89928711399#,,,,*862954# US (Houston)

Dial by your location

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+1 253 215 8782 US (Tacoma)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 899 2871 1399

Passcode: 862954

Find your local number: <https://us02web.zoom.us/j/kc39vtuTlv>

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Finance Committee Meeting
 MTHCD Administration Office
 Mark Twain Medical Center
 768 Mountain Ranch Road
 San Andreas, CA 95249

9:00 am
 Tuesday May 18, 2021

Participation: Zoom - Invite information is at the End of the Agenda
 Or in person

Un-Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Lori Hack at 9:12am.

2. Roll Call:

	In Person	By Zoom/Phone	Absent	Time Arrived
Lori Hack		X		9:12am
Richard Randolph	X			

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Minutes – May 18, 2021 MTHCD Finance Committee Meeting

3. Approval of Agenda: Public Comment - Action:

Public Comment: Dr. Smart: would like to jump to audit report as not to keep the auditor on the phone for the entire meeting.

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing None.

5. Consent Agenda: Public Comment - Action

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for April 20, 2021

Public Comment: Hearing none

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

6. Chief Executive Officer's Report:

- 2021 - 2022 Budget:

Grants Committee to meet and discuss Projects, Grants And Support. (pkt page 12). Will bring the budget template back to the Finance Committee in June after the May Board meeting.

- Parking Canopy / Permitting:

The County wants a new Development Plan. Which could be about \$10,000 over budget amount.

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Minutes – May 18, 2021 MTHCD Finance Committee Meeting

- MediCare Cost Report – June 2020:

Mr. Hohenbrink has filed this report and is expecting action later this week.

7. **Real Estate Review:**

Mr. Randolph: still waiting on signed contract from Stockton Cardiology. Rent payments are coming in regularly. Contacted American Title regarding the uses for Parcel 1. Inquiring if property is only available for Medical use.

8. **Accountant's Report:** Public Comment:

- April 2021 Financials Will Be Presented to The Committee: Public Comment – **Action**

Mr. Wood: Once the Audit Report has been reviewed, The Financial Transactions Report will be sent to the State Controllers Office. The Balance Sheet shows a strong cash position.

Public Comment: Hearing none

Motion: To approve April 2021 Financials & The Investments & Reserves Report by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

- Closing 2019-2020 Update: Public Comment - **Action**

Mr. Wood: Copies of the Audit Report were sent to BETA. Will send a copy to USDA. We are meeting contractual obligations to close the year.

- Audit: - Public Comment - **Action**

Discussion with Mr. Jackson regarding audit information. The Audit Report states, “*In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the District at June 30, 2020 and 2019, and the results of its cash flows for the years ten ended, in conformity with accounting principles generally accepted in the United States*” (pkt page 39)

Public Comment: Hearing none

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

8. Treasurer’s Report:

Ms. Hack: attended the “Finance For District Board of Directors Members” via Zoom. It was put on by CSDA.

9. Comments and Future Agenda Items:

Ms. Stout suggested changing the Finance Committee meetings to the Wednesday prior to the Board meeting due to scheduling meeting space. All agreed.

10. Next Meeting:

- The June 15th Meeting has been changed to Tues. June 8th at 8am.
- The July meeting and going forward will be the Wednesday before the Board meeting at 9am.

12. Adjournment: - **Action**

Public Comment: Hearing none

Motion: Mr. Randolph

Second: Ms. Hack

Vote:2-0

Time: 10:53am

This Institution is an Equal Opportunity Provider and Employer

Minutes – May 18, 2021 MTHCD Finance Committee Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: May 18, 2021 MTHCD Finance Committee Meeting
Time: May 18, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86919301263?pwd=ZkZ0eHppK3hNWERKc0lZM1RzaVRsZz09>

Meeting ID: 869 1930 1263

Passcode: 675753

One tap mobile

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+1 929 205 6099 US (New York)

Meeting ID: 869 1930 1263

Passcode: 675753

Find your local number: <https://us02web.zoom.us/j/kcPEgw4E1u>

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Minutes – May 18, 2021 MTHCD Finance Committee Meeting



P. O. Box 95
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Meeting of the Board of Directors
Wed. May 26, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

**Participation: Zoom - Invite information is at the End of the Agenda
 Or In Person**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Lin Reed at 9:01am.

2. Roll Call:

	In Person	Via Zoom/Phone	Absent	Arrival Time
Lin Reed	X			
Debbi Sellick	X			
Lori Hack	X			
Richard Randolph	X			

3. Approval of Agenda: Public Comment - **Action**

This Institution is an Equal Opportunity Provider and Employer
 Minutes – May 26, 2021 MTHCD Board Meeting

Public Comment: Request to move item 7A on the agenda to slot 5B by Ms. Reed.

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 4-0

4. Public Comment On Matters Not Listed On The Agenda:

Hearing None

5. Consent Agenda: Public Comment - **Action**

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for April 20, 2021.
- Un-Approved Board Meeting Minutes for April 28, 2021.
- Un-Approved Special Board Meeting Minutes for April 30, 2021

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 4-0

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):

- ACHD May 2021 Advocate:

ACHD is holding their Annual Conference in Squaw Creek Sept 22-24th. Also working on offering a virtual option

- California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:

Working on new budget allocations. Updates to come next month.

- Meetings with MTHCD CEO:

Topic discussed with CEO include the Budget Process, Funding Opportunities and Vaccination Clinic updates.

- Vacant Board Seat Interviews & Oath of Office: Public Comment: **Action**
 - Sandra Buecher, PT, DPT, MBA
 - Nancy Park Minkler, Esq.
 - Administer Oath of Office to New Board Member: Nancy Minkler took the oath.

Public Comment: None

Motion: Nominate Nancy Minkler for open Board seat by Ms. Reed

Second: Ms. Hack

Vote: 4-0

(Ms. Minkler was sworn in to change voting members to 5)

B. MTMC Community Board Report:

Mr. Randolph: Providers/Nurses are 100% vaccinated. Other staff are 50% vaccinated. MTMC is focusing on enhancing services and patient care.

C. MTMC Board of Directors:

Copperopolis Clinic is not slotted to open until the end of June 2021. Computer chips needed to run a lot of the equipment are out of stock which is causing the major delay in opening.

D. Chief Executive Officer's Report:

- District Projects Matrix (Last Updated 5-17-2021) – Monthly Report:

Dr. Smart: (See packet page 39)

The red-letter items have been newly added to the Matrix report.

- Valley Springs Health & Wellness Center:
 - Vaccination Hub (COVID - 19):
VSHWC sent in request to start Vaccination Clinic in Jan 2021. We have finally been able to start the vaccinations. VSHWC have held 2 clinic days so far. One on Thursday and again on Saturday. Emails targeting patients of VSHWC are going out currently.

- Organizational Chart: Public Comment: **Action**
Undated to show Behavior Health in its own grouping. Request to add Compliance/Risk management Groups to Organizational Chart (see Packet Page 40)

Public Comment: None

Motion: To approve with requested changes by Ms. Hack

Second: Ms. Sellick

Vote: 5-0

- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
 - Policies for May 2021 - Valley Springs Health & Wellness Center:
 - Punctuation & Grammar Changes – Please Submit to District Office Staff.

Revised Policies

- Credit Card on File 219
- List of Services 99
- Medical Director Direction of Practitioners in the Clinic 108
- Narcotics 123
- No Show 227
- Non-Discrimination 125

Bi-Annual Review Policies

- Abnormal Vital Signs 1
- Accounts Payable 2
- Adverse Medication Reaction 7
- After Hours Telephone Management 8
- Answering A Phone Call 14
- Appointment Scheduling 17
- Bioterrorism Threat 26
- Communication with Persons with Limited English Proficiency 41
- Co-Signature of Mid-Level Medical Records 39
- Expedited Partner Therapy for STDs 70
- Holter Monitor Testing 225
- Initial Patient Contact and Medical Emergencies 91
- Medication Management – Storage of Multi-Use Containers 116
- Organization of Nursing Personnel 128
- Patient with Urgent Complaint or Distress 135

This Institution is an Equal Opportunity Provider and Employer
Minutes – May 26, 2021 MTHCD Board Meeting

Threatening Or Hostile Patient 187
Volunteer Deployment 201
Waived Testing CoaguChek XS PT 208
Waived Testing Hemoglobin 205
Waived Testing Influenza A and B 207
Waived Testing LeadCare II 209

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Hack
Vote: 5-0

E. VSHWC “Quality” Report: (MedStatix):

Ms. Terradista: (see Packet Pages 90-92)
Working on communication. Will add MedStatix report to June Board Packet.

F. Stay Vertical Calaveras:

Mr. Shetzline: The program is up and running at capacity. 25 People in Valley Springs program, with is the limit. Murphys is service 20 people. Starting classes in Rancho Calaveras soon.

7. Committee Reports:

A. Finance Committee:

- 2020 Annual Audit: - Public Comment – Action

Mr. Jackson: The starting up of the clinic is partially responsible for the delay in audit report. Auditor Opinions states “In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the District at June 30, 2020 and 2019, and the results of its operations and its cash flows for the years the ended, in conformity with accounting principles generally accepted in the United states of America.:

Public Comment: None
Motion: to approve 2019-2020 Audit by Ms. Minkler
Second: Mr. Randolph
Vote: 5-0

- Financial Statements – Apr. 2021: Public Comment – **Action**

Mr. Wood: Financial Transaction Report (FTR) has been submitted and approved.
The Balance Sheet shows a strong cash position.

Public Comment: None

Motion: To approve April Financials and Interest & Reserve Report by Mr. Randolph

Second: Ms. Hack

Vote: 5-0

- Budget: (2021-2022) Draft:

Still trying to figure out the Hospital lease into the Budget. It is not complete and needs more review. Will present at June Board Meeting for approval.

- Career Technical Education - Medical Program (CCOE):

(See Packet Pages 130-141)

This Program is designed to address Health Care Professional Shortages and Extend Educational Career Pathway Opportunities.

Looking to develop Public/Private Partnerships. Needing to add staff member

B. Ad Hoc Policy Committee:

- Mark Twain Health Care District Policies: Public Comment - **Action**

- ❖ Policy # 5 Committees of the Board: Public Information Officer: Auditors:

- ❖ Policy # 6 Board Meetings: Location, Time, Date, & Quorum:

- ❖ Policy # 7 Attendance at Meetings:

- ❖ Policy # 25 Reserve Policy:

- ❖ Policy # 27 Credit Card

- Resolution 2021-03 – Review / Change(s) to MTHCD Board Policies:

- ❖ **Resolution 2021-03:** Public Comment – **Action**

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Hack
Vote: 5-0

C. Ad Hoc Personnel Committee:

No new information to report.

D. Ad Hoc Grants Committee:

Met with Career Technical Education Group.

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

- The Party to GO-GO: Calaveras Youth Mentoring Sat. June 19th Drive-Thru Dinner:
- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.

B. Community Connection:

Celebration of life for Lewis Steele being held at the Pickle Patch in San Andreas from 12-5pm on Sunday, May 30th.

9. Next Meeting:

A. The next meeting will be Wednesday June 16, 2021 at 9am.

10. Adjournment: Public Comment - Action

Hearing None.

Public Comment: None
Motion: Mr. Randolph
Second: Ms. Minkler
Vote: 5-0
Time: 11:18am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: May 26, 2021 MTHCD Board Meeting

Time: May 26, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85732246291?pwd=L2NaTXBFZk91ZmInYXILRVErUGVBdz09>

Meeting ID: 857 3224 6291

Passcode: 411504

One tap mobile

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Find your local number: <https://us02web.zoom.us/u/kcoKMr20k9>

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MTHCD Project Matrix 06-8-2021

PROGRAM	DESCRIPTION	LEAD	CURRENT STATUS
Pharmacy	Retail Pharmacy, Valley Springs	Dr. Smart	Open
RoboDoc	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Planning for the next school year. Still Discussing coordinator position.
Behavioral Health	VSHWC Service	Susan Deax-Keirns	Two employees hired: collaborating with county behavioral health
Dental	DentiCal Service at VSHWC	Dr. Smart	Providing 30 dental appointments per week. Considering Dental Kids Day once a month. Meeting this week.
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Planning women's health center.
Stay Vertical	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services
Children's Advocacy Center	Medical Clearance Exams (MCE)	Peggy Stout	Renewed 5-year contract: subsidized by \$9k-\$12k per year. Planning Garage expansion.
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable: 2-yr anniversary
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	No budgeting for 2021-2022.
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending
FEMA Covid-19 vaccination funding	Federal Funding for Covid vaccination efforts	Dr. Smart Traci Tapps	\$37,995.15 Obligated by CAL-OES
FEMA Covid-19 Healthcare Expense funding	Federal Funding for Covid healthcare expenses	Dr. Smart Traci Tapps	\$67,715.86 Pending FEMA review
Rural Health Clinic COVID-19 Testing and Mitigation Program	~ \$100,000 no application, reporting required American Rescue Plan Act of 2021.	Dr. Smart	\$100,000 Pending \$123,000 already received
Community Hospital Corporation	USAC RHC internet connectivity grant 60% of cost reimbursed through vendor invoice off-sets.	Dr. Smart	\$5000 per year, Pending
Health Resources Service Association Grant	Grant to increase covid vaccination compliance.	Dr. Smart Traci Tapps	\$50,000

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: VSHWC Recruitment and Retention	REVIEWED: <u>5/20/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>June Board Meeting</u>	MEDICAL DIRECTOR:

Subject: : Recruitment and Retention

Objective: To outline the VSHWC Recruitment and Retention plan such that these processes are optimized. Administration will ensure this plan is referenced periodically and, in all cases, where there is active recruitment and retention. This plan is primarily focused on efforts related to providers, nurses, manager, and ancillary specialists.

