



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

**Special Meeting of the Board of Directors
Wednesday January 30, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:**
- 2. Roll Call:**
- 3. Approval of Agenda: 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: 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.

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Agenda – Jan. 30, 2019 MTHCD Special Board Meeting

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for December 12, 2018
- Un-Approved Special Board Meeting Minutes for December 19, 2018

6. Election Results:

A. Resolution 2019 – 01: Action

- Accepting the Canvass of the Nov. 6, 2018 General Election:Dr. Smart

7. Oath of Office:.....Dr. Smart

8. Election of Officers:.....Ms. Reed

9. MTHCD Reports:

A. Presidents Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):

B. Executive Director Report: Action.....Dr. Smart

• VS H&W Center - Draft Policies:

1. DRAFT Crash Cart 111218
2. DRAFT Consents for Treatment-Guidance 111118
3. DRAFT Audiogram - Threshold 111118
4. DRAFT Aseptic Procedures 111218
5. DRAFT Adverse Medication Reaction 111118
6. DRAFT Abnormal Vital Signs 111118
7. Copy of Table of Contents
8. DRAFT Visitors and Relatives 111218
9. DRAFT Vendor Visitor Management 111218
10. DRAFT Supply Outdates 111218
11. DRAFT Supply Ordering 111218
12. DRAFT Sterile Supplies and Instruments 111218
13. DRAFT Sterile Shelf Life 111218
14. DRAFT Staff Meetings 111218
15. DRAFT Service Animal 111218
16. DRAFT Registering Patient Complaints 111218
17. DRAFT Quality Assurance Performance Improvement Plan 111218
18. DRAFT Quality Assurance Guidelines 111218
19. DRAFT Product and Device Recall 111218
20. DRAFT Primary Authority Over Clinic Operations 111218
21. DRAFT Pulse Oximeter 111218
22. DRAFT Processing X-Ray Requests 111118
23. DRAFT Procedure Time Out 111118

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- 24. DRAFT Preventative Services - Adults 111218
- 25. DRAFT Prescription Refills 111218
- 26. DRAFT PPD Test Results 111118
- 27. DRAFT Nebulizer Treatment 111218
- 28. DRAFT Injection Intramuscular 111218
- 29. DRAFT Initial Patient Contact and Medical Emergencies 111218
- 30. DRAFT Informed Consent 111118
- 31. DRAFT HIV Testing 111118
- 32. DRAFT Follow-up of Patients 111218
- 33. DRAFT Follow Up Calls 111218
- 34. DRAFT Flu Shots 111218
- 35. DRAFT Eye Medication - Dispensing 111218
- 36. DRAFT Eye Irrigation 111218
- 37. DRAFT Emergency Situation Unresponsive Patient 111218
- 38. DRAFT EKG - Welch Allyn_
- 39. DRAFT Culture Transmittal 111218
- 40. DRAFT Critical Alert Value Notification 111118

- **Strategic Plan Matrix (Last Updated 12-1-2018):**
- **iPads:**
- **Resolution to 2019-02: Action**
 - Resolution to Authorize the Executive Director to sign contract with (CHC) Community Hospital Corp:

C. Corp. Board Report:.....Ms. Reed / Ms. Atkinson

D. Stay Vertical Calaveras:.....Steve Shetzline

E. Ad Hoc Real Estate:Ms. Reed / Ms. Al-Rafiq

- **Physician Recruiting Contract: Action**.....Dr. Smart
- **Update on the Valley Springs Health & Wellness Center:**.....Dr. Smart
 - Project Manager:.....Pat Van Lieshout
- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

10. Committee Reports:

A. Finance Committee:.....Ms. Atkinson / Ms. Radford

- Financial Update:..... Mr. Wood

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Agenda – Jan. 30, 2019 MTHCD Special Board Meeting

- Financial Statements (Dec. 2018) Recommendation-Approval: **Action**.....Ms. Atkinson
- Investment Activities:.....Mr. Wood
- Draft Debt Policy No. 32: **Action**:.....Ms. Atkinson / Mr. Wood
- USDA Loan Payments: **Action**.....Dr. Smart

B. Ad Hoc Lease Review Committee:.....Ms. Reed / Ms Atkinson

- **Resolution 2019 – 03: Action**
 - Resolution to Approve the New Lease & Related Transaction Documents between MTHCD and Dignity Health:
 - ❖ Pre-Lease Agreement:
 - ❖ Lease Agreement:
 - ❖ Supplemental Property Agreement:
 - ❖ Equity Transfer Agreement:
 - ❖ Lease Termination Agreement:
 - ❖ Valley Springs Letter (Valley Springs Health & Wellness Center):
 - ❖ By-Laws MTMC Corporation:
 - ❖ By-Laws MTMC Community Board:
 - ❖ Closing & Incumbency Certificate
 - ❖ MTMC Third Amended & Restated Articles of Incorporation

C. Ad Hoc Policy Committee:.....Ms. Atkinson / Ms Al-Rafiq

D. Ad Hoc Community Grant:.....Ms. Radford / Ms. Sellick

11. Board Comment and Request for Future Agenda Items:

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

12. Next Meeting:

A. Wed. February 27, 2019

13. Closed Session: Personnel Exemptions §54957 - Public Employee - CEO for VS H&W Center:

14. Reconvene to Open Session:

A. Report of Action taken (if any) in Closes Session:

15. Adjournment: Action:

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Agenda – Jan. 30, 2019 MTHCD Special Board Meeting



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Finance Committee Meeting
Wednesday December 12, 2018
9:00am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

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:

The meeting was called to order at 9:01am by Susan Atkinson, Treasurer.

2. Roll Call:

Present for roll call was: Susan Atkinson, MSW and Ann Radford, FNP.

3. Approval of Agenda: Action

Ms. Radford moved to approve the agenda. Ms. Atkinson provided her second and the motion passed 2-0.

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

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for November 13, 2018:

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B. Bank and Investment Statements:

- Bank of Stockton:
- Umpqua Bank:
- Five-Star Bank:

Ms. Radford moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 2-0.

6. JWT Auditors Presentation: Action

Jeremy Ware presented (his handout) the June 30, 2018 audit report and gave a brief outline of the different sections i.e.; audit pages 5 & 6 are by the auditors; page 6 provides the opinion of the audit in that it is a “clear” audit which is the highest rating. Mr. Ware answered questions and noted the next year’s audit will reflect the USDA Loan secured to build the Valley Springs Health & Wellness Center; the questionnaire filled out by staff is not for compliance, but triggers items needed to be discussed in preparation of the audit; he will make a correction on page 3 before presenting to the Board on Dec. 19th. Mr. Wood requested SAS 114 and 115 letters be provided to the District.

7. Accountant’s Report: Action.....Mr. Wood / Mr. Krieg

- **Financial Status, Trends, Long-Term Views and Cashflow:**
- **November Financials Will Be Presented to The Committee:**

Dr. Smart: Since the MTMC Accounting Dept. Contract with the District will end December 20th this is the last Finance Committee meeting for those services. He thanked Mr. Krieg and Mr. Malcoun for their service to the District presenting them with a token of the District’s appreciation.

Mr. Krieg: Congratulated the District on a good audit and will deliver the District’s accounting files to the District office both as electronic (thumb drive) and hard copy.

Mr. Malcoun: Will transfer the “Master Admin” status on Quick Books to Mr. Wood.

- **Investment – Update:**

Mr. Wood: Will be preparing an investment report for future meetings; he will be preparing a balance sheet for Dr. Smart today; The District has earned \$1,300 interest at Five Star Bank.

8. Executive Director’s Report:

- **USDA Loan Draws:**

Mr. Wood: Will be preparing a user-friendly outlay report for the project and get the Committee’s input before presenting to the Board.