Response Rating:

Required Equipment:

Point of Contact: VSHWC Medical Director, VSHWC CEO

Recruitment:

1. Recruitment will be done by a team including HR, CEO, Medical Director, And legal when applicable.
2. Media to be considered are Indeed, Facebook, Website, National Health Service Corps (NHSC), local web and printed media, medical societies, blast email, and other. The recruiting team can also consider recruiting contractors, such as Cross-Country Search, etc.
3. Recruitment team will consider budget, scope of practice, duplication of services, county demographics, and clinic demand.
4. All applicants will be offered a walk-through tour of the Valley Springs Health & Wellness Center.
5. Applicants will undergo security profile investigation prior to hiring.
6. Recruiting team will make every effort to work with the NHSC generated applicants.
7. Acceptance of applications will be at the sole discretion of the VSHWC CEO in consultation with the VSHWC Medical Director.
8. Recruitment and hiring will conform with federal, state and District non-discrimination policies.
9. The recruiting team will be knowledgeable about Stark and Anti-kickback laws.

Retention:

1. The retention of all personnel, but especially those with a higher credentialing profile, will be a priority.
2. Retention is accomplished through timely personal communication.
3. Retention is the responsibility of administration, management, Medical Director, and HR.
4. Administration will track all contracts for independent contractors to assure the re-contracting process starts early enough to prevent delays or frustrations.
5. Re-contracting will be the responsibility of the VSHWC CEO and Medical Director. Information sources to be considered are budget, productivity, patient satisfaction, management's input, claims, and peer review data, and clinic priorities.
6. Any NHSC providers will be treated per NHSC guidelines.
7. The VSHWC CEO will have sole discretion over re-contracting decisions.

NEW POLICY

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Alternate Communications in Emergency Situations	DATE: 9/1/19; 2/25/20: <u>5/21/21</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20: <u>5/21/21</u>
EFFECTIVE: <u>3/25/20 June Board Meeting</u>	MEDICAL DIRECTOR

Subject: Alternate communications in emergency situations

Objective: To ensure personnel are able to communicate amongst themselves and with emergency services in the event of a clinic/community telephone/internet failure.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Personnel will be provided with a confidential list of personnel (including provider personnel) so as to maintain those contacts in their personal cell phone for access when Clinic telephone service malfunctions. The list will be updated monthly and the content will not be shared with persons not employed or under contract with the Clinic.
2. The personnel list (with phone numbers) will be available in the Clinic at the following locations:
 - a. ~~Front of the "Staff Huddle Binder"~~ Manager's Office in the staff schedule binder
 - b. At the receptionist desk
 - c. The nurses' station
 - d. Radiology department workstation
 - e. Incident Command Binder/Emergency Operations Binder
3. The Clinic will purchase and maintain a minimum of the following emergency communications equipment:
 - a. Dual band (VHF/UHF) two way radios
 - b. Active and supplemental batteries for said radios
4. Staff will be oriented to the use of the radios as part of their Emergency Preparedness training.
5. Batteries will be charged and radios tested monthly.
6. Radios, batteries and chargers will be stored in the clinic in an accessible location.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Exposure Control Plan	REVIEWED: 3/1/19; 2/18/20; 5/21/21
SECTION: Infection Control	REVISED: 2/18/20; 5/21/21
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Exposure control plan

Objective: To ensure compliance with OSHA and FOSHA blood borne pathogen and universal precaution standards.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Exposure determination
 - a. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The job classifications in this category are nurse practitioners, physician assistants, registered nurses, licensed vocational nurses, medical assistants, radiology technicians.
2. Tasks and procedures that may expose employees to blood borne pathogens
 - a. The scope of occupational tasks and procedures that may expose Clinic employees to blood borne pathogens is rapidly changing. This is intended to be a general guideline against which all tasks can be measured.
 - b. Any tasks and procedures that could be reasonably anticipated to provide contact with the employee's skin, eye, mucous membrane, or blood with potential infectious materials are included. Potentially infectious material means:

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, peritoneal (abdominal cavity) fluids, amniotic fluid,

saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV or HCV-containing culture medium.

3. Compliance methods

a. Universal precautions

- i. Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials. See universal precautions policy.
- ii. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

b. Engineering and work practice controls

- i. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees.
- ii. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.
- iii. The following engineering controls shall be utilized:
 - Disposable sharps waste containers
- iv. The above controls shall be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
 - Sharps containers shall be checked with each use and changed when three-quarters (3/4) full or every 90 days, whichever comes first.

c. Hand washing facilities

- i. See hand washing and glove use policies.
- ii. Hand washing facilities or hand sanitizers are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure and are located in each patient care area.

- d. Eyewash station
 - i. The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.
 - ii. The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.
 - iii. The employee will flush eyes for 15 minutes holding both eyelids open.
 - iv. The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands free operation. The inspection will last no less than 3 minutes.
- e. Needles
 - i. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled sharps container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.
 - ii. OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
- f. Containers for reusable sharps
 - i. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate, hard-sided containers for the purpose of moving the item(s) from the patient care area to the designated sterilization area.
 - ii. Those containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.
- g. Work area restrictions
 - i. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, handle contact lenses. Food and beverages are not to be kept in

refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

- ii. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 - iii. All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- h. Specimens
- i. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
 - ii. The container used for this purpose shall be labeled or color-coded in accordance with the requirements of the OSHA universal precautions.
 - iii. Primary containers that contain specimens which could puncture the container or are contaminated shall be placed within a secondary container which is puncture resistant and prevents leakage during the handling, processing, storage, transport, or shipping.
 - iv. Refrigerators or other storage areas where specimens are kept shall not contain food or drink. They shall be labeled in compliance with the OSHA universal precautions.
- i. Contaminated equipment
- i. Equipment that has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.
 - ii. Decontamination shall be performed as necessary unless the decontamination of the equipment is not feasible.
- j. Personal protective equipment
- i. All personal protective equipment used at this facility shall be provided without cost to employees.
 - ii. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of time, which the protective equipment shall be used.

- iii. Protective clothing shall be provided to employees within the work area where exposure is reasonably expected to potentially infectious materials.
- iv. All personal protective equipment shall be cleaned, laundered, and disposed by of by the employer at no cost to employees. The employer at no cost to employees shall make all repairs and replacements.
- v. All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area.
- vi. Gloves shall be worn where it is reasonably anticipated that employees shall have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall be available in every patient care area. Specialized gloves, powderless or hypoallergenic gloves shall be made available to any employee requesting them. They shall be kept in an area central to the employee's workspace.
- vii. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
- viii. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye/nose, or mouth contamination can reasonably be anticipated. This shall include work procedures that require pouring of potentially infectious liquids.
- ix. Appropriate protective clothing, such as gowns, aprons, or similar outer garments that are impervious to liquids are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and skin or clothing contamination can be reasonably anticipated.
- k. Contaminated work surfaces, containers, and glass
 - i. All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the day if the surface may have become contaminated since the last cleaning.
 - ii. All bins, pails, can, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container. The Clinic staff shall assume responsibility and documentation of this shall be maintained.

- iii. Any broken glassware, which may be contaminated, shall not be picked up directly with their hands. Broken glass clean up shall be accomplished using a broom and dustpan.
- I. Regulated waste disposal
 - i. All contaminated sharps shall be discarded as soon as feasible in a sharps container. Sharps containers are located in each area in which sharps are used with potentially infectious materials.
- m. Waste handling
 - i. Waste that contains blood or other potentially infectious materials shall be placed in bags that confirm to the OSHA universal precautions in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed in a manner consistent with the hazardous waste regulations of the state and federal government.
- n. Hepatitis B vaccine
 - i. All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.
 - ii. The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- o. Employee tuberculosis protocol
 - i. Employee training
 - a. Upon employment all employees will be trained about TB transmission, symptoms, medical surveillance, and therapy.
 - ii. Employee surveillance
 - a. Upon employment, the Clinic offers PPD skin test at no charge to employees
 - The PPD skin test is also immediately offered to any employee who is exposed to known or suspected TB patients.
 - The PPD skin test is administered to any employee that presents with TB symptoms.
 - The PPD skin tests are administered once as an initial baseline screen, annually for all employees, every six months for workers with known exposure.

- The physician/nurse practitioner will promptly evaluate any employee who has a positive PPD test.
 - Any employee that has active TB will be placed under the care of a physician, local health department or physician of employee's choice (as circumstances dictate). The medical director will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
 - Document exposures on the OSHA form 300, 300A, and 301.
- b. Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the ~~Human Resources Director~~ Clinic Manager.

4. Post-exposure evaluation and follow-up

A. Post-exposure evaluation

1. When the employee incurs an exposure incident, it shall be reported to the physician who shall ensure that a personal accident/incident form and OSHA forms 300, 301A, and 301 are completed and that the physician or nurse practitioner sees the employee immediately. The following information must be included on the OSHA forms:
 - Name and SSN of employee
 - Date and description of incident
 - Type of PPE worn (or not worn)
2. All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standards.
3. Testing should occur as soon as possible. The employee will be tested for HBV, HCV, HIV/AIDS. If the employee declines to be tested they must sign a statement indicating their refusal to be tested and their serum should be saved for 90 days.

B. Interaction with health care professionals

1. The physician shall provide a written opinion for the following post-exposure instances:
 - When the employee is sent to obtain the Hepatitis B vaccine.
 - Whenever the employee is sent to a health care professional following an exposure incident.
2. The written opinion shall be limited to:
 - a. Documentation of the incident;
 - b. Identification and documentation of the source, unless prohibited by law;

- c. Determination of need for the employee to receive the Hepatitis B vaccine and if the employee has received the vaccine;
 - d. That the employee has been informed of the results of the evaluation; and
 - e. Instruction that should be given to the employee regarding any medical conditions that could result from exposure to blood and/or other potentially infectious materials.
3. The employee shall be provided a copy of this written opinion within 15 days of the completion of the evaluation.

C. Training

1. Training for all employee shall be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.
2. Training shall include the following explanation of:
 - The OSHA universal precautions for blood borne pathogens
 - Epidemiology and symptomology of blood borne diseases
 - Modes of transmission of blood borne pathogens
 - This exposure control plan
 - Procedures that might cause exposure to blood or other potentially infectious materials at the Clinic
 - Personal protective equipment available at the Clinic
 - Who should be contacted, and follow-up procedures concerning an exposure incident; post-exposure evaluation
 - Signs and labels used at the facility
 - Hepatitis B vaccine program at the Clinic
3. The training shall provide an opportunity for interactive questions and answers by a person knowledgeable in the subject matter.

D. Record keeping

1. Medical records
 - a. Shall contain requirements for documentation of incidents.
 - b. Records cannot be disclosed without consent.
 - c. Records must be maintained throughout employment plus thirty (30) years.
2. Training
 - a. Dates, attendance, and SSN of attendees shall be documented.

- b. Records shall be maintained for a minimum of three (3) years.

5. Needlestick safety and prevention act

A. Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood borne pathogens.

B. The Clinic will involve non-managerial workers in evaluating and selecting safety engineered devices ~~-,~~ [in the event of a safety issue or change of device.](#)

1. Sharps evaluation procedure

a. The Medical Director will:

- i. Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.) Employees chosen for the sharps evaluation procedure should currently use a similar category of product in the Clinic.
- ii. Provide visual instructions and demonstrate the proper use of each device. Be sure testers can evaluate products in a simulated patient environment.
- iii. Review the instructions and rating system with each evaluator.
- iv. Require each evaluator to complete an evaluation form.
- v. Review responses on evaluation forms; make conclusions, and recommendations.

b. The evaluators will:

- i. Re-enact all steps of intended or possible procedures performed with the device.
- ii. Attempt to misuse the device and circumvent or disable the safety feature.
- iii. Answer each question on the evaluation form including any short answer sections at the end. If you do not understand a question, the evaluator will write their comments directly on the sheets.

- C. The Clinic will maintain a sharps injury log that ensures employee privacy and contain, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.

REVISED

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Formulary	REVIEWED: 4/1/19; 3/2/20; 5/21/21
SECTION: Medication Management	REVISED: 3/2/20; 5/21/21
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Formulary

Objective: A formulary for the Clinics will be developed, followed and updated.

Response Rating:

Required Equipment:

Procedure

1. A Clinic formulary will be developed, followed and updated after consultation with the Medical Director, Dental Director, Clinic practitioners, and other appropriate personnel, as required.
2. Additions, deletions, revisions to the formulary will be managed through the use of a chargemaster management form, as required by policy. At a minimum, the form will document who requested the change, item details, CPT code, charges, addition to chargemaster, staff training.
3. Clinic formulary will be approved by the Medical Director.
4. Strengths of medications will be limited to the smallest number of variations required to appropriately address patient needs.
5. Additions, deletions, and other changes to the Formulary will be discussed at the [Clinic Medical Director QAPI](#) meeting(s), and must be approved by the Medical Director.
6. A copy of the current formulary will be available in the Clinic for review by practitioners, at their request.
7. A copy of the current formulary will be available in the Clinic in the medication management area.
8. Monthly Medication Management surveys of the Clinic will include inventory review using the Formulary as a resource.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Management Of Referral Requests	REVIEWED: 11/12/18; 2/18/20; <u>5/21/21</u>
SECTION: Admitting	REVISED: 2/18/20; <u>5/21/21</u>
EFFECTIVE: <u>3/25/20 June Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Management of referral requests

Objective: To ensure prompt attention is paid to referral orders and to ensure the process is completed timely.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A system is set-up to track and manage the referral process.
2. Upon determining that a referral is required, the provider will document same in the medical record and will provide the necessary details in the form of an order:
 - a. Service type (consultation, imaging study, etc.)
 - b. Provider preferred (if appropriate)
 - c. Purpose of referral
 - d. Time frame (number of days/weeks/months) before reminder will appear
 - e. The provider will need to sign and close the chart for the staff to have access to send the needed records with the referral
3. Upon completion of the order, staff will log receipt of the referral and start the authorization and referral process.
4. The Referral Clerk or Medical Assistant assigned will have primary responsibility for obtaining authorization for referral services and will follow through with the insurance carriers to obtain authorization and will document same in the medical record.
5. Delays in obtaining authorization will be documented in the medical record and communicated to the provider and the patient.

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Management of Referral Requests
Policy Number 103

6. If the authorization is denied, the denial will be documented in the EMR and the provider will follow-up with the patient.
7. If the authorization is given, ~~the designated staff member will work with~~ the referral provider and the patient will work together to schedule the necessary appointment. ~~and The referral provider may provide appointment information, or staff will follow-up and~~ will document appointment details in the EMR.
 - a. Should the patient prefer to schedule their own appointment directly with the referral provider, they will be empowered to do so.
 - b. Staff will function relative to the patient's preference and will document same in the EMR.
8. The referral provider's report will be received at the Clinic and will be scanned into the EMR.
 - a. If the document is sent via USPS, it will be faxed (use Athena Net front and back fax pages) for inclusion in the patient's EMR.
 - b. If the document is sent via fax, it will be "intercepted" by Athena Net and included in the patient's EMR.
9. Should there be a delay in receipt of the report, designated staff member will follow up with phone calls to the referral provider's office. EMR ~~flags~~ will alert to the absence of the report via a reminder in the clinical inbox.
10. A task will appear on the provider's worklist to indicate the referral report has been received. After the provider has reviewed the report and documented next steps, the task will appear as complete.
11. Staff will be notified, via the EMR tasks functionality, if the provider wishes the patient to return to the Clinic to discuss the referral appointment/report.
12. If no appointment is necessary and communication via telephone or patient portal is sufficient, provider will complete that/those tasks and document same in the EMR.
12. The EMR tickler system will notify both provider and staff if the processing of an authorization, scheduling of an appointment, or completion by the patient of the appointment is not completed by the previously designed time frame.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Processing X-Ray Requisitions	REVIEWED: 2/1/19; 3/1/20; 5/21/21
SECTION: Patient Care	REVISED: 3/1/20; 5/21/21
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Processing X-Ray Requisitions

Objective: To ensure efficient and timely processing of radiology orders and the subsequent access to newly available images.

Response Rating:

Required Equipment:

Procedure:

1. Confirm that patient has been registered at the registration desk.
2. Confirm and Identify correct patient
3. Upon receipt of any x-ray request/order, ~~log the request into the Radiology Department PACS system at the x-ray console. the tech opens the order on the Viztech System computer.~~
- ~~4. Enter required information into the Viztec DR machine.~~
- ~~45.~~ Take images as ordered then transfer the images to Novarad PACS.
- ~~56.~~ For Clinic patients, after images have been taken:
 - a. Track exams in the EMR (click on x-ray check exam complete)
 - b. Notify provider that the x-rays are ready on the patient (specify)
- ~~67.~~ All x-ray requests are ~~scanned into-located nin the~~ PACS ~~System~~ for radiologist reference.
- ~~78.~~ Copy of completed order is given to billing for confirmation purposes.
- ~~89.~~ Upon reading, report is ~~taken-sent~~ from PACS ~~and-scanned into the-to the~~ EMR for review by the ordering provider.
- ~~10. Retain requisition and printed report for six months with stamped confirmation of being scanned into PACS and EMR.~~

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Waived Testing - Fecal Occult Stool	REVIEWED: 2/20/20: <u>5/21/21</u>
SECTION: Clinical	REVISED: <u>5/21/21</u>
EFFECTIVE: <u>3/25/20 June Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Occult Stool, waived test

Objective: To ensure accurate waived test processed and resulting

Response Rating:

Required Equipment:

Procedure:

1. Upon receipt of written order from the provider, give the patient the hemoccult packet that contains instructions on how to prepare for the test, such as diet and medication to take or not before performing the test, along with the specimen collection tool.
2. If the patient will be taking the kit home to collect the specimen, instruct the patient to bring the card back to the Clinic when specimen collection is completed, ~~if the patient is sent home to perform the test.~~
3. Once completed, the nurse or medical assistant will don PPE and then place two drops of hemoccult developer on the backside (opposite side of the collected specimen) of the card along with one drop on the control dots. A positive result should appear blue/purple in color. Upon seeing this result, the test must be repeated.
4. The result must be read within one minute of applying the developer to the card.
5. The control performance monitor should be read within ten seconds of applying the developer on the control dot.
6. Document the results in the patient's medical record.
7. When the test is done in the Clinic during the course of a clinic visit, place the stool specimen on the card on the front specimen side.
8. Let the specimen dry on the card for three to five minutes before applying the developer as noted above and record the results in the EMR.

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9. Complete the result as noted above.

REVISED

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Conflict Of Interest	REVIEWED: 8/12/19; 2/24/20; 5/21/21
SECTION: District	REVISED: 2/24/20
EFFECTIVE: 3/25/20-June Board Meeting	EXECUTIVE DIRECTOR:

Subject: Conflict of Interest

Objective: The purpose of this policy is to protect Mark Twain Health Care District’s interest when it contemplates entering into a transaction or arrangement that might benefit the private interest of an employee.

This policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interest applicable to nonprofit organizations.

Response Rating: Mandatory

1. Definitions:

- a. *Conflict of Interest* - occurs when a covered person solicit or accepts gifts, does business with the District and/or engages in prohibited employment or business relationships, accepts unauthorized compensation, misuses their position, or discloses or uses certain information.
- b. *Covered Person* - Any employee.
- c. *Contract* - means and includes any written agreement.
- d. *District* - the Mark Twain Health Care District and its affiliated entities including, but not limited to Valley Springs Health and Wellness Center.
- e. *Exempt Employee* - an employed executive, administrative, professional, computer, or outside sales position and is not subject to the minimum wage and overtime provisions
- f. *Gift* - something which is paid or given by a person or entity to a Covered Person, directly or indirectly. This may include, but not limited to; real property, a preferential rate or terms on a loan, debt, goods or services, food or beverages, membership dues, entrance fees, admission fees, tickets to events, performances, facilities, parking or lodging.
 - i. Gifts may not exceed \$25.00 per gift and/or \$500.00 per year.

2. Procedure:

- a. Duty to Disclose- In connection with any actual or possible conflict of Interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the CEO.
- b. Recusal of Self - Any employee may recuse himself or herself at any time for involvement in any decision or discussion in which the employee believes he or she or may have a conflict of interest, without going through the process of determining whether a conflict of interest exists.
- c. Determining Whether a Conflict of Interest Exists - After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the meeting with the CEO while consideration of a conflict of interest is discussed and determined.
- d. Procedure for addressing the Conflict of Interest - An interested person may make a presentation to the CEO, but after the presentations, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The CEO shall, if appropriate, appoint a disinterested person to investigate alternatives to the proposed transaction or arrangement.

3. Violations of the Conflict of Interest Policy:

- a. Violations include, but are not limited to: bribery, payments for appointments to offices, willful or corrupt misconduct in office, embezzlement, misuse of public funds, prohibited political activities, conviction of a crime.
- b. If the CEO has reasonable cause to believe an employee has failed to disclose actual or possible conflicts of interest, it shall inform the employee of the basis for such belief and afford the employee an opportunity to explain the alleged failure to disclose.
- c. If after hearing the employee's response, the CEO still determines the employee has failed to disclose an actual or possible conflict of interest, they shall take appropriate disciplinary and corrective action.

Resources:

<http://www.fppc.ca.gov/Form700.html>

FPPC Form 700 Reference Pamphlet (2015/2016)

Special District Board Member/Trustee Handbook

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Critical Alert Value Notification	REVIEWED: 2/1/19; 2/23/20; <u>5/21/21</u>
SECTION: Patient Care	REVISED: 2/23/20
EFFECTIVE: <u>3/25/20-June Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Critical alert value notification

Objective: To define policy and procedure to identify and report critical and alert test values.

Response Rating: Mandatory

Required Equipment:

Definition:

Critical: potential to be imminently life threatening

Alert: vital to patient management but not imminently life threatening

Procedure:

1. All point-of-care (waived) laboratory testing performed in the Clinic will be immediately reviewed by the attending and ordering practitioner at the time of the patient's visit.
2. All laboratory specimens that are sent to an outside lab will be reported via electronic transmission, with results populating the EMR. The practitioner will review results in the EMR in a timely manner.
3. If a test is sent out and a critical lab value results, the outside lab will contact the Clinic Manager via telephone to report the critical value. This will be read back and the Clinic Manager will contact the provider or Medical Director for further orders/action.
4. The Clinic Manager will document receipt of the results and their communication with the provider/Medical Director in a patient case in the EMR.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Demonstrated Competency	REVIEWED: 3/1/19; 2/23/20; 5/21/21
SECTION: Workforce	REVISED: 2/23/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Demonstrated Competency

Objective: To ensure personnel are capable of performing the tasks required by their position, competency will be demonstrated at the time of on-boarding and annually thereafter, in accordance with the Demonstrated Competency Checklist(s) in place at the time.

Response Rating: Mandatory

Required Equipment:

Definitions:

Demonstrated Competency: The ability to perform a work role or task to a demonstrated defined standard. To meet a competency standard, the activity is performed under specified conditions to the specified standard of performance.

Procedure:

1. Prior to assuming duties without direct supervision, all personnel will demonstrate competency according to the Demonstrated Competency Checklist currently approved for their job description.
2. Annually, all personnel will demonstrate competency according to the Demonstrated Competency Checklist currently approved for their job description.
3. Upon addition of new patient care equipment, patient care procedures, and/or waived testing kits in the Clinic, personnel will participate in orientation/education and then demonstrate their competency.
 - a. Training will be documented with educational materials and documentation of personnel participation retained.
 - b. After training is completed, competency will be demonstrated, documented and added to the current Demonstrated Competency Checklist as a “write-in”.
4. Annually, the Demonstrated Competency Checklist will be reviewed to ensure it accurately reflects the processes, equipment, techniques that are pertinent to the Clinic environment with new processes, equipment, and techniques added and unnecessary elements deleted.