Mr. Krieg: Really likes the draw authorization form which gets signed each time by Dr. Smart, Executive Director, Pat Van Lieshout, Project Manager, Tonja Galentine, USDA and the Architect.

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9. Treasurer's Report:

- New Debt Policy – **Action:**

Ms. Atkinson: The Debt Policy needs additional editing by Mr. Wood so will be presented at the January Special Finance Committee meeting for review before going to the January Special Board meeting.

10. Comments and Future Agenda Items:

Hearing none.

11. Next Meeting:

- The next meeting will not be January 9th. Instead it will be a Special meeting held on Wednesday January 16, 2019.

12. Adjournment: **Action**

Ms. Radford moved to adjourn the meeting at 10:12am. Ms. Atkinson provided her second and the motion passed 2.0.



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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:

The meeting was called to order at 7:33am by Lin Reed, President.

2. Roll Call:

Present for roll call was Lin Reed, MBA OTR/L; Ann Radford, FNP; Susan Atkinson, MSW; Debbie Sellick CMP and Talibah Al-Rafiq.

3. Approval of Agenda: Action

Ms. Al-Rafiq moved to approve the Agenda. Ms. Atkinson provided her second and the motion passed 5-0.

4. Public Comment on matters not listed on the Agenda:

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes

- Un-Approved Special Board Meeting Minutes Nov. 7, 2018
- Un-Approved Special Finance Committee Meeting Minutes for Nov. 13, 2018
- Un-Approved Board Meeting Minutes for November 28, 2018

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

Ms. Radford moved to approve the Consent Agenda. Ms. Al-Rafiq provided her second and the motion passed 5-0.

6. MTHCD Reports:

A. Presidents Report:

- **Association of California Health Care Districts (ACHD):**

Ms. Reed: Referenced the ACHD Advocate in the Board pkt and referenced the need for more members to join the various committees; it is her last year to serve.

Dr. Smart: Reminded Board members to attend the Jan 24-25 Leadership Academy being held in Sacramento. Please let staff know if you want to attend so arrangements can be made.

B. Ad Hoc Real Estate:

- **Update on the Valley Springs Health & Wellness Center:**

- Project Manager:

Dr. Smart: Construction is going great; walls are framed; everything is on track for June (+/-) 2019; the crew only took one day for Christmas; the project meetings are on site each Thurs. at 1pm and include the contractor's representative, the District's project manager, architect and himself; others attend as time permits and as appropriate; the second construction payment has been made and the District has received the 4th USDA draw; a request has been made to add a framing inspector but more research needs to be done.

- **Update on Valley Springs Property - Phase II:**

Ms. Al-Rafiq: Hasn't heard from the Welbe doctor of late; reflected on Kim Vann, USDA's offer to consider other developments that the County might be interested in i.e.; maybe consider a mobile unit.

Ms. Reed: Consider coordinating with the County.

C. Executive Director Report:

- **VS H&W Center - Draft Policies:**

Dr. Smart: The Board has had time to review the next 30 policies needed for the VS H&W Center operation.

Board suggestions: Do a word search to make sure all policies use the same titles as appropriate; design a numbering system for the policies for easy reference; the wording for (item 10) Equipment Management (pkt. pg. 35) and (item 25) Preventive Maintenance Inspections (pkt. pg. 59) seemed the same and if appropriate should be combined; compare and amend (item 18) Non-Discrimination

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

(pkt. pg. 49) to conform with the latest Federal and State Law(s); (item 22) Patient Portal Information (pkt. pg. 54) needs more work so extract for review.

Ms. Atkinson moved to accept the 30 policies directing staff to amend as mentioned (above). Ms. Radford provided her second and the motion passed 5-0.

1. Accounts Payable:
2. After Hours Telephone Management:
3. Age Restriction:
4. Annual Clinic Evaluation:
5. Answering a phone Call;
6. Auxiliary Aids and Services for Persons with Disabilities:
7. Business Hours:
8. Communication with Persons with Limited English Proficiency:
9. Dissemination of Non-Discrimination Policy:
- 10. Equipment Management:**
11. Incident Reports:
12. Laboratory Electrical Safety:
13. Laundry and Linen:
14. List of Services:
15. Litigation (Potential):
16. Medication Supply and Equipment Recall:
17. Mission Statement:
- 18. Non-Discrimination:**
19. On Call Program
20. Par Levels:
21. Patient Left Without Being Seen:
- 22. Patient Portal:**
23. Patient Rights and Responsibilities:
24. Policy Development and Review:
- 25. Preventative Maintenance Inspections:**
26. Scope of Services:
27. Section 504 Grievance:
28. Section 504 Notice of Program Accessibility:
29. Statement of Ownership and Governance:
30. Waste, Fraud and Abuse:

- Strategic Plan Matrix (Last Updated 12-1-2018):

No updates to report:

- **Public Messaging:**

Dr. Smart: The District doesn't have a public messaging plan however he has researched putting District ads on the Calaveras County Transit Buses to tell the public who we are and what we do; he has also invited MTMC CEO to partner with the District on the bus advertising; Board members have participated in local events i.e. parades.

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

Mr. Wood: Ms. Radford, Ms. Atkinson and Dr. Smart were interviewed for the CSDA Make a Difference program soon to be completed. The hope of the project is to encourage young people to see the benefits of their local districts and consider them in their career plans.

- **Community Hospital Corporation (CHC):**

Dr. Smart: There is a non-profit in Texas that helps get government grants (60-65% savings) for rural health care; the District is researching the possibility of such savings for the VS H&W Center, Child Advocacy Center as well as MTMC.

- **Homeless Task Force (NPLH):**

Dr. Smart: Attended a meeting regarding No Person Left Homeless (NPLH) to learn that surrounding counties have a homeless shelter, but Calaveras County doesn't; California has regulations that a plan is needed to discharge a homeless person, so it affects the ER department; couch surfing is also considered homelessness;

Ms. Reed: Homelessness is an offshoot of affordable housing; CMS is starting to see the need of affordable housing; Resource Connection will provide vouchers to put the homeless in hotels.

Ms. Al-Rafiq: The fairgrounds will open to the homeless on cold days.

Ms. Radford: There are many homeless in the Arnold area that can't get to services in San Andreas; many became homeless after being left by marijuana growers; there is no way to know how many are homeless who typically don't want to be found so avoid the volunteers conducting a homeless count.

C. Corp. Board Report:

Ms. Reed: There was no December meeting. The next meeting will be January 29th.

Mr. Phillip: The State was on site doing a survey; nine small items were noted; the formal report will be received in the next 30 days; an action plan is already underway: Chris Roberts, CFO has resigned and his last day is Dec. 29th; his leaving will be a huge loss; recruitment has started; Dr. Singhal will be leaving at the end of December and Dr. D'Acquisto, MD will be returning to fill in.

D. Stay Vertical Calaveras:

Mr. Shetzline wasn't present today but has requested Stay Vertical Calaveras calls received by the District be referred to him.

7. Committee Reports:

A. Finance Committee:

Ms. Atkinson: Reflected on the District finishing a contract with the MTMC Accounting team so thanked Mr. Krieg and Mr. Malcoun for their service to the District. Moving forward Mr. Wood, CFO with CSDA will be overseeing the District's finances.

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

- **Annual Audit: Action:**

Ms. Atkinson: Introduced Jeremy Ware representing JWT, so he could answer any questions the Board might have regarding the June 30, 2018 J audit (pkt. pg. 71-96).

Mr. Ware: Answered questions and gave an overview of the audit bringing attention to the Report of Independent Auditors section (pkt. pg. 77-78); under the heading of Opinion Mr. Ware confirms the District has with this audit as with all prior audits the highest and best rating; the District operating Revenues will change when the VS H&W Center is opened.

Ms. Reed: Expressed the desire to have the 2019 audit in October in case there are items that need to be addressed and still be able to make the Jan. 2020 deadline.

Dr. Smart: Echoed the October due date as he would like start the process with an entrance meeting and have time for dialogue instead of relying on an 18 page questionnaire.

Ms. Radford moved to approve the 2018 audit. Ms. Sellick provided her second and the motion passed 5-0.

- **Financial Update:**

Mr. Wood: He has been going through the District's accounts to understand the financial history; he gave a brief outline of what was included in his first set of materials (pkt. pg. 97-101) asking for suggestions on what the Board would like to see in the future. He will be doing a narrative for future reports.

Ms. Reed: Starting in Jan. 2019 she would like to see the clinic items reported separately in addition to seeing them rolled in with all other items. She would also like to see the prior two months giving a total of three months. In addition, she'd like to see a year-to-date from the prior year.

- **Recommendation-Approval of Nov. 2018 Financial Statements: Action**

Ms. Al-Rafiq moved to approve the Nov. 2018 Financial Statements. Ms. Radford provided her second and the motion passed 5-0.

- **Investment Activities:**

Mr. Wood: He will be providing a monthly investment report and moving some funds to achieve the LAIF 2.2% interest.

B. Ad Hoc Lease Review Committee:

Ms. Reed: A conference call has been scheduled for tomorrow with hopes of wrapping the lease up for the new year.

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

C. Ad Hoc Policy Committee:

Ms. Atkinson: The next Ad Hoc Policy Committee meeting will be in January. She would like to see the general policies be separated by sub-sections i.e. like CSDA and to have a separate set of policies for the VS H&W Center.

D. Ad Hoc Community Grant:

Dr. Smart: Reported on a good Committee Meeting on December 13th and the following action items; to circulate the grant ads in January; grant applications are due on March 1st for Committee review and approval and to present in April; Dr. Motiu has already applied for a grant that will be considered along with others due on March first.

Ms. Radford / Ms. Sellick: Will send and info-only notice of the grant selection to the Board; will be touring to see what the past recipients are doing and to encourage additional applications; the goal is to receive more applications than the Board has budgeted funds to award.

Steve Shetzline: Reported at the meeting that he is getting good feedback for the Stay Vertical Calaveras pilot program; the interest has been overwhelming; the District now owns sturdy chairs used for the classes; venues are costly in some areas; there still is no instructor for Copperopolis; with some modifications the funding is sufficient for the next 12 months; he would like to do more with the program so will apply for the District's grant in addition to applying for outside grants; he requested Stay Vertical Calaveras calls received by the District be referred to him.

Louise/Instructor: Was present and spoke fondly about the SVC classes and is well with the changes Mr. Shetzline is making to ensure the program.

Ms. Atkinson: Understands the ease in having the SVC classes at the populated centers but still would like to see upper Hwy 26, Rail Road Flat, West Point, Mt. Ranch, Burson, Wallace areas be served;

- **Grants Calendar:**

Dr. Smart: As mentioned above.

- **Grants - AB2019:**

Dr. Smart: One of the requirements for AB 2019 is to put the grants policy and application on the web page.

8. Board Comment and Request for Future Agenda Items:

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

Dr. Smart: Presented each Board member with a \$17.00 gift basket for the holidays and thanked them for all that they do for the District and the County; requested the Real Estate Committee and the Personnel Committee stay to attend an hour meeting for each topic.

This Institution is an Equal Opportunity Provider and Employer

Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

9. Next Meeting:

A. Will not be January 23 but instead will be a Special meeting on Wednesday January 30, 2019. Dr. Smart: It is time to swear in the Board members that were newly elected and to elect officers and committee chairs.

10. Adjournment: Action:

Ms. Atkinson moved to adjourn the meeting at 9:49am. Ms. Sellick provided her second and the motion passed 5-0.

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Minutes – Dec. 19, 2018 MTHCD Special Board Meeting Approved _____

Resolution No. 2019 - 1

**Accepting the Canvass of The General Election
Held on November 6, 2018
Pursuant to Division 15 Chapter 4 Of the Elections Code**

WHEREAS, the election results for the General Election, held on November 6, 2018, have been presented to the Board of the Mark Twain Health Care District by the County Clerk, following the canvass of said election;

NOW, THEREFORE, BE IT RESOLVED, that the Board of the Mark Twain Health Care District of the County of Calaveras hereby accepts the canvass of the returns of the General Election, held on November 6, 2018, as delineated in Exhibit "A" (attached) hereto and made a part hereof, is hereby accepted;

ON A MOTION by Director _____, seconded by Director _____, the foregoing Resolution was duly passed and adopted by the Board of the Mark Twain Health Care District of the County of Calaveras, State of California this 30th day of January 2019, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAINED:

Dr. Randall Smart, Executive Director

Attest: Ann Radford, Secretary

Mark Twain HealthCare 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".

Certificate of Election

OFFICE OF COUNTY CLERK

County of Calaveras, State of California

This is to certify that

At the General Election held on the 6th day of November, 2018,

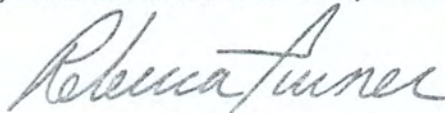
Lin Reed

was elected to the office of

Mark Twain Health Care District Director.

as appears by the official returns of said election and the statement of votes cast on file in my office.

In Witness Whereof I hereunto affix my hand and official seal this 3rd day of December, 2018.



County Clerk



Certificate of Election

OFFICE OF COUNTY CLERK

County of Calaveras, State of California

This is to certify that

At the General Election held on the 6th day of November, 2018,

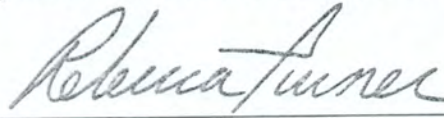
Ann Radford

was elected to the office of

Mark Twain Health Care District Director

as appears by the official returns of said election and the statement of votes cast on file in my office.

In Witness Whereof I hereunto affix my hand and official seal this 3rd day of December, 2018.



County Clerk



Certificate of Election

OFFICE OF COUNTY CLERK

County of Calaveras, State of California

This is to certify that

At the General Election held on the 6th day of November, 2018,

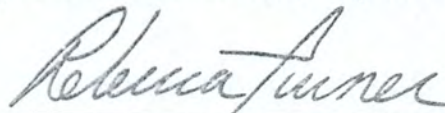
Debbie Sellick

was elected to the office of

Mark Twain Health Care District Director

as appears by the official returns of said election and the statement of votes cast on file in my office.

In Witness Whereof I hereunto affix my hand and official seal this 3rd day of December, 2018.



County Clerk



Certificate of Election

OFFICE OF COUNTY CLERK

County of Calaveras, State of California

This is to certify that

At the General Election held on the 6th day of November, 2018,

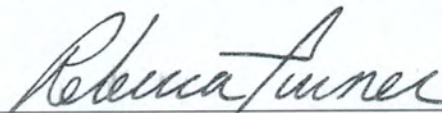
Talibah Al-Rafiq

was elected to the office of

Mark Twain Health Care District Director

as appears by the official returns of said election and the statement of votes cast on file in my office.

In Witness Whereof I hereunto affix my hand and official seal this 3rd day of December, 2018.



County Clerk



CERTIFICATION OF
COUNTY CLERK/REGISTRAR OF VOTERS
OF THE RESULTS OF THE CANVASS
OF THE November 6, 2018,
GENERAL ELECTION

STATE OF CALIFORNIA

ss.

COUNTY OF Calaveras

I, Rebecca Turner, County Clerk/Registrar of Voters of said county, do hereby certify that, in pursuance to the provisions of Elections Code Section 15300, et seq., I did canvass the results of the votes cast in the General Election held in said County on November 6, 2018, for measures and contests that were submitted to the vote of the voters, and that the Statement of Votes Cast, to which this certificate is attached is full, true, and correct.