5. The Medical Director will complete Demonstrated Competency evaluation and documentation for Nurse Practitioners and Physician Assistants.
6. The Dentist will complete Demonstrated Competency evaluation and documentation for Registered Dental Assistants and Dental Hygienists.
7. A Registered Nurse will complete Demonstrated Competency evaluation and documentation for the Medical Assistants and Licensed Vocational Nurses.
8. Registered Nurse and/or Nurse Practitioners will complete Demonstrated Competency evaluation and documentation for the Registered Nurse(s).
9. The Radiologist will complete Demonstrated Competency evaluation and documentation for the clinic work performed by the Radiology Technicians. The Office Manager or their administrative designee will complete Demonstrated Competency evaluation and documentation for any administrative responsibilities of the ~~Radiology~~ Radiology Technicians.
10. The administrative designee will complete Demonstrated Competency evaluation and documentation for Front Office personnel and any persons assigned responsibilities for billing and coding functions.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Earthquake Or Weather Emergency	REVIEWED: 8/30/19; 2/25/20; 5/21/21
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Earthquake or weather emergency response/management

Objective: To ensure the safety of patient, personnel, and visitors in the event of an earthquake or weather-related disaster.

Response Rating: Mandatory

Required Equipment:

Procedure:

In the event of a fire or weather-related disaster:

1. Patients and visitors will be moved to the safest location(s) within the Clinic, as follows:
 - A. Earthquake
 - i. Structurally strong interior spaces, excluding doorways.
 - ii. Away from objects on shelves that may fall and cause injury
 - iii. Exterior areas which are not under trees, near power poles, or other tall structures (parking lot, as designated in Emergency Preparedness Plan)
 - B. Weather-related disaster
 - i. In the case of a high wind storm/tornado, persons will be moved to interior rooms without windows. (See Shelter in Place Policy)
 - ii. In the case of a rainstorm causing flooding, persons will be moved to rooms that are dry and/or have furniture that will allow the person to be up and away from the water.
 - iii. The Clinic Manager or designee will ensure that a census of the patients and visitors is developed, with any special needs noted (requirement for oxygen, medication, additional supervision, aided support) and addressed as quickly as possible and documented in a medical record.
 - iv. If required, utilities will be terminated at the source:

Service Type	Source Location
Natural gas	Exterior of building
Electrical service	Electrical panel
Water	Exterior of building

- v. Clinic Manager or designee will contact 911 if assistance is required to evacuate or render care to patients, visitors and/or personnel.
 - vi. Clinic Manager or designee will contact the Administrator to advise emergency situation and request support, if required.
 - vii. Clinic Manager or designee will meet emergency personnel when they arrive.
 - viii. Clinic Manager or designee will record all actions taken and include that information in their Incident Report.
 - ix. Clinic Manager will prepare a thorough incident report and forward that report to the Administrator.
 - x. Clinic Manager will contact the Chief Executive Officer for assistance in identifying damage to the premises and to coordinate arrangements for the repair and replacement of damaged facilities and equipment.
 - xi. The Chief Executive Officer will notify Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continue use, and if not, what alternate arrangements have been made so that care of the patients may continue.
2. Clinic staff should prepare to receive additional patients that may result from the situation.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: EKG	REVIEWED: 2/1/19; 10/28/19; 2/23/20; <u>6/01/21</u>
SECTION: Patient Care	REVISED: 10/28/19; 2/23/20
EFFECTIVE: <u>3/25/20 June Board Meeting</u>	MEDICAL DIRECTOR:

Subject: EKG

Objective: To obtain a clinical picture of cardiac rhythm and activity.

Response Rating: Moderate to Severe

Required Equipment: EKG Machine, computer (EMR) access

Procedure:

Prepare the patient:

The quality of an EKG/ECG is dependent on the preparation and resistance between the skin and the electrode. To ensure a good quality EKG/ECG and minimize the skin/electrode resistance the following must be completed:

1. Explain the procedure to the patient. Obtain the patient's height, weight, blood pressure, pulse, and current medications. Document in the EMR.
2. Direct the patient to remove all clothing from the waist up and put a gown on with the opening to the front.
3. Direct the patient to lie in a recumbent position. Ensure the patient is warm and relaxed and advise to be as still as possible and not to talk during the procedure.
4. Shave electrode areas if indicated using a disposable razor.
5. If patient is perspiring or has applied any lotions or creams, clean area with an alcohol swab.
6. Attach the electrodes to the patient's limbs and chest as labeled. The leads are coded and numbered:
 - a. RA = Right Arm
 - b. LA = Left Arm
 - c. RL = Right Leg
 - d. LL = Left Leg

- e. C = Chest - (6 leads attached in sequence)

Connect the EKG to the laptop computer while the EMR program is open to the patient's record:

1. Plug the EKG machine into the laptop computer.
2. Follow the instructions as displayed on the computer screen.
3. Capture the image and print the results.
 - a. All EKG results will be read by the ordering practitioner and over-read by an internist on the Clinic Medical Staff.

In the event of a borderline abnormal reading, excluding obvious and definitive Myocardial Infarction:

1. Practitioner will check the lead placement to assure proper lead placement by the MA/Nurse was performed.
2. Adjust the leads and repeat ECG may be indicated upon order from the treating practitioner.

Documentation of findings:

1. The Internal Medicine physician will document their findings on the EKG image using written text.
2. The annotated image will be returned to the ordering practitioner, attached to a patient case, sending the annotated and signed image to the Clinical Inbox.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Emergency Ambulance Transfer	REVIEWED: 9/11/19; 2/23/20; 5/21/21
SECTION: Patient Care	REVISED: 2/23/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Emergency Ambulance Transfer documentation preparation

Objective: To assist the Clinic staff in the transfer of a patient, via ambulance, to a higher level of care.

Response Rating:

Required Equipment:

Procedure:

1. When notified that a patient will be transferred to a higher level of care, the Medical Assistant will assist by printing two sets of insurance cards, patient demographic sheets and the Patient Care Summary from the EMR..
2. One set of the copies will be sent with the medics.
3. The second set of copies will be provided to the responding medics for use by the ambulance company.
4. Both sets of copies will be given to the nurse or medical assistant, who will be responsible for giving them to the ambulance team.
5. The provider or nurse will provide the documents and report to the medic(s).
6. The practitioner will document the medical record by selecting procedure code "MISCOUT AMB". This code will ensure the patient's departure by ambulance will be captured for reporting purposes.
7. For minor patients, the practitioner should speak with the parent(s)/caregiver(s) regarding:
 - i. The reason for the transfer
 - ii. Location of transfer
 - iii. Directions to the transfer location
8. The provider should call the receiving facility emergency department to provide a report to the provider at that location.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Equipment Management	REVIEWED: 11/12/18; 2/18/20; 5/21/21
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Equipment Management

Objective: Designated equipment in service for the care and treatment of patients will be inspected, tagged, and in good working order. The Clinic will maintain a current inventory of all equipment and will interface with an appropriate biomedical vendor to provide a Preventative Maintenance program that will ensure all equipment used in the diagnosis, treatment, and therapy of patients is properly maintained and will meet the standards required by Title 22 and community standards.

Response Rating:

Required Equipment:

Procedure:

1. All equipment in the Clinic will be evaluated for inclusion in a Preventative Maintenance program that will:
 - a. Prolong the life or improve the operation of the device.
 - b. Identify a failure or discrepancy not readily apparent to the normal user.
 - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
 - d. Provide management reporting of equipment history reports and failure modes.
2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available and updated when new equipment is delivered and used equipment is retired.
3. New equipment delivered to the Clinic may not be placed until it has received a Bio-Medical Inspection and sticker and is cleared for use. Where required, staff will be trained and competency documented before the equipment is placed into use.
4. Preventative Maintenance will be performed for all patient care equipment that is available to the Clinic. Inspections will be performed consistent with manufacturer recommended specifications. If no manufacturer recommendations are made, inspections will occur annually.
4. All equipment service will be documented.

- a. A copy of all service work paperwork will be kept in the Clinic in the Manager's office.
 - b. A summary of service history will be provided periodically to help identify failure trends.
 - c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.
5. Inspection and repair of equipment is the responsibility of the Clinic Manager and/or designee.
- a. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinic Manager.
 - b. A maintenance request form will be completed for each instance of equipment removed from use for malfunction. The maintenance form will be returned to the Clinic Manager upon completion of the repair with the completed form retained to demonstrate compliance with policy and procedure.
 - c. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and necessary credentials.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURE**

POLICY: Exam Table And Exam Room Cleaning And Disinfection	REVIEWED: 3/1/19; 3/5/20; 5/21/21
SECTION: Infection Control	REVISED: 3/5/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Exam Table and Exam Room Cleaning and Disinfection

Objective: To reduce nosocomial infections to patients and staff, ALL non-autoclavable materials and surfaces will be sanitized and cleansed with approved agents that are used according to manufacturers' instructions.

Acuity Rating: Mandatory

Procedure:

1. Exam tables, dental treatment chairs, guest chairs, gurneys, and wheelchairs shall be cleaned between patients.
2. All table paper, pillow covers and dental equipment sleeves and shields will be changed between patients.
3. All exam tables will be wiped with approved sanitizing wipes between patients and allowed to air dry.
4. Surfaces coming into direct contact with a patient or used during a treatment or procedure, will be wiped with sanitizing wipes and allowed to air dry.
5. Blood and body fluids must be thoroughly cleaned from all surfaces prior to disinfecting.
6. For large amounts of blood and/or body fluids, an approved spill kit will be used.
7. Allow moisture left on surface from cleaning products to air dry. DO NOT WIPE SURFACES TO DRY.
8. Wipes can be used once gross contamination is removed.
9. Disposable gloves and personal protective equipment (PPE) are to be used while cleaning and to prevent direct contact with blood, body fluids and any surface that may be contaminated by an infectious source.
10. When cleanup is finished, remove gloves and PPE and wash hands.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Fluoride Varnish for Medical Pediatric Patients	REVIEWED: 7/8/19; 3/5/20; 5/21/21
SECTION: Patient Care	REVISED: 3/5/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR

Subject: Fluoride varnish use for pediatric patients

Objective: To define the appropriate use and application of oral fluoride varnish for pediatric patients.

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves

Procedure for Medical Clinic

1. Screening requirements for patients – infants through age 5
 - a. An inspection of the mouth, teeth, and gums must be performed at every health assessment visit. Dental caries are classified according to treatment needs, from routine dental referrals to referrals for emergency (immediate) treatment.
 - b. Document findings as required by the California PM 160 Dental Guide.
 - c. Assess risk for dental caries in accordance with relevant, reliable resources such as:
 - American Academy of Pediatrics - [Preventive Oral Health Intervention for Pediatricians](#)
 - American Academy of Pediatrics - [Oral Health Risk Assessment Tool](#)
 - National Maternal & Child Oral Health Resource Center – Bright Futures in Practice: [Oral Health--Pocket Guide](#) 2nd edition
 - d. Provide anticipatory guidance.
 - i. For prevention of caries and gum disease, key topics to emphasize include establishing a dental home, parents’/caregivers’ oral health, transmissibility of caries-causing bacteria, proper oral hygiene practices, fluorides, and dental sealants.
 - ii. Other important areas to stress include dental injuries (especially related to sports), tobacco use and oral cancer, eating disorders, and oral piercing. See [Table 2 Anticipatory Guidance for Oral Health](#), which contains age specific messages.

2. Fluoride varnish application
 - a. Practitioners and Clinic staff will be trained in the application of fluoride varnish and that

- training will be documented prior to the implementation of the fluoride varnish program.
- b. Practitioners will provide a written order for the application of fluoride varnish, where it is determined such a service is appropriate for the pediatric patient. (Patients age 5 and less, no more than four times per year)
 - c. Apply the varnish according to the manufacturer's guidelines.
3. Post-application guidance for parents
- a. Child may drink water after application of fluoride varnish
 - b. Child should not eat any foods that are hard, crunchy, or chewy for the rest of the day
 - c. Do not brush or floss the child's teeth today or tonight
 - d. Brush and floss teeth beginning the next day
 - e. After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed.

Resources:

California Department of Health Care Services, Systems of Care Division
Child Health and Disability Prevention Program, Health Assessment Guidelines
March 2016

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Laboratory Electrical Safety	REVIEWED: 11/12/18; 2/18/20; 5/21/21
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Laboratory Electrical Safety

Objective: To present an overview of the Laboratory electrical safety policy.

Response Rating: Mandatory

Required Equipment:

Procedure:

All employees will be educated in and follow these guidelines for electrical safety:

- All electrical equipment will be regularly inspected and serviced per the Clinic’s preventive maintenance program.
- All employees will be trained in the proper handling and operation of equipment prior to use.
- All electrical equipment will be inspected prior to use. If any damage is noted to the electrical cords, junction, or casing, do not use.
- Never use electrical equipment on wet surfaces.
- Never yank electrical cords from outlets.
- Never leave electrical cords across walkways or door openings.
- Never use electrical equipment that does not have a grounded plug.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification and when a problem is suspected. If a new instrument is installed or initially checked by the manufacturer, the laboratory will have the required check performed at the next preventive maintenance cycle.
- Charging cords will not be left in the outlet with an exposed connector.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19; 2/19/20; 5/21/21
SECTION: Operations	REVISED: 3/27/17; 7/10/18; 2/19/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 4:30pm and will not register patients for care after 4:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their appointment, they will be treated as a walk-in patient and worked in to the schedule.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient's ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 4:00pm. Sports physicals may be performed after 4:00pm with confirmation from the practitioner.
3. Patients arriving at the Clinic without an appointment after 4:30pm with an acute complaint will be assessed by the registered nurse or provider on duty who will:
 - a. Assess chief complaint
 - b. Take and document vitals signs, if indicated.

In absence of a registered nurse or provider, the licensed vocational nurse or medical assistant will document chief complaint and vital signs.

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be seen by a medical practitioner:
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
 - l. Critical values on vital signs
 - m. Dental abscess/pain
6. Patients with urgent dental complaints will be seen by the dentist:
 - a. Dental abscess/pain
 - b. Broken tooth
 - c. Facial swelling
 - d. Facial pain

If the dentist is not present, schedule a same day appointment with a medical practitioner.
7. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
8. Patients requesting medication refills will be scheduled for an appointment on the following day.

9. Patients requesting physician “school notes” will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a “school note”.

BI-ANNUAL REVIEW

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Laundry and Linen	REVIEWED: 11/12/18; 2/18/20; 5/21/21
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Laundry and linen

Objective: To ensure use of sanitary gowns, drapes, and other laundry/linen, wherever possible disposable patient gowns, drapes, and sheets will be utilized.

Response Rating:

Required Equipment:

Procedure

1. Disposable patient gowns will be available in a variety of sizes, consistent with the patients served in the Clinic.
2. Disposable drapes will be available in a variety of sizes, consistent with the procedures performed in the Clinic.
3. Disposable table paper will be utilized to cover examination tables/chairs and will be replaced between patients.
4. Disposable will be utilized to cover any gurney located in the Clinic and will be replaced between patients.
5. Should cloth sheets be utilized, soiled sheets will be placed in a covered soiled laundry bin which will be located in the locked housekeeping closet.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Liquid Nitrogen	REVIEWED: 3/2/20; 5/21/21
SECTION: Patient Care	REVISED:
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Liquid Nitrogen

Objective: Safe use of Liquid Nitrogen in the Clinic for medical procedures.

Response Rating: Mandatory

Required Equipment: Safety gloves, eye protection, Dewar’s dipper

Procedure:

The safe handling and use of liquid nitrogen in liquid nitrogen Dewar’s requires knowledge of the potential hazards. The safety precautions as outlined must be followed to avoid potential injury or damage. Do not attempt to handle liquid nitrogen until you have been thoroughly trained and understand the potential hazards, their consequences, and the related safety precautions.

Liquid Nitrogen will be kept in a container, secured to the wall, and with a vented lid in the Biohazard room. A designated metal dipper will be kept near the container for the transfer of liquid nitrogen by staff from the storage vessel to the portable Dewar’s container.

The Liquid Nitrogen unit will only be refilled by the contracted vendor.

Handling Liquid Nitrogen: Contact with liquid nitrogen with the skin or eyes may cause serious freezing (frostbite) injury. It is always important to protect your hands and eyes when working with liquid nitrogen. ALWAYS use Cryo-gloves and the approved eye protection. The Cryo-gloves should fit loosely, so that they can be thrown off quickly if liquid should splash into them. Always wear the specific cryo-eye protection provided (safety glasses without side shields do not give adequate protection). These are located next to the Liquid Nitrogen.

Long pants (which should be cuff-less if possible) should be worn outside the shoes. Any kind of canvas shoes should be avoided because a liquid nitrogen spill can be taken up by the canvas resulting in a far more severe burn. **Handle liquid nitrogen carefully. Never allow any unprotected part of your body to touch objects cooled by liquid nitrogen.** Such objects may stick fast to the skin and tear the flesh when you attempt to free yourself. Use tongs, preferably with insulated handles, to withdraw objects immersed in the liquid, and handle the object carefully.

Maintenance: Always keep the unit clean and dry. Do not store it in wet, dirty areas. Moisture, animal waste, chemicals, strong cleaning agents and other substances which could promote corrosion should be removed promptly. Use water or mild detergent for cleaning and dry the surface thoroughly. Do not use strong alkaline or acid cleaners that could damage the finish and corrode the metal shell. Always keep unit upright. **Rough handling can cause serious damage to Dewar’s.**

Use only containers designed for low-temperature liquids: Cryogenic containers are specifically designed and made of materials that can withstand the rapid changes and extreme temperature differences encountered in working with liquid nitrogen. Even these special containers should be filled slowly to minimize the internal stresses that occur when any material is cooled. Excessive internal stresses can damage the container. Do not ever cover or plug the entrance opening of any liquid nitrogen Dewar. Do not use any stopper or other device that would interfere with venting of gas. These cryogenic liquid containers are generally designed to operate with little or no internal pressure. Inadequate venting can result in excessive gas pressure which could damage or burst the container. Use only the loose-fitting neck tube core supplied for closing the neck tube. Check the unit periodically to be sure that venting is not restricted by accumulated ice or frost.

Use proper transfer equipment. Only use the solid metal dipper to transfer the liquid nitrogen from the tank to the Dewar.

Nitrogen gas can cause suffocation without warning. Store and use liquid nitrogen only in a well - ventilated place: As the liquid evaporates, the resulting gas tends to displace the normal air from the area. In closed areas, excessive amounts of nitrogen gas reduce the concentration of oxygen and can result in asphyxiation. Because nitrogen gas is colorless, odorless and tasteless, it cannot be detected by the human senses and will be breathed as if it were air. Breathing an atmosphere that contains less than 19 percent oxygen can cause dizziness and quickly result in unconsciousness and death.

Note: The cloudy vapor that appears when liquid nitrogen is exposed to the air is condensed moisture, not the gas itself. The gas causing the condensation and freezing is completely invisible.

Never dispose of liquid nitrogen in confined areas or places where others may enter. Disposal of liquid nitrogen should be done outdoors in a safe place. Pour the liquid slowly on gravel or bare earth where it can evaporate without causing damage. Do not pour the liquid on the pavement.

First Aid Notice: If a person seems to become dizzy or loses consciousness while working with liquid nitrogen, move to a well-ventilated area immediately. If breathing has stopped, apply artificial respiration. If breathing is difficult, give oxygen. Call a physician. Keep warm and at rest. If exposed to liquid or cold gas, restore tissue to normal body temperature 98.6°F (37°C) as rapidly as possible, followed by protection of the injured tissue from further damage and infection. Remove or loosen clothing that may constrict blood circulation to the frozen area. Call a physician. Rapid warming of the affected part is best achieved by using water at 108°F/42°C). Under no circumstances should the water be over 112°F/44°C, nor should the frozen part be rubbed either before or after rewarming. The patient should neither smoke, nor drink alcohol. Liquid nitrogen burns could be treated as frostbite.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Registering Patient Complaints	REVIEWED: 2/1/19; 12/26/19; 2/14/20; 3/5/20; 5/21/21
SECTION: Operations	REVISED: 12/26/19; 2/14/20; 3/5/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns and correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment: Clinic patient complaint form; patient complaint forms provided by payor groups

Procedure:

1. Patient complaint regarding billing
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will explain the charges and insurance billing procedure.
 - c. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Biller(s) for further breakdown of charges.
 - i. If the Biller(s) is not available, the Clinic Manager will speak with the patient.
 - d. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Chief Executive Office for problem resolution.

2. Patient complaint regarding services rendered
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will refer patient and complaint to the Clinic Manager who will review and explain services rendered and attempt to resolve the patient’s complaint.

- c. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician, dentist, or mid-level provider for review and recommendation for resolution.
 - d. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Director for further discussion.
 - e. All patient complaints are to be routed to the Clinic Manager, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - f. Complaints will be included in the QAPI meeting agenda and addressed in that venue.
3. Patient complaint regarding Section 504 issues
 - a. Refer to Section 504 Grievance policy
 4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
 5. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.
 6. Patients are requested to contact Clinic Manager, the Clinic's accreditation agency should they have a complaint or grievance. Clinic Manager can be reach by telephone at 209-772-7070 or via the internet via <https://www.mthcd.org/valley-springs-health-wellness-center>.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Staff Meetings	REVIEWED: 2/1/19; 3/5/20; 5/21/21
SECTION: Operations	REVISED: 3/5/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Staff meetings

Objective: To ensure timely communication, knowledge-sharing, and issue resolution amongst all Clinic personnel in a leadership managed setting, mandatory, scheduled, agenda-driven staff meetings will be conducted on a regular basis, with advance notice to staff members, ensuring maximum participation.

Response Rating:

Required Equipment:

Procedure

1. Staff meetings will be scheduled on a routine basis, typically the first Wednesday of each month, at at the same time as the Medical Staff meeting so as not to interrupt the Clinic’s patient care schedule.
2. An agenda will be prepared in advance of each meeting, comprised of old business (not resolved at previous meetings) and new business.
3. Attendance will be taken at each meeting.
 - a. Employees may be absent from a meeting if they are ill, on a leave of absence, or vacation.
 - b. Employees not able to attend for one of the reasons noted above will review meeting minutes and sign-off.
 - c. Employees must attend a minimum of 10 mandatory meetings each year.
4. Minutes will be prepared during each meeting and made available to staff for their reference and for review if the staff member was absent from the meeting.
5. Staff is encouraged to offer agenda items to the Clinic Manager for inclusion on the meeting agenda.
6. Staff is encouraged to actively participate in each meeting, offering insight and recommendations.

7. Meetings may contain educational components relative to Clinic operations, new programs or devices, software, and/or technology.
8. The agenda may include outside speakers/presenters in addition to Clinic personnel.

BI-ANNUAL REVIEW

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Sterile Field	REVIEWED: 2/1/19; 3/10/20; 5/21/21
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Sterile Field

Objective: To provide sterile procedure field in the effort to prevent infection.

Response Rating:

Required Equipment:

Procedure:

1. A sterile drape is to be placed over a Mayo stand.
2. Do not place non-sterile items on the sterile drape sheet.
3. The Nurse, Medical Assistant, or Dental Assistant will consult with the practitioner as to which items are needed.
4. Requested items will be placed in their non-sterile package wrapping on the counter.
5. The practitioner will set up their own sterile field after donning sterile gloves.
6. Staff may be asked to assist with the opening of packages and other ancillary tasks in support of the practitioner.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 7/1/19; 2/18/20; 5/21/21
SECTION: Medication Management	REVISED: 2/18/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All pharmaceuticals are stored according to the manufacturer’s recommendations or, in the absence of such recommendations, according to a pharmacist’s instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
4. Proper consideration is given to the safe storage of poisons and flammable compounds.
5. Internal medications are stored separately from external medications.
6. Non-medications and flammables are not to be stored in medication refrigerators.
7. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). Medication rooms and drug storage area temperatures will be maintained within this range. A log will be maintained for each medication room to document the temperature daily. Clinic Manager and/or Designee will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Manager will be consulted to insure proper relocation.

8. Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
9. If the temperature is not within the specified range, the Clinic Manager will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented either directly on the Refrigerator Temperature Log.
 - a. Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°C (-4°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, the Clinic Manager and/or Designee will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The manufacturer will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Plant Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -20°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

11. Each refrigerator/freezer will have a serviceable temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Manager or designee to check and document the temperature twice daily.
 - b. Medication Rooms – Medication room(s) are to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, and Medical Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Dispense cabinets maintain control and storage of medications and keeps specific documentation of all transactions in regards to distribution and administration.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives **MUST** sign-in with the Clinic Manager and are allowed **ONLY** to the Clinic if approved by the Clinic Manager and/or Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without **PRIOR** approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, not more than a 14 days supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved by obtaining use data from the Medication Management System machine and refilling inventory based on use as identified by the Medication Management System report.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to insure counts are accurate based on use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts
2. In keeping with Clinic policy, Crash Carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Transfer Of Patient To A Hospital	REVIEWED: 3/1/19; 2/25/20; 5/21/21
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Transfer of the Patient to a Hospital

Objective: To ensure safe transport of a patient to the hospital with copies of all medical documentation.