I hereby set my hand and official seal this 28th day of November 2018 at
the County of Calaveras.



Rebecca Turner
Registrar of Voters
County of Calaveras
State of California

Certification of Elections Official (11/2018)

**HELP AMERICA VOTE ACT OF 2002
CERTIFICATION OF ELECTIONS OFFICIAL**

STATE OF CALIFORNIA

ss.

COUNTY OF Calaveras

Pursuant to the statewide voter registration list requirements set forth in the Help America Vote Act of 2002 (HAVA) (Pub. L. No. 107-252 (2002) 116 Stat. 1666, 42 U.S.C. § 15483),

I, Rebecca Turner, Registrar of Voters for the
County of Calaveras, State of California, hereby certify that
I complied with all provisions of Chapter 2 of Division 7 of Title 2 of the California Code of
Regulations for the Federal election held on the 6th day of November 2018, in the County of

Calaveras, State of California, and all elections
consolidated therewith.

I hereby set my hand and official seal this 28th day of November 2018 at
the County of Calaveras.



Rebecca Turner
Registrar of Voters
County of Calaveras
State of California

Certification of Elections Official (11/2018)



COUNTY OF CALAVERAS

REBECCA TURNER
Clerk-Recorder-Registrar of Voters

891 Mountain Ranch Road, San Andreas, CA 95249

Recorder: (209) 754-6372
Elections: (209) 754-6376
Clerk: (209) 754-6371
Fax: (209) 754-6733

TO: Special Districts
FROM: Kelsea Stefanick, Recorder Clerk I
DATE: December 3, 2018
RE: Certified Statement of Results for the November 6, 2018 General Election

The enclosed Certified Statement of Results is being sent to you pursuant to Elections Code Section 15372.

At their board meeting on December 4, 2018 the Calaveras County Board of Supervisors will be declaring the Certified Results of the Canvass and approving the appointments for the offices required to be filled by appointment pursuant to Elections Code Sections 10229/10515.

If you have any questions or need further information please contact the Election's Office at (209)754-6376.

Enclosures:
Certificate of Results
Statement of Votes Cast/Offices to be Filled by Appointment
Sample Resolution
Sample Oath of Office



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

Oath of Office

STATE OF CALIFORNIA,)
)
COUNTY OF CALAVERAS)

I, Lin Reed , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Lin Reed

Subscribed and sworn to before me, this 19_day of December 2018

Dr. Randall Smart, Executive Director

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”.

This Institution is an Equal Opportunity Provider and Employer



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Oath of Office

STATE OF CALIFORNIA,)
)
COUNTY OF CALAVERAS)

I, Ann Radford, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Ann Radford

Subscribed and sworn to before me, this 19_day of December 2018

Dr. Randall Smart, Executive Director

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Oath of Office

STATE OF CALIFORNIA,)
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COUNTY OF CALAVERAS)

I, Debbie Sellick, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Debbie Sellick

Subscribed and sworn to before me, this 19_day of December 2018

Dr. Randall Smart, Executive Director

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Oath of Office

STATE OF CALIFORNIA,)
)
COUNTY OF CALAVERAS)

I, Talibah Al-Rafiq, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Talibah Al-Rafiq

Subscribed and sworn to before me, this 19_day of December 2018

Dr. Randall Smart, Executive Director

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ACHD Advocate

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- [Legislative Update](#)
- [Upcoming Events](#)

From the Desk of Ken Cohen, Chief Executive Officer

Happy New Year and wishing you a great start to 2019! I'm eager to see each of you in just two weeks at our annual [Leadership Academy on January 24-25 in Sacramento](#). Not only is this a great opportunity for ACHD Members to come together and share ideas for improving health in your local communities, it also is a way to gear up and prepare for our collective legislative work ahead. This event is the only place newly elected and returning District Trustees and Executives can find specialized leadership and governance tools customized for Healthcare Districts. If you have not done so yet, [register your team today](#) for the ACHD Leadership Academy.



Our team here in Sacramento continues to work hard on behalf of you and your communities, and as you'll read in the Legislative Update, a new Governor taking office and getting to work on his top priorities means a busy year ahead. Our team is also undergoing a growth period as we strive to enhance how we serve you, and I'm delighted to share that Sarah Bridge has been promoted to Government Affairs Coordinator while Amber King is taking on Membership responsibilities in addition to overseeing our

advocacy work under her new role as the Vice President, Advocacy & Membership. Both roles reflect the expansive work they do each day.

Speaking of the ACHD team, we can't do our work without the commitment and support of our ACHD Board of Directors. And to that end we continue to seek nominations from Member Healthcare Districts for an individual Trustee or CEO to immediately fill two vacant positions on the ACHD Board. The deadline to apply has been extended to January 31. To apply, simply submit a resume or [statement of qualifications](#) to me at Ken.Cohen@achd.org by the end of this month. To find a statement of qualifications form and learn more about service on our board, visit [ACHD's website](#).

I look forward to seeing many of you in Sacramento later this month at Leadership Academy.

Legislative Update

On Monday, Gavin Newsom was inaugurated as the Governor of California. The Legislature also reconvened Monday and began adding to the 262 bills that were already introduced prior to the holiday break. ACHD's Advocacy Team will continue to review bills impacting Healthcare Districts as they are introduced. In addition, we will be meeting with members of the Legislature, their staff and Governor Newsom's newly appointed legislative staff.

In addition to our advocacy efforts, we encourage you to meet with your representatives early and often. A great opportunity to do this is during ACHD's [2019 Legislative Day](#) taking place in Sacramento on April 8-9. This event kicks off with the Legislative Reception, which allows ACHD Members the opportunity to network with legislators and their staff. In addition to networking, Legislative Day is the best way to learn about the 2019 California political climate in relation to Healthcare Districts. Be sure to register [online today](#), to receive the Early Bird Registration Rate and secure your place at this important event.

The ACHD Advocacy Team will continue to follow and report on the Newsom Administration, provide updates as we further analyze the Governor's proposed 2019-20 State Budget and he begins work on larger policy objectives.

Upcoming Events

January 18, 2019 at 10:00 AM:

California Physician Supply and Distribution: Headed for a Drought?

Join ACHD and Janet M. Coffman, MPP, PhD from the Philip R. Lee Institute for Health Policy Studies at University of California, San Francisco, as we forecast the future demand for primary care physicians in California and present recommendations for meeting California's physician workforce needs.

[Register your team for this free webinar.](#)

February 21, 2019 at 10:00AM:

Influential Drivers of Access to Health Care

With Carla D'Angelo, Vice President, COPE Health Solutions

[Register here.](#)

As a reminder, all past webinars are available on demand, including December's webinar, News Laws for 2019, where ACHD's Advocacy Team took an in-depth look at newly enacted laws impacting Healthcare Districts and what to expect for the new legislative session.

To access past webinar recordings, click [here](#).



[Register today!](#)

About ACHD

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state. The Association serves the diverse needs of California's Healthcare Districts by enhancing public awareness, training and educating its members and advocating for legislation and regulatory policies that allow Healthcare Districts to deliver the best possible health services to Californians. Learn more at achd.org.

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

POLICY: CRASH CART	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Crash Cart

Objective: An emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Acuity Rating: Severe

Policy: The Clinic provides adequate supplies, equipment, and medication required for a medical emergency. An emergency crash cart will be maintained for easy accessibility in the event of a medical emergency.