Response Rating: Severe

Required Equipment: Patient chart, labs, pertinent paperwork, x-rays, Transfer Form, etc.

Policy: Patients requiring transport to the hospital should be informed of this decision by the practitioner. The practitioner will determine the appropriate mode of transportation based on patient condition.

The following guidelines should be followed prior to transport:

1. Call 911 as ordered by the practitioner.
2. All attempts to stabilize the patient prior to transport will be made by the practitioner and staff, in collaboration with EMS.
3. The practitioner will decide if the patient may be transported by private vehicle or ambulance.
4. Patients are to be properly prepared for transport with valuables given to family members or charge member of the ambulance.
5. AMA form will be completed and signed by patient or family member if the patient declines to go to the emergency room via the recommended transport or if they decline to go at all.
6. Copies of all test results and medical records should be made and given to the patient or charge member of the ambulance. If x-ray copying services are available, a copy of the film should be given to the patient. Original films should not be given out.
7. If being transferred by ambulance, the practitioner will provide the transport team with a verbal status report of the patient's condition.

Note: It is against Clinic policy for staff members to transport patients in private vehicles. If transport is non-emergency and all other alternatives for travel exhausted, the patient should be transported to the hospital by a taxi or other commercial mode.

BI-ANNUAL REVIEW

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Waived Testing Blood Glucose	REVIEWED: 8/28/19; 2/21/20; 5/21/21
SECTION: Waived Testing	REVISED: 2/21/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Waived Testing using the Quintet AC device

Objective: Testing of blood specimens for the purpose of determining the patient's blood glucose level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Quintet AC device.

Response Rating: Mandatory

Required Equipment: Quintet AC, test strip, lancet, gloves, cotton ball/gauze 2x2, dot bandaid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient's blood glucose level.
 - a. Ensure machine has batteries installed.
 - b. Turn machine on so that you may insert the test strip. Alternatively, machine turns on when the test strip is inserted.
 - c. Don gloves.
 - d. Assemble lancet, test strip (confirm in date), bandaid, cotton ball or gauze.
 - e. Warm patient's finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient's fingertip, along side of finger.
 - i. Squeeze fingertip to express drop of blood and wipe away first drop of blood before collection.
 - j. Squeeze fingertip to express drop of blood and fill test strip with blood and ensure capture area is full.

- l. Results should appear in 5 seconds.
 - m. Record results in EMR.
 - n. Remove test strip and dispose of in sharps container.
2. Alert the ordering practitioner [isof](#) the patient's results (in between patient encounters) if the test is abnormal (>126mg% fasting, > 140mg% non-fasting).
3. To clean machine
 - a. Turn machine off.
 - b. Wipe exterior of machine with germicidal wipe.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Waived Testing Hemoglobin A1C	REVIEWED: 12/27/19; 2/20/20; 5/21/21
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 3/25/20-June Board Meeting	MEDICAL DIRECTOR:

Subject: Waived Testing using the A1C Now Professional for Hemoglobin A1C

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin A1C level will be performed in the Clinic using approved waived testing technologies and techniques, a A1C Now Professional analyzer.

Response Rating: Mandatory

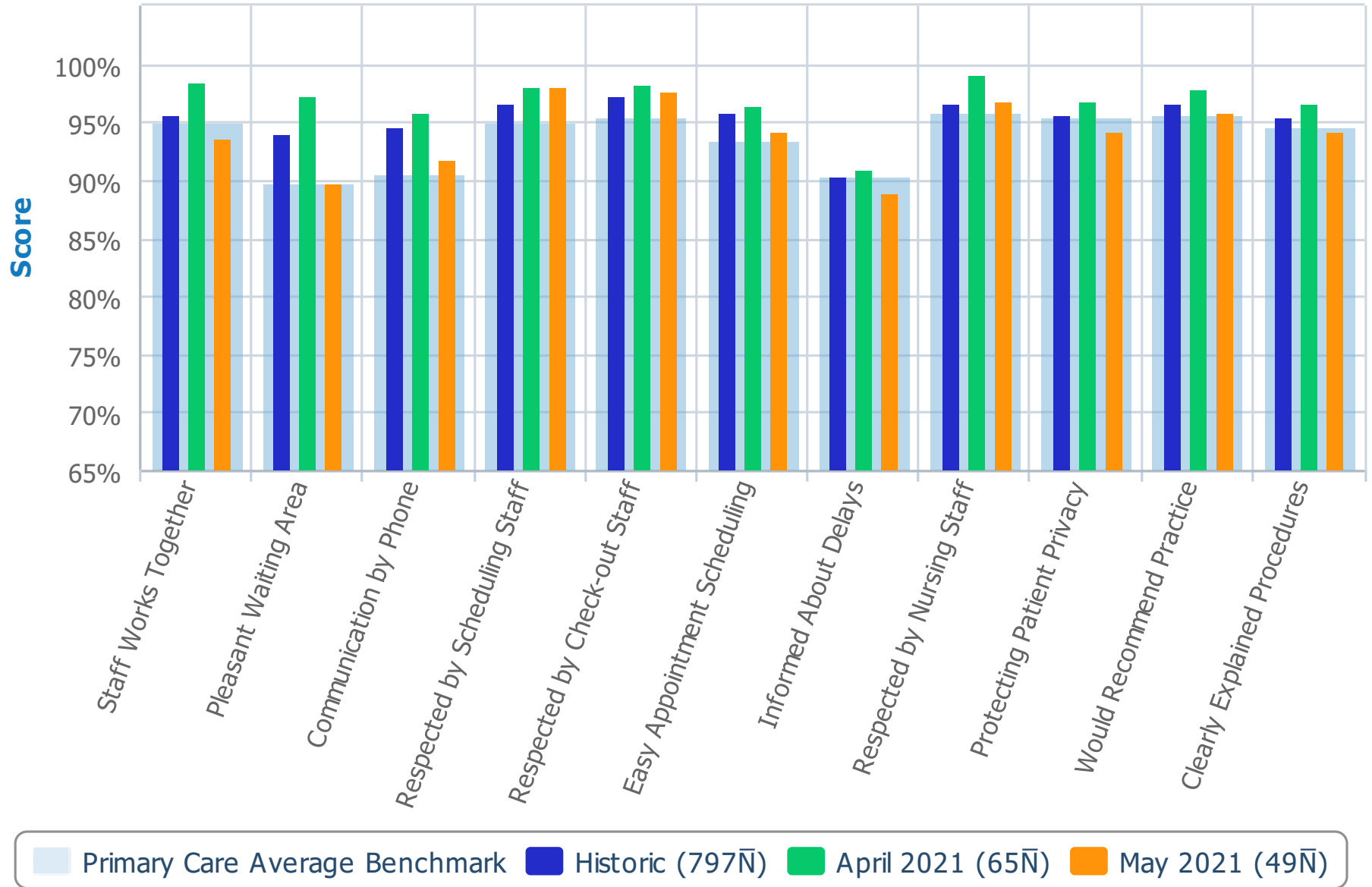
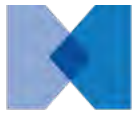
Required Equipment: A1C Now Analyzer, A1C Now Hemoglobin A1C Reagent Kit, lint-free tissue, gloves, cotton ball/gauze 2x2, dot bandaid,

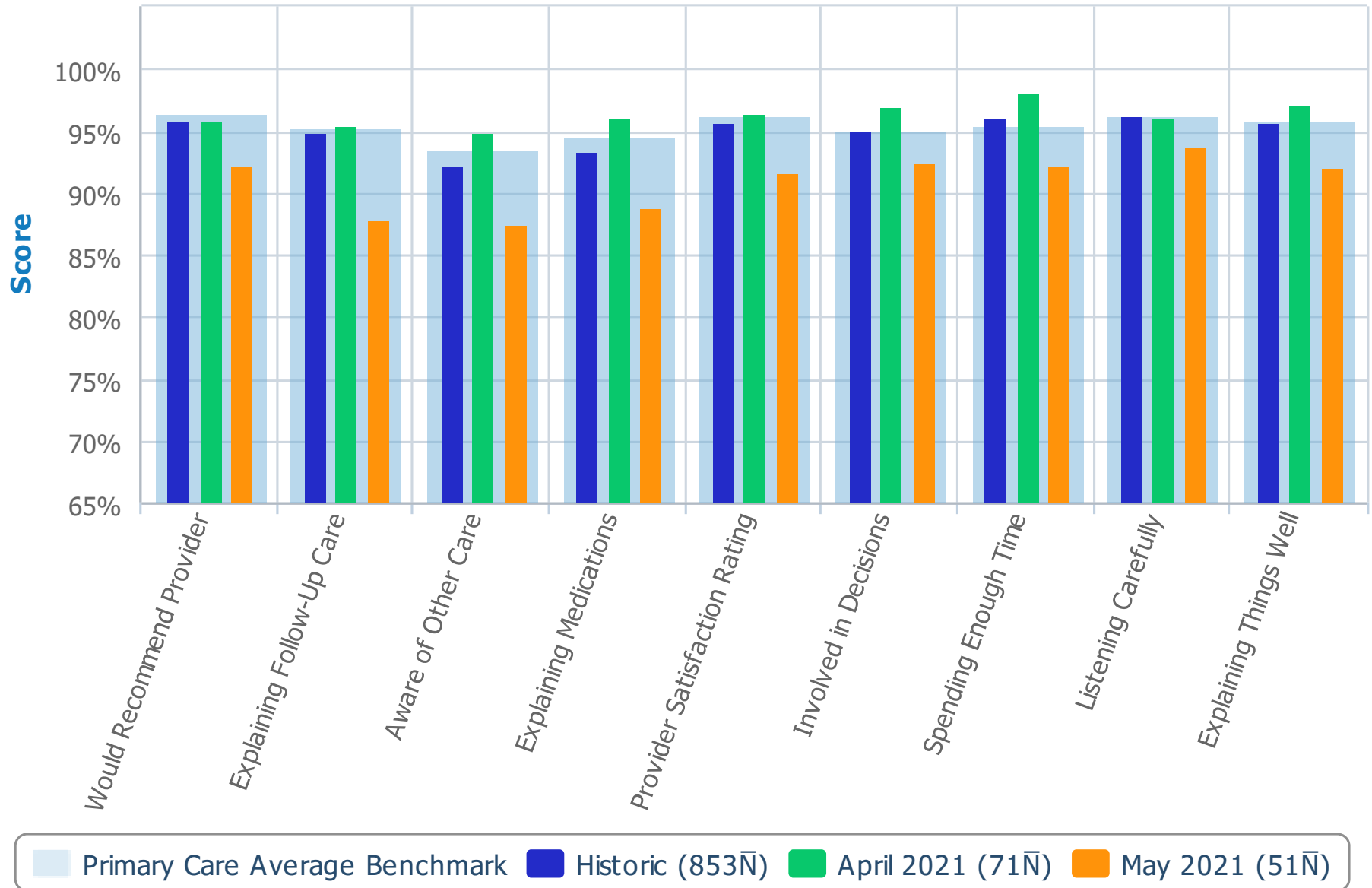
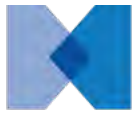
Procedure:

1. Store the kits in temperatures below 122 degrees F in the designated laboratory up to four (4) months prior to use.
 - a. If the temperature label, place on the outside of every kit, is exposed to a temperature in excess of 122 degrees F the dot on the label will turn red and the product should not be used.
 - b. Run the rest with all parts of the test kit at the same temperature within the specified range.
 - c. If the kit has recently been at high temperatures (above 82 degrees F) or in the refrigerator, keep the kit at room temperature for at least one hour before use.
 - d. Avoid running the test in direct sunlight, on hot or cold surfaces, or near sources of heat or cold.
 - e. Quality control materials should be used to confirm the test kit is working properly. Refer to the product insert for information on when to run controls.
 - i. Quality control is run automatically with each test.
 - ii. Completed quality control will show QCOK on the device’s display window.
 - f. Use analyzer only with the materials included in the original kit. The analyzer will expire after the programmed number of tests have been run. If another test cartridge is inserted, the analyzer will display “00TL”.

2. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin A1C level.
 - a. Open plastic shaker pouch by tearing plastic pouch open at the perforation line.

- b. Collect blood using the fingerstick method and available lancets, then utilize the blood collector and fill just to the top of the collection tube.
 - c. Fully insert the blood collector into the shaker body. You may use a twisting motion.
 - d. Mix the specimen by shaking the shaker body vigorously 6-8 times which will mix the blood with the testing solution. Stand the shaker on the counter while preparing the cartridge.
 - e. Open the foil cartridge pouch by tearing at the notches on the sides. DO NOT OPEN the pouch until you are ready to use it immediately. Use within 2 minutes of opening. If the foil pouch is damaged, do not use.
 - f. Insert the cartridge by clicking the test cartridge into place. The analyzer and test cartridge codes must match. If codes do not match, call Customer Service at 1-877-870-5610.
 - g. Prepare the shaker base by removing it from the package. Wait for SMPL to display. This indicates the shaker base is ready for the shaker.
 - h. Dispense the sample into the cartridge. Ensure the analyzer is on a level surface. Push down completely to dispense the diluted sample. Then remove quickly. DO NOT handle the analyzer again until the test is complete.
 - i. Results will display in five (5) minutes. The display counts down. The result cycle remains displayed for 15 minutes or until the next test cartridge is inserted.
 - j. Dispose of the cartridge in an approved biohazard bin.
 - k. Record results in the patient's medical record.
3. Between uses, the analyzer may be sanitized using a Super Sani Wipe.







**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
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(209) 754-4468 Phone
(209) 754-2537 Fax

Agenda Item: Financial Reports (as of May, 2021)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The May, 2021 financial statements are attached for your review and approval.

- The 2019 – 2020 Audit is done 😊 and the State Controller's Report (FTR) has been filed.
- The Finance Committee has reviewed the proposed 2022 Budget, which will be presented to the Board on June 16th.
- We received our property tax payment from Calaveras County, which put us just over budget on the revenue side (that's a great thing 😊).
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District						
Annual Budget Recap						
	05/31/21	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,763,048	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	4,763,048	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(5,290,920)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(5,290,920)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(527,872)	310,726	(261,418)	171,260	31,000	431,884

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							5/31/2021
							VSHWC
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	4,674,075	4,284,569	343,084	2,472,479	52.90%
4083.60	Contractual Adjustments	(953,773)	(1,087,124)	(996,530)	(221,227)	(837,209)	
	Net Patient revenue	216,548	3,586,951	3,288,038	121,857	1,635,271	45.59%
4083.90	Flu shot, Lab income, physicals		1,000	917			0.00%
4083.91	Medical Records copy fees		750	688			0.00%
4083.92	Other - Plan Incentives		30,000	27,500			0.00%
			31,750	29,104	0	0	0.00%
	Total Other Revenue	216,548	3,618,701	3,317,143	121,857	1,635,271	45.19%
7083.09	Other salaries and wages	(648,607)	(1,008,540)	(924,495)	(86,036)	(943,091)	93.51%
7083.10	Payroll taxes	(53,339)	(78,666)	(72,111)	(7,237)	(73,360)	93.25%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(8,321)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(45,817)	(9,711)	(120,839)	241.76%
7083.14	Group Life Insurance		(1,614)	(1,480)			0.00%
7083.15	Pension and Retirement		(25,214)	(23,113)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(9,245)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(1,387)			0.00%
	Total taxes and benefits	(98,100)	(176,151)	(161,472)	(16,948)	(211,527)	120.08%
	Labor related costs	(746,706)	(1,184,691)	(1,085,967)	(102,983)	(1,154,618)	97.46%
7083.05	Marketing	(7,096)				(1,524)	
7083.20	Medical - Physicians	(607,191)	(905,244)	(829,807)	(90,332)	(676,438)	74.72%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(68,750)	(1,058)	(70,940)	94.59%
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	(2,750)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(116,331)	(24,454)	(167,950)	132.34%
7083.29	Other Professional fees	(11,199)	(80,932)	(74,188)	(1,369)	(16,639)	20.56%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(3,394)		(916)	24.72%
7083.38	Pharmaceuticals		(139,504)	(127,879)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(23,571)	(23,727)	(210,549)	818.81%
7083.41.02	Dental Care Materials and Supplies -Clinic					(367)	
7083.44	Linens		(1,200)	(1,100)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(22,227)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(137,936)			0.00%
7083.45	Cleaning supplies		(47,578)	(43,613)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(7,429)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(285,099)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(95,083)	(87,159)	(9,446)	(84,111)	88.46%
8870.00	Interest on Debt Service	(158,161)	(257,355)	(235,909)		(435,495)	169.22%
7083.43	Food	(935)	(2,000)	(1,833)		(893)	44.64%
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(14,142)	(1,234)	(54,611)	353.97%
7083.69	Other purchased services	(50,362)	(232,076)	(212,736)	(893)	(69,486)	29.94%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(15,450)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(28,510)	(2,089)	(43,740)	0.00%
7083.83	Licenses & Taxes		(1,500)	(1,375)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(19,161)	(474)	(12,432)	59.48%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(1,375)		(4,766)	317.77%
7083.87	Outside Training	(199)	(15,000)	(13,750)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(3,667)		(616)	15.40%
7083.89	Recruiting	(25,209)	(40,000)	(36,667)		(39,500)	98.75%
8895.00	RoboDoc		(60,000)	(55,000)	(246)	(21,840)	
	Non labor expenses	(1,502,306)	(2,695,428)	(2,470,809)	(155,322)	(1,911,556)	70.92%
	Total Expenses	(2,249,012)	(3,880,119)	(3,556,776)	(258,306)	(3,066,174)	79.02%
	Net Expenses over Revenues	(2,032,464)	(261,418)	(239,633)	(136,448)	(1,430,903)	547.36%

Mark Twain Health Care District							
Rental Financial Projections			Rental				
							5/31/2021
		Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,095,293	1,092,672	1,001,616	90,622	998,849	91.41%
			0				
	Rent Revenues	1,095,293	1,092,672	1,001,616	90,622	998,849	91.41%
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(758,483)	(695,276)	(52,513)	(628,961)	82.92%
9520.72	Depreciation	(673,891)	(148,679)	(136,289)	(9,529)	(106,916)	71.91%
9520.82	Insurance						
	Total Costs	(1,331,134)	(907,162)	(831,565)	(62,042)	(735,877)	81.12%
	Net	(235,841)	185,510	170,051	28,580	262,972	172.53%
9260.02	MOB Rents Revenue	220,296	251,016	230,098	17,053	177,315	70.64%
9521.75	MOB rent expenses	(240,514)	(261,016)	(239,265)	(19,229)	(236,753)	90.70%
	Net	(20,218)	(10,000)	(9,167)	(2,177)	(59,438)	594.38%
9260.03	Child Advocacy Rent revenue	9,000	9,000	8,250	750	8,250	91.67%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(10,083)		(949)	8.63%
	Net	8,703	(2,000)	(1,833)	750	7,301	-365.04%
9260.04	Sunrise Pharmacy Revenue				1,800	12,600	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(2,063)		(3,785)	
		1,324,589	1,352,688	1,239,964	110,224	1,197,014	88.49%
		(1,574,119)	(1,181,428)	(1,082,976)	(81,271)	(977,364)	82.73%
	Summary Net	(249,530)	171,260	156,988	28,953	219,650	128.26%

Mark Twain Health Care District								
Projects, Grants and Support								
		5/31/2021						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(28,417)		(14,000)	45.16%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(4,583)		0		
8890.00	Mens Health		(5,000)	(4,583)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(4,583)		0		
8890.00	Doris Barger Golf		(2,000)	(1,833)		0		
8890.00	Stay Vertical		(14,000)	(12,833)		(14,000)	100.00%	
8890.00	Golden Health Grant Awards							
	Project grants and support	(465,163)	(31,000)	(28,417)	0	(14,000)	45.16%	

Mark Twain Health Care District									
General Administration Financial Projections					Admin			5/31/2021	
					Budget				
				DRAFT	2020/2021	Month	Actual	Actual	Actual
		2016/2017	2017/2018	2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	91,667	2,652	39,267	39.27%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	1,008,333	159,910	1,076,577	97.87%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	(3,757)	(22,289)	
Summary Revenues		939,844	1,004,488	1,473,626	1,200,000	1,100,000	158,805	1,093,555	91.13%
8610.09	Other salaries and wages	(33,587)	(235,531)	(133,415)	(352,591)	(323,208)	(18,826)	(198,137)	56.19%
8610.10	Payroll taxes			(14,875)	(23,244)	(21,307)	(893)	(9,204)	39.60%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(2,909)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(16,018)			0.00%
8610.14	Group Life Insurance				(564)	(517)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(8,080)		(2,397)	27.20%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(3,232)			0.00%
8610.18	Other payroll related benefits				(529)	(485)	(500)	(800)	151.23%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(52,548)	(1,393)	(12,401)	21.63%
Labor Costs		(33,587)	(236,194)	(163,804)	(409,916)	(375,756)	(20,219)	(210,538)	51.36%
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(56,375)	(210)	(4,330)	7.04%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(27,500)		(928)	3.09%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(114,583)	(2,820)	(58,335)	46.67%
8610.43	Food			(868)	(2,000)	(1,833)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(16,500)	(550)	(13,882)	77.12%
8610.62	Repairs and Maintenance Grounds				0	0		(4,296)	
8610.69	Other- IT Services - District			(12,877)		0	(646)	(9,934)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(2,292)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(8,433)			0.00%
8610.80	Utilities			(420)	(1,000)	(917)		(146)	
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(22,917)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(18,333)	(24)	(9,624)	48.12%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(13,750)	(100)	(760)	5.07%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(13,750)		(222)	1.48%
8610.89	Recruiting			(2,368)	(2,000)	(1,833)	(397)	(2,682)	134.09%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(29,333)	(3,246)	(64,211)	200.66%
8610.95	Other Misc. Expenses			(4,844)					
	Non-Labor costs	(521,817)	(532,071)	(226,130)	(358,200)	(328,350)	(7,993)	(186,003)	51.93%
	Total Costs	(555,404)	(768,265)	(389,934)	(768,116)	(704,106)	(28,212)	(396,541)	51.63%
	Net	384,440	236,223	1,083,692	431,884	395,894	130,593	697,014	161.39%

Mark Twain Health Care District Balance Sheet

As of May 31, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	62,082
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	159,191
1001.40 Five Star Bank - MTHCD Checking	311,175
1001.50 Five Star Bank - Money Market	699,403
1001.60 Five Star Bank - VSHWC Checking	24,890
1001.65 Five Star Bank - VSHWC Payroll	96,092
1001.90 US Bank - VSHWC	5,324
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,365,000
Accounts Receivable	
1200 Accounts Receivable	39
Total Accounts Receivable	39
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,552,731
1069 Due from Calaveras County	0
115.20 Accrued Lease Revenue	-15,232
1205.00 Due from insurance proceeds	842,166
1205.50 Allowance for Uncollectable Clinic Receivables	-248,846
130.30 Prepaid VSHWC	1,270
Total Other Current Assets	11,133,602
Total Current Assets	12,498,641
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildings	5,942,457
1220.20 VSHWC - Equipment	873,530
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	9,200,855
Other Assets	

1710.10 Minority Interest in MTMC - NEW	441,237
180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	356,574
2219 Capital Lease	6,352,770
Total Other Assets	7,150,582
TOTAL ASSETS	28,850,078
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	39,225
Total 200.00 Accts Payable & Accrued Expenes	39,225
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenes	0
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	18,202
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	21,498
226 Deferred Revenue	152,715
Total Other Current Liabilities	272,331
Total Current Liabilities	311,556
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,277,493
2128.02 Deferred Utilities Reimbursement	2,321,767
2129 Other Third Party Reimbursement - Calaveras County	91,667
2210 USDA Loan - VS Clinic	7,296,052
Total Long-Term Liabilities	10,986,979
Total Liabilities	11,298,535
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,289,373
Net Income	-527,872
Total Equity	17,551,543
TOTAL LIABILITIES AND EQUITY	28,850,077