Procedure:

1. The emergency crash cart(s) will be inventoried after each use and on a monthly basis by the designee to assure that all equipment is in working order.
2. All medications quantity and expiration dates shall be current. This inventory will be logged, dated and initialed by the designee. It is the responsibility of the designee to immediately replace expired or used medications and supplies.
3. Emergency crash cart(s) will contain the medical supplies, medications, and medical equipment, adjusted to coincide with local conditions, such as response of EMS and hospital transfer capabilities as approved by the Medical Director.
4. The list of crash cart(s) contents will be reviewed by the Medical Director annually and/or upon notification that patient safety and local conditions require a revision. The list is not included as a part of this policy.

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

POLICY: CONSENTS FOR TREATMENT - GUIDANCE	REVIEWED: 11/11/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Guidance for use of Consent for Treatment documents

Objective: To ensure that consents for all patients are made in accordance with State and Federal HIPAA guidelines.

Response Rating: Mandatory

Required Equipment:

Procedure:

Definitions:

Adult: An adult is any person who has reached the age of eighteen (18) or who has contracted valid marriage (regardless of subsequent divorce or annulment). Such adult must sign their own consents and agreements, except in an actual emergency or after judicial declaration of incompetence with appointment of a legal guardian.

Person in Custody of Law Enforcement: Patients in the custody of Law Enforcement must still give consent for medical treatment. Minors in the custody of Law Enforcement must have a signed consent from a legal parent or guardian with the following exception:

- a. A juvenile in the custody of the Juvenile Enforcement agencies may have medical, surgical, dental, or other remedial care authorized by the probation officer acting on the recommendations of the attending practitioner. It is the responsibility of the Probation Officer to locate and inform the parents. If the parents object, the Juvenile Court can order treatment.

Person Under Guardianship Care (Adult or Minor): All persons under legal custody of a guardian shall have consents signed by that legal guardian. A certified copy of their official letter of guardianship shall be obtained and a copy scanned into the patient's medical record prior to any treatment being provided.

Minors: Minors (persons under the age of eighteen (18)) should be treated only with the presence of a parent or legal guardian unless an actual emergency exists (implied consent) or with one (1) of the following exceptions:

- a. Minor on active duty with United States Forces may give their own personal consent;
- b. Minors receiving pregnancy care may consent for care related to the pregnancy;

- c. When a minor is fifteen (15) years of age or older and lives apart from their parents and manages their own financial affairs regardless of the source of income;
- d. When a minor of twelve (12) years of age or older has a communicable disease that must be reported to the local health department.
- e. When a minor of 12 years or older presents for a physical examination, the parent/guardian will be encouraged to allow the patient to interact with the practitioner absent the parent/guardian, with the opportunity for a consultation between the adults at the end of the examination.

The parents or legal guardian incurs no obligation to pay in the cases of C and D unless they have previously consented.

Minors with divorced parents may have consent given by either parent. However, if there is a conflict, the parent with custody has the final word.

Minors whose parents are unavailable, usually when the minor is away from the home or parents are away short term, if the parents have consented in writing that the person in care, custody, or possession of the minor can give consent, that this consent can be accepted. Consent may imply in emergency situations.

Initial and Annual Form: The Initial and Annual form is completed by a patient prior to their first encounter with a Clinic practitioner. Subsequent to the initial completion, the form is reviewed and signed annually thereafter. The form contains a consent for treatment section which must be completed and, for minor patients whose forms are completed by their parent or guardian, the relationship of the signor to the patient must be documented.

Consent by Telephone: Acceptable only in an emergency situation, when a delay would jeopardize life or health of the patient and the parent or legal guardian is only available by phone.

Consent by telephone will be witnessed by two (2) individuals and a written record of the conversation will be filed in the medical record. Notation will indicate exact time of call and the nature of the consent given. Immediate steps are to be taken to obtain confirmation of consent by fax.

Witnesses to Signatures: Witnesses will be adults. Receptionists, nurses, medical assistants, practitioners, or those of similar responsibilities employed by the medical group should act as a witness. There is no need to have consents notarized. All dates, times, and signatures should be in black ink.

Emergency Consents: Treatment of a patient without a written consent is authorized under the doctrine of "implied consent".

Determination whether a treatment is immediately required and necessary to prevent deterioration or aggravation of patient's condition will be decided by the practitioner after consultation. The medical consultation will be documented and will include a statement to include why immediate treatment was required.

Obtaining Consents: Prior to any invasive procedure, the practitioner will give a full explanation of the risk and benefits of the procedures as well as any alternative treatment. The practitioner will answer all of the

patient's questions and document the conversation. The nurse will obtain signatures for the consent. The patient will be given a copy of the consent form and the original copy will be filed in the patient's chart.

Consents are to be obtained for all invasive examinations and surgical procedures.

DRAFT

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

POLICY: AUDIOGRAM-THRESHOLD	REVIEWED: 11/11/18
SECTION: Patient Care	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Threshold Audiogram

Objective: To assess auditory status of patient

Response Rating: Minimal

Required Equipment: Audiometer, EMR

Applies to: All Personnel with documented audiometry training

Policy

Hearing screenings are a part of our comprehensive patient services. An audiogram may be required for pediatric physical examinations, pre-employment screening or for complaints of hearing loss, ear infections, trauma to the ear, ringing in the ears.

Procedure

1. As a part of the pediatric patient's physical examination. Guidelines and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
 - A. If the screening is not performed per the recommended periodicity schedule, document in the EMR the reason. Example "patient unable to follow direction."
 - B. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.
2. Assemble the equipment
3. Ensure that the room is quiet.
4. Explain the procedure to patient and demonstrate its use.
5. Inform the patient: "I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud some very soft. Whenever you hear, or think you hear one of those sounds, raise your hand. Lower your hand when you no longer hear the sound. Remember that

though some of the tones will be easier to hear, others will be very faint. Therefore, you should listen very carefully and raise your hand whenever you think you hear the tone.”

6. Place the headset over the patient’s ears.
7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.
8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.
9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.
10. Mark hearing screen in EMR.
11. Report abnormal results to the practitioner.
12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.

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

POLICY: ASEPTIC PROCEDURE	REVIEWED: 11/12/18
SECTION: CLINICAL	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Aseptic Procedures

Objective: To prevent surgical infections in patients undergoing procedures in the Clinic.

Acuity Rating: Mandatory

Required Equipment: Various re-useable instruments that require sterilization or sterile single use disposable instruments.

PURPOSE: Micro-organisms are naturally present in every patient environment. Some may be harmless to most people while others are harmful to many. An important part of providing care is to prevent the patient from acquiring infections by decreasing the spread of micro-organisms. Open wounds, either surgical or traumatic, are especially prone to infection.

Knowledge of sterile technique (surgical asepsis) is important in order to carry out certain procedures with minimal risk of infection. This is a basic skill for all medical assistants and providers.

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.
2. For an infection to occur there must be:
 - a. A sufficient number of organisms strong enough to produce infection.
 - b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
 - c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

IMPLEMENTATION:

1. Surgical Asepsis requires the use of sterile:
 - a. Surgical gloves
 - b. Instruments
 - c. Medications (solutions, anesthetics, ointments)
 - d. Suturing material and needles
 - e. Dressing supplies (i.e. gauze, telfa, etc.)
 - f. Containers to hold any of above supplies

- g. Drapes (fenestrated or non-fenestrated)
2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.
- a. Suture removal
 - b. Dressing change
 - c. IV insertion
 - d. Venipuncture
 - e. Minor surgical procedures to include (but not limited to):
 - 1. Laceration repair
 - 2. Wart removal
 - 3. Removal of other skin growths/biopsies
 - 4. Excision of ingrown toenail
 - 5. I & D abscess/paronychia
 - 6. Release of subungual hematoma

ADDITIONAL INFORMATION:

See specific workflows for equipment and set-up for procedures such as laceration repair, burn treatment, wart removal, etc.

DRAFT

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

POLICY: ADVERSE DRUG REACTION	REVIEWED: 11/11/18
SECTION: CLINICAL	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Adverse Drug Reaction

Objective: To establish guidelines in the event of an adverse medication reaction

Acuity Rating: Mild to Severe

Procedure:

1. When a patient reports or a staff member observes signs of a medication reaction, staff will follow Clinic protocol for medication reactions. The ordering practitioner will be notified immediately and will give the instructions for the patient regarding the prescribed medication. The patient will be instructed by the practitioner or nursing staff of the plan of care.
2. It is the practitioner's responsibility to educate the patient to any expected or potential side effects of any medication being ordered.
3. The practitioner and nurse/medical assistant who is administering the medication will ensure the patient's understanding of the benefits, expected or potential side effects of the medication.
4. The patient will be advised and expected to report any side effects to the practitioner, nurse, or medical assistant.
5. Adverse drug reactions are considered noxious and generally unintended and include undesired effects, allergic reactions, and idiosyncratic reactions.
6. Reactions may be exaggerated but otherwise normal pharmacological action of drug at usual dose. They may be an aberrant effect not expected at usual therapeutic doses.
7. Withhold any further administration of the medication.
8. Notify the practitioner immediately and obtain written orders for treatment.
9. Advise patient and/or family of plan of care.

Documentation:

1. Documentation of all medication reactions/adverse effects will be recorded in the patient's record.
 - a. Symptoms
 - b. Time the practitioner was notified and what orders were given.
 - c. Patient notification and response.
 - d. Any follow up care or instructions given.
 - e. Record allergy in allergy section of patient record
 - f. Refer to clinical questions and guidance as posted in the nurses' station.

Reporting:

1. In the case of adverse reactions to medications, the practitioner or designee will report the data to MedWatch at <https://www.fda.gov/Safety/MedWatch/default.html>.
2. In the case of adverse reactions to vaccinations, the practitioner or designee will report the data to VAERS at VAERS.hhs.gov.

Notify Pharmacy

If patient is reporting a reaction that occurred from a medication that was filled at a pharmacy, the pharmacist at the pharmacy will be notified of the patient's reaction.

Medication Administered in the Clinic

1. If an adverse/reaction of medication occurs from medication given to the patient in the Clinic, the attending staff member will complete an incident report.
2. A copy of the patient's visit note will be attached to the incident report and it will be sent to the Clinic Director.
3. The Clinic Director will review the report with the Medical Director and it will be reviewed at the Quality Improvement Meeting and/or with the Medical Staff.

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

POLICY: ABNORMAL VITAL SIGNS	REVIEWED: 11/11/18
SECTION: CLINICAL	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR

Subject: Abnormal Vital Signs

Objective: To assess the patient at risk for severe disease or complications.

Response Rating: Minimal to Severe

Required Equipment: Gloves.

Procedure

1. All patients in the Clinic will have a complete set of vital signs.
2.
 - a. In children under age 3, pulse, respiratory rate, temperature (oral or temporal artery thermometer), weight and pulse oximetry, if indicated.
 - b. In children (3 years and above) and adults, add blood pressure.
 - c. In children (regardless of age) who present as ill or in extremis, ensure all vital signs are taken and recorded in the medical record.
3. For pulse: notify the practitioner if less than 60 or greater than 100 in adults. The normal range for children will vary by age, but generally is faster. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
4. For respiration: notify the practitioner if the rate is greater than 24 times per minute, or if there is any difficulty breathing. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
5. For blood pressure: in adults, notify the physician if systolic is >160 or less than 90, or if diastolic is over 100 or under 60.
6. For temperature: notify the practitioner if over 102 degrees.
7. For pulse oximetry: notify the practitioner if less than 95%.
8. In all cases, document the vital signs clearly in the medical record and notate if any are abnormal.
9. All abnormal vital signs and oximetry will be addressed by the practitioner during the visit.

MARK TWAIN HEALTH CARE DISTRICT					
Mark Twain Rural Health Clinics					
Policy Manual Table Of Contents					
Name of Policy	Section	Review Status		List for Section	List for Status
Abnormal Vital Signs	Patient Care	Original Submittal		Admitting	Original Submittal
Accounts Payable	Operations	Original Submittal		Civil Rights	Provisional Approval
Accounts Receivable Collections	Revenue Cycle	Pending		Operations	ED reviewed, pending Board review
Accounts Receivable Credit Balance Management	Revenue Cycle	Pending		District	Med Dir/Mid-level/Office Mgr Approval
Accounts Receivable Reporting	Revenue Cycle	Pending		Safety and Emergency Planning	Pending
Active Shooter	Safety and Emergency Planning	Original Submittal		Infection Control	Info/details required from Clinic
Adverse Medication Reaction	Patient Care	Original Submittal		Medical Records	Update required
After Hours Telephone Management	Operations	Original Submittal		Medical Staff	
Age Restriction	Civil Rights	Original Submittal		Workforce	
Alternate Communication in an Emergency Situation	Safety and Emergency Planning	Original Submittal		Medication Management	
Animal Bite Reporting	Reporting	Original Submittal		Patient Care	
Annual Clinic Evaluation	Operations	Original Submittal		Reporting	
Annual Review of Contracts	Operations	Pending		Revenue Cycle	
Answering a Phone Call	Operations	Original Submittal		Standardized Procedure	
Appointment Notification	Admitting	Original Submittal		Waived Testing	
Appointment Rescheduling	Admitting	Original Submittal			
Appointment Scheduling	Admitting	Original Submittal			
Aseptic Procedures	Patient Care	Original Submittal			
Audiogram - Threshold	Patient Care	Original Submittal			
Autoclave Spore Testing	Infection Control	Info/details required from Clinic			
Autoclave Use and Maintenance	Infection Control	Info/details required from Clinic			
Auxillary Aids and Services for Persons with Disabilities	Civil Rights	Original Submittal			
Billing Personnel - Organization	Revenue Cycle	Original Submittal			
Billing Practices	Revenue Cycle	Original Submittal			
Biohazard material Management	Infection Control	Original Submittal			
Bioterrorism Threat	Safety and Emergency Planning	Original Submittal			
Blood Boorne Pathoen Exposure	Infection Control	Original Submittal			
BLS Certification	Workforce	Info/details required from Clinic			
Blue Shield Eligibility Verification	Admitting	Original Submittal			
Board Conflict of Interest	District	Original Submittal			
Bomb Scare	Safety and Emergency Planning	Original Submittal			
Business Hours	Operations	Original Submittal			
Cardiopulmonary Resuscitation - Code Blue	Safety and Emergency Planning	Original Submittal			
Cash Collection	Revenue Cycle	Original Submittal			
Cash on Hand Management	Admitting	Original Submittal			
Child Abuse Reporting	Reporting	Info/details required from Clinic			
Chronic Pain Management	Patient Care	Info/details required from Clinic			
Cleaning Duties	Infection Control	Original Submittal			
Co-signature of Mid Level Practitione Records	Medical Staff	Original Submittal			
Communicable Disease Reporting	Reporting	Original Submittal			
Communication with Persons with Limited English Proficiency	Civil Rights	Original Submittal			
Compliance	District	Original Submittal			
Consents for Treatment - Guidance	Patient Care	Original Submittal			
Contagious Patient	Infection Control	Original Submittal			
Correction of Informaiton in Medical Record	Medical Records	Original Submittal			
Crash Cart	Patient Care	Original Submittal			
Critical Alert Value Notification	Patient Care	Original Submittal			
Culture Transmittal	Patient Care	Original Submittal			