Investment & Reserves Report						
31-May-21						
						Annual
Reserve Funds	Minimum Target	6/30/2020 Balance	2020 Allocated	2020 Interest	5/31/2021 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	5,389	2,205,389	
Capital Improvement Fund	12,000,000	2,926,923	0	7,190	2,934,113	
Technology Reserve Fund	1,000,000	1,000,000	0	2,450	1,002,450	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	5,879	2,405,879	
Loan Reserve Fund	2,000,000	2,000,000	0	4,899	2,004,899	
Reserves & Contingencies	19,600,000	10,526,923	0	25,808	10,552,731	0
		2020 - 2021		Annualized		
CalTRUST	5/31/2021	Interest Earned		Rates	Duration	
Valley Springs HWC - Operational Reserve Fund	2,205,389	5,389				
Capital Improvement Fund	2,934,113	7,190				
Technology Reserve Fund	1,002,450	2,450				
Lease & Contract Reserve Fund	2,405,879	5,879				
Loan Reserve Fund	2,004,899	4,899				
Total CalTRUST	10,552,731	25,808			1 Year or Less	
Five Star						
General Operating Fund	388,763	376.85				
Money Market Account	699,403	7,867.25				
Valley Springs - Checking	24,890	88.16				
Valley Springs - Payroll	96,092	105.00				
Total Five Star	1,209,147	8,437.26			1 Year or Less	
Umpqua Bank						
Checking	62,082	0.00				
Money Market Account	6,444	2.96				
Investments	1,514					
Total Savings & CD's	70,039	2.96				
Bank of Stockton	159,191	60.78			1 Year or Less	
Total in interest earning accounts	11,991,109	34,309				
Umpqua Rebate		2,458				
Total Without Unrealized Loss		36,767				
<p>Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.</p>						

Mark Twain Health Care District							
Annual Budget Recap							
	04/30/21	2021 - 2022 Annual Budget					
	Actual	Total					
	Y-T-D	District	Clinic	Rental	Projects	Admin	
Revenues	4,150,934	5,865,872	3,191,007	1,374,865	0	1,300,000	
Total Revenue	4,150,934	5,865,872	3,191,007	1,374,865	0	1,300,000	
Expenses	(4,701,904)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)	
Total Expenses	(4,701,904)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)	
Surplus(Deficit)	(550,970)	(633,235)	(1,127,128)	209,608	667,000	951,285	

Mark Twain Health Care District								
Direct Clinic Financial Projections								
VSHWC								
4/30/2021								
2020 - 2021								
	2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual	
	Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget	
4083.49	Urgent care Gross Revenues	1,170,321	4,674,075	5,013,050	3,895,063	381,600	2,131,853	45.61%
4083.60	Contractual Adjustments	(953,773)	(1,087,124)	(1,848,793)	(905,937)	(230,157)	(615,982)	
	Net Patient revenue	216,548	3,586,951	3,164,257	2,989,126	151,443	1,515,871	42.26%
4083.90	Flu shot, Lab income, physicals		1,000	1,000	833			0.00%
4083.91	Medical Records copy fees		750	750	625			0.00%
4083.92	Other - Plan Incentives		30,000	25,000	25,000			0.00%
			31,750	26,750	26,458	0	0	0.00%
	Total Other Revenue	216,548	3,618,701	3,191,007	3,015,584	151,443	1,515,871	41.89%
7083.09	Other salaries and wages	(648,607)	(1,008,540)	(1,503,975)	(840,450)	(83,531)	(857,055)	84.98%
7083.10	Payroll taxes	(53,339)	(78,666)	(108,979)	(65,555)	(7,064)	(66,123)	84.06%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(90,239)	(7,564)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(169,346)	(41,652)	(14,757)	(111,128)	222.34%
7083.14	Group Life Insurance		(1,614)		(1,345)			0.00%
7083.15	Pension and Retirement		(25,214)	(1,987)	(21,012)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(15,040)	(8,404)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(376)	(1,261)			0.00%
	Total taxes and benefits	(98,100)	(176,151)	(385,967)	(146,793)	(21,821)	(194,580)	110.46%
	Labor related costs	(746,706)	(1,184,691)	(1,889,942)	(987,243)	(105,352)	(1,051,635)	88.77%
7083.05	Marketing	(7,096)		(1,500)			(1,524)	
7083.20	Medical - Physicians	(607,191)	(905,244)	(970,115)	(754,370)	(76,098)	(586,106)	64.75%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(35,000)	(62,500)	(1,531)	(69,882)	93.18%
7083.23	Legal - Clinic	(27,900)	0	(15,000)			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	0	(2,500)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(100,000)	(105,756)	(21,286)	(143,495)	113.07%
7083.29	Other Professional fees	(11,199)	(80,932)	(10,000)	(67,443)	(7,135)	(15,271)	18.87%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(1,200)	(3,086)	(35)	(916)	24.72%
7083.38	Pharmaceuticals		(139,504)	(40,000)	(116,253)			0.00%
7083.41	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(80,000)	(21,428)	(17,412)	(187,189)	727.97%
7083.44	Linens		(1,200)	0	(1,000)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(20,000)	(20,207)			0.00%
7083.74	Depreciation - Equipment		(150,476)	0	(125,397)			0.00%
7083.45	Cleaning supplies		(47,578)	0	(39,648)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(5,000)	(6,753)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(560,000)	(259,181)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(95,083)	(80,000)	(79,236)	(6,939)	(74,665)	78.53%
8870.00	Interest on Debt Service	(158,161)	(257,355)	(190,000)	(214,463)		(435,495)	169.22%
7083.43	Food	(935)	(2,000)	(2,000)	(1,667)		(893)	44.64%
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(15,000)	(12,857)	(3,673)	(53,377)	345.97%
7083.69	Other purchased services	(50,362)	(232,076)	(229,727)	(193,397)	(1,372)	(68,593)	29.56%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(25,000)	(14,045)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(1,050)	(25,918)	(2,089)	(41,651)	0.00%
7083.83	Licenses & Taxes		(1,500)	(1,500)	(1,250)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(5,100)	(17,419)	(483)	(11,958)	57.21%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(5,000)	(1,250)	(293)	(4,766)	317.77%
7083.87	Outside Training	(199)	(15,000)	(10,000)	(12,500)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(2,500)	(3,333)		(616)	15.40%
7083.89	Recruiting	(25,209)	(40,000)	(10,000)	(33,333)	(559)	(39,500)	98.75%
8895.00	RoboDoc		(60,000)	(15,000)	(50,000)		(21,594)	
	Non labor expenses	(1,502,306)	(2,695,428)	(2,428,192)	(2,246,190)	(138,905)	(1,756,233)	65.16%
	Total Expenses	(2,249,012)	(3,880,119)	(4,318,135)	(3,233,433)	(244,257)	(2,807,868)	72.37%
	Net Expenses over Revenues	(2,032,464)	(261,418)	(1,127,128)	(217,848)	(92,814)	(1,291,997)	494.23%

Mark Twain Health Care District								
Rental Financial Projections				Rental				
								4/30/2021
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,095,293	1,092,672	1,092,672	910,560	90,659	908,227	83.12%
			0	0				
	Rent Revenues	1,095,293	1,092,672	1,092,672	910,560	90,659	908,227	83.12%
9520.62	Repairs and Maintenance Grounds	(6,079)	0	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(758,483)	(758,483)	(632,069)	(53,135)	(576,447)	76.00%
9520.72	Depreciation	(673,891)	(148,679)	(148,679)	(123,899)	(9,566)	(97,387)	65.50%
9520.82	Insurance							
	Total Costs	(1,331,134)	(907,162)	(907,162)	(755,968)	(62,700)	(673,835)	74.28%
	Net	(235,841)	185,510	185,510	154,592	27,958	234,393	157.40%
9260.02	MOB Rents Revenue	220,296	251,016	251,593	209,180	17,053	160,262	63.85%
9521.75	MOB rent expenses	(240,514)	(261,016)	(247,095)	(217,513)	(19,229)	(217,524)	83.34%
	Net	(20,218)	(10,000)	4,498	(8,333)	(2,177)	(57,262)	572.62%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	7,500	750	7,500	83.33%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(11,000)	(9,167)		(949)	8.63%
	Net	8,703	(2,000)	(2,000)	(1,667)	750	6,551	-327.54%
9260.04	Sunrise Pharmacy Revenue			21,600		1800	10800	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)		(1,875)		(3,785)	
		1,324,589	1,352,688	1,374,865	1,127,240	110,261	1,086,789	80.34%
		(1,574,119)	(1,181,428)	(1,165,257)	(984,523)	(81,930)	(896,093)	75.85%
	Summary Net	(249,530)	171,260	209,608	142,717	28,332	190,697	111.35%

Mark Twain Health Care District									
Projects, Grants and Support									
		4/30/2021							
			2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
			Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Project grants and support			(31,000)	(667,000)	(25,833)		(14,000)	45.16%
8890.00	Foundation		(465,163)		(628,000)				
8890.00	Veterans Support			(5,000)	0	(4,167)		0	
8890.00	Mens Health			(5,000)	0	(4,167)		0	
8890.00	Steps to Kick Cancer - October			(5,000)	0	(4,167)		0	
8890.00	Doris Barger Golf			(2,000)	0	(1,667)		0	
8890.00	Stay Vertical			(14,000)	(14,000)	(11,667)		(14,000)	100.00%
8890.00	Golden Health Grant Awards								
8890.00	High school ROP (CTE) program				(25,000)				
	Project grants and support		(465,163)	(31,000)	(667,000)	(25,833)	0	(14,000)	45.16%

Mark Twain Health Care District							
General Administration Financial Projections			Admin			4/30/2021	
			BUDGET				
		2020/2021	2021/2022	Month	Actual	Actual	Actual
		Budget	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	100,000	100,000	83,333	143	34,157	34.16%
9160.00	Property Tax Revenues	1,100,000	1,200,000	916,667	91,667	916,667	83.33%
9010.00	Gain on Sale of Asset						
9205.03	Miscellaneous Income (1% Minority Interest)			0	(3,018)	(18,532)	
	Summary Revenues	1,200,000	1,300,000	1,000,000	88,791	932,292	77.69%
8610.09	Other salaries and wages	(352,591)	(137,592)	(293,826)	(18,447)	(179,311)	50.86%
8610.10	Payroll taxes	(23,244)	(10,526)	(19,370)	(864)	(8,310)	35.75%
8610.12	Vacation, Holiday and Sick Leave	(3,173)	(8,256)	(2,644)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)	(11,827)	(14,562)			0.00%
8610.14	Group Life Insurance	(564)	0	(470)			0.00%
8610.15	Pension and Retirement	(8,815)	(703)	(7,346)		(2,397)	27.20%
8610.16	Workers Compensation insurance	(3,526)	(1,376)	(2,938)			0.00%
8610.18	Other payroll related benefits	(529)	(34)	(441)		(300)	56.71%
	Benefits and taxes	(57,325)	(32,723)	(47,771)	(864)	(11,008)	19.20%
	Labor Costs	(409,916)	(170,315)	(341,597)	(19,311)	(190,319)	46.43%
8610.22	Consulting and Management Fees	(61,500)	(3,000)	(51,250)	(199)	(4,120)	6.70%
8610.23	Legal	(30,000)	(10,000)	(25,000)		(928)	3.09%
8610.24	Accounting /Audit Fees	(125,000)	(40,000)	(104,167)	(13,558)	(55,514)	44.41%
8610.43	Food	(2,000)	(1,500)	(1,667)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(15,000)	(15,000)	(592)	(13,333)	74.07%
8610.62	Repairs and Maintenance Grounds	0	(5,000)	0		(4,296)	
8610.69	Other- IT Services		0	0	(646)	(9,288)	
8610.74	Depreciation - Equipment	(2,500)	0	(2,083)			0.00%
8610.75	Rental/lease equipment	(9,200)	0	(7,667)			0.00%
8610.80	Utilities	(1,000)	0	(833)			
8610.82	Insurance	(25,000)	(41,900)	(20,833)		(16,653)	66.61%
8610.83	Licenses and Taxes	0	0				
8610.85	Telephone and communications	0	(2,500)				
8610.86	Dues, Subscriptions & Fees	(20,000)	(15,000)	(16,667)	(824)	(9,601)	48.00%
8610.87	Outside Trainings	(15,000)	(15,000)	(12,500)		(660)	4.40%
8610.88	Travel	(15,000)	(7,500)	(12,500)			0.00%
8610.89	Recruiting	(2,000)	(2,000)	(1,667)	(571)	(2,285)	114.24%
8610.90	Other Direct Expenses	(32,000)	(20,000)	(26,667)	(15,653)	(60,965)	190.51%
	Non-Labor costs	(358,200)	(178,400)	(298,500)	(32,043)	(177,642)	49.59%
	Total Costs	(768,116)	(348,715)	(640,097)	(51,355)	(367,961)	47.90%
	Net	431,884	951,285	359,903	37,437	564,330	130.67%