Defibrillator Use and Management	Patient Care	Info/details required from Clinic				
Demonstrated Competency	Workforce	Original Submittal				
Disaster - Fire	Safety and Emergency Planning	Info/details required from Clinic				
Disaster - Water Contamination	Safety and Emergency Planning	Original Submittal				
Disaster Plan	Safety and Emergency Planning	Original Submittal				
Disruption of Electric Service	Safety and Emergency Planning	Original Submittal				
Dissemination of Non-Discrimination Policy	Civil Rights	Original Submittal				
Domestic Violence and Suspicious Injury	Reporting	Original Submittal				
Drug Samples	Medication Management	Original Submittal				
Earthquake or Weather Emergency	Safety and Emergency Planning	Original Submittal				
EKG	Patient Care	Info/details required from Clinic				
Elder Dependent Adult Abuse	Reporting	Original Submittal				
Emergency Ambulance Transfer	Admitting	Original Submittal				
Emergency Medications and Supplies	Patient Care	Info/details required from Clinic				
Emergency Operations Plan	Safety and Emergency Planning	Info/details required from Clinic				
Emergency Release of Patient Records	Medical Records	Original Submittal				
Emergency Situation Unresponsive Patient	Safety and Emergency Planning	Original Submittal				
Employee Health	Workforce	Original Submittal				
ePHI Policy	Medical Records	Original Submittal				
Equipment Management	Operations	Original Submittal				
Exam Table and Exam Room Cleaning and Disinfecting	Infection Control	Original Submittal				
Exposure Control Plan	Infection Control	Original Submittal				
External Hazmat Incident	Safety and Emergency Planning	Original Submittal				
Extreme Temperatures	Safety and Emergency Planning	Original Submittal				
Eye Irrigation	Patient Care	Original Submittal				
Eye Medication - Dispensing	Patient Care	Original Submittal				
Fire Safety	Safety and Emergency Planning	Original Submittal				
Fit Testing	Infection Control	Original Submittal				
Flat Rate Fee Program	Admitting	Original Submittal				
Flat Rate Fee Program (or other self pay program)	Revenue Cycle	Original Submittal				
Flu Shots	Patient Care	Original Submittal				
Follow-up Calls	Patient Care	Original Submittal				
Follow-up of Patients	Patient Care	Original Submittal				
formulary	Medication Management	Original Submittal				
Handwashing	Infection Control	Original Submittal				
Hazardous Waste	Infection Control	Original Submittal				
HIV Testing	Patient Care	Original Submittal				
Incident Reports	Operations	Original Submittal				
Infection Control	Infection Control	Original Submittal				
Infection Control Overview	Infection Control	Original Submittal				
Informed Consent	Patient Care	Original Submittal				
Initial Patient Contact and Medical Emergencies	Safety and Emergency Planning	Original Submittal				
Injection Intramuscular	Patient Care	Original Submittal				
Instrument Cleaning for Sterilization	Infection Control	Info/details required from Clinic				
IT Rules of Use	District	Original Submittal				
Laboratory Electrical Safety	Operations	Original Submittal				
Lapses of Consciousness - DMV Reporting	Reporting	Original Submittal				
Late Arriving Patients	Operations	Info/details required from Clinic				
Laundry and Linen	Operations	Original Submittal				
List of Services	Civil Rights	Original Submittal				
Litigation (Potential)	Operations	Original Submittal				
Look Alike Sound Alike Medications	Medication Management	Original Submittal				
LVN Scope of Practice	Workforce	Original Submittal				
Management of Referral Requests	Admitting	Original Submittal				

Marketing	District	Original Submittal				
Mass Casulaty Response	Safety and Emergency Planning	Original Submittal				
Medi Cal Eligibility Verification	Admitting	Original Submittal				
Medical Assistant Scope of Practice	Workforce	Original Submittal				
Medical Director Direction of Practitioners in the Clinic	Medical Staff	Original Submittal				
Medical Record Forms and Fees	Medical Records	Original Submittal				
Medical Record Security and Retention	Medical Records	Original Submittal				
Medical Records Release	Medical Records	Original Submittal				
Medical Records Transfer	Medical Records	Original Submittal				
Medical Staff Credentialing	Medical Staff	Original Submittal				
Medication Administration	Medication Management	Original Submittal				
Medication Management Response to Power Failure	Safety and Emergency Planning	Original Submittal				
Medication Management Storage of Multi-Use Containers	Medication Management	Original Submittal				
Medication Reconciliation	Patient Care	Original Submittal				
Medication Waste Stream	Medication Management	Original Submittal				
Medication, Supply, and Equipment Recall	Operations	Original Submittal				
Mission Statement	Civil Rights	Original Submittal				
Monitoring Inspection of Medication Inventory	Medication Management	Original Submittal				
Motor Vehicle Accident Reporting	Reporting	Original Submittal				
Narcotic Policy	Medication Management	Original Submittal				
Nebulizer Treatment	Patient Care	Original Submittal				
Non-discrimination	Civil Rights	Original Submittal				
On Call Program	Operations	Original Submittal				
Operation During Internal Disaster	Safety and Emergency Planning	Original Submittal				
Organization of Nursing Personnel	Workforce	Original Submittal				
Organizational Chart for Operations	Workforce	Update required				
Par Levels	Operations	Original Submittal				
Patient Left Without Being Seen	Operations	Original Submittal				
Patient Medical Record Content	Medical Records	Original Submittal				
Patient Portal	Operations	Original Submittal				
Patient Rights and Responsibilities	Civil Rights	Original Submittal				
Patient With Urgent Complaint for District (aka Emergency Care List)	Safety and Emergency Planning	Original Submittal				
Peer Review	Medical Staff	Original Submittal				
Policy Development and Review	Operations	Original Submittal				
PPD Test Results	Patient Care	Original Submittal				
Prescription Refills	Patient Care	Original Submittal				
Preventative Maintenance Inspections	Operations	Original Submittal				
Preventative Services - Adults	Patient Care	Original Submittal				
Primary Authority Over Clinic Operations	Operations	Original Submittal				
Procedure Time Out	Patient Care	Original Submittal				
Processing X-Ray Requests	Patient Care	Info/details required from Clinic				
Product and Device Recall	Operations	Original Submittal				
Pulse Oximeter	Patient Care	Original Submittal				
Quality Assurance Guidelines	Operations	Original Submittal				
Quality Assurance Performance Improvement Plan	Operations	Original Submittal				
Radiation Safety and Protection Progma	Operations	Original Submittal				
Radiology Department Safety Guidelines	Operations	Original Submittal				
Registering Patient Complaints	Operations	Original Submittal				
Registration of Established Patient	Admitting	Original Submittal				
Registration of New Patient	Admitting	Original Submittal				
Reporting Parasitic Disease	Reporting	Info/details required from Clinic				
Retention of Medical Records	Medical Records	Original Submittal				
Scope of Services	Civil Rights	Original Submittal				
Section 504 Grievance	Civil Rights	Original Submittal				

Section 504 Notice of Program Accessibility	Civil Rights	Original Submittal				
Sensitive Services	Patient Care	Original Submittal				
Service Animal	Operations	Original Submittal				
Shelter in Place for Patients and Staff	Safety and Emergency Planning	Original Submittal				
Sliding Fee Scale	Revenue Cycle	Original Submittal				
Sliding Fee Scale	Revenue Cycle	Info/details required from Clinic				
SP Administration of Flu Shots	Standardized Procedure	Original Submittal				
SP Childhood Health Screenings	Standardized Procedure	Original Submittal				
SP Glucose Testing of Diabetic Patients	Standardized Procedure	Original Submittal				
SP Hemoglobin Assessment	Standardized Procedure	Original Submittal				
SP Mid Level Practitioner	Standardized Procedure	Info/details required from Clinic				
SP Physical Examinations	Standardized Procedure	Original Submittal				
SP Pregnancy Testing of Patients on Contraception	Standardized Procedure	Original Submittal				
SP Pulse Oximeter	Standardized Procedure	Original Submittal				
SP Strep A	Standardized Procedure	Original Submittal				
SP Urinalysis	Standardized Procedure	Original Submittal				
SP Urinalysis for Pregnancy Patients	Standardized Procedure	Original Submittal				
SP Visual Acuity Testing	Standardized Procedure	Original Submittal				
Splints and Ace Wraps	Patient Care	Original Submittal				
Staff Meetings	Operations	Original Submittal				
Statement of Ownership and Governance	District	Original Submittal				
Sterile Field	Infection Control	Original Submittal				
Sterile Field	Patient Care	Original Submittal				
Sterile Shelf Life	Infection Control	Original Submittal				
Sterile Shelf Life	Operations	Original Submittal				
Sterile Supplies and Instruments	Infection Control	Original Submittal				
Sterile Supplies and Instruments	Operations	Original Submittal				
Storage, Handling, and Delivery of Medications	Medication Management	Original Submittal				
Substance Abuse Policy	Workforce	Info/details required from Clinic				
Supply Ordering	Operations	Original Submittal				
Supply Outdates	Operations	Original Submittal				
Telephone Request for Medical Advice	Patient Care	Original Submittal				
Temperature - Axillary	Patient Care	Info/details required from Clinic				
Temperature - Oral	Patient Care	Info/details required from Clinic				
Temperature - Rectal	Patient Care	Info/details required from Clinic				
Temperature - Tympanic Thermometer	Patient Care	Info/details required from Clinic				
Threatening or Hostile Patient	Safety and Emergency Planning	Original Submittal				
Transfer of Patient Chart Information	Medical Records	Original Submittal				
Transfer of Patient to a Hospital	Safety and Emergency Planning	Original Submittal				
Unresponsive Patient	Safety and Emergency Planning	Original Submittal				
Unscheduled Downtime of Electronic Medical Record	Safety and Emergency Planning	Original Submittal				
Urinary Catherization	Patient Care	Original Submittal				
Urine Collection Clean Catch Female	Patient Care	Original Submittal				
Urine Collection Clean Catch Male	Patient Care	Original Submittal				
Use of Gloves	Infection Control	Original Submittal				
Vaccine Administration	Patient Care	Original Submittal				
Vendor Visitor Management	Operations	Original Submittal				
Venipuncture	Patient Care	Original Submittal				
Visitors and Relatives	Operations	Original Submittal				
Visual Acuity	Patient Care	Original Submittal				
Volunteer Deployment	Safety and Emergency Planning	Original Submittal				
Waived Testing HemoCue Hb201	Waived Testing	Info/details required from Clinic				
Waived Testing	Waived Testing	Info/details required from Clinic				
Waived Testing Bilirubin	Waived Testing	Info/details required from Clinic				

Waived Testing Chem 7 Panel	Waived Testing	Info/details required from Clinic				
Waived Testing Cholesterol	Waived Testing	Info/details required from Clinic				
Waived Testing Fecal Occult Stool	Waived Testing	Info/details required from Clinic				
Waived Testing Hemo Cue Glucose 201	Waived Testing	Info/details required from Clinic				
Waived Testing Hemoglobin A1C	Waived Testing	Info/details required from Clinic				
Waived Testing Influenza A and B	Waived Testing	Info/details required from Clinic				
Waived Testing Leadcare II	Waived Testing	Info/details required from Clinic				
Waived Testing Quality Assurance	Waived Testing	Info/details required from Clinic				
Waived Testing Rapid Flu A & B	Waived Testing	Info/details required from Clinic				
Waste, Fraud, and Abuse	District	Original Submittal				
Well Child Examination	Patient Care	Info/details required from Clinic				
Withdrawal of Care	Patient Care	Original Submittal				
X-Ray Orders	Patient Care	Info/details required from Clinic				

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

POLICY: VISITORS AND RELATIVES	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Visitors and relatives

Objective: One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room

Response Rating:

Required Equipment: None

Procedure

1. One individual accompanying the patient, preferably the next of kin, shall be requested to act as a representative for the patient to give and receive information necessary with regard to the registration, patient's course of care, etc. This individual may stay with the patient at the request of the practitioner or the patient.
2. Visitors/relatives may be requested to leave the examination room when:
 - a. The patient's condition warrants.
 - b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
 - c. At the patient's request.
 - d. When privacy is needed or confidential issues need to be discussed.
3. Visitors/relatives are not allowed to smoke in any area of the facility.
4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian leave the room.
5. Exceptions would be: both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.

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

POLICY: VENDOR VISITOR MANAGEMENT	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Vendor Visitor Management

Objective: To ensure facility security; to limit facility access to approved vendor representatives only, and to limit business operations interruption caused by vendor interruption, the Clinic requires that all established and prospective vendors visit the facility under the control and supervision of the District Administrative Office.

Response Rating: Mandatory

Required Equipment: None

Procedure

Vendor Representative Visitation Protocol

1. All vendors who wish to visit the Clinic practitioners must schedule an appointment following the guidelines established by the Clinic.
2. All vendors who wish to visit the Clinic Manager may schedule an appointment but may be seen without an appointment if doing so meets the business needs of the Clinic Manager/the Clinic.
3. All representatives shall park in the visitors parking lot located at the front of the main entrance of the Clinic, or other designated parking areas of the Clinic and enter the building through the visitor's entrance.
4. No vendor will be permitted in patient care areas without specific permission or accompanied by a Clinic employee.
5. No vendor will be permitted to enter supply storage areas without the Clinic Manager or their designee present.
6. Vendor representatives should not schedule any social meetings on their own accord. Such meetings should be coordinated through the Medical Director and/or Clinic Manager.

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

POLICY: SUPPLY OUTDATES	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Supply outdates

Objective: To ensure that all supplies utilized in the Clinic are in-date and that outdated items are removed prior to their expiration, the Clinic will not utilize medications, laboratory reagents, or waived testing kits/supplies after their expiration date. The Clinic will follow the Sterile Shelf Life policy for packaged supplies and implements sterilized in the Clinic.

Response Rating:

Required Equipment:

Procedure

1. On a routine, monthly basis the Clinic Manager or designee will review the medical supply inventory (including laboratory waived testing supplies and reagents) and will check those items for date status.
2. Pre-packaged items due to expire within the next 60 days will be marked with a red dot and the dot will be marked with the actual expiration date.
3. Items that are due to expire at the end of the month will be removed from active inventory, placed in a plastic bin with cover and delivered to the Clinical Manager, who maintains the QAPI records for supply outdates.
4. Consistent with the Sterile Shelf Life policy, Clinic Manager may return pre-packaged items to inventory.
5. Instrument packs that have been sterilized will be checked for expiration dates and package integrity on the same monthly schedule.
6. Packs that are due to expire in less than 30 days will be opened, repacked and re-sterilized if package integrity has been breached.
7. Re-sterilized packs will be returned to inventory.
8. Medications and waived testing reagents that have reached their expiration date will be delivered to the Clinical Manager who, after documentation of outdated product waste, will place the items in the “destroy medications” container.

9. Waived testing kits that have reached their expiration date will be delivered to the Clinic Manager who, after documentation of outdated product waste, will place the items in the biohazardous waste bag for destruction.

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

POLICY: SUPPLY ORDERING	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Ordering office, utility, and medical supplies

Objective: To ensure adequate supplies are available for Clinic operations.

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical supplies. A weekly routine is recommended.
2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level using the Supply Order Form.
3. Office and utility supplies (toilet tissue, facial tissue, hand soap, etc) inventory is the responsibility of the Clinic Director or their designee.
4. Medical supplies and medication inventory is the responsibility of the Clinic Director or their designee.
5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.
6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

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

POLICY: STERILE SUPPLIES AND INSTRUMENTS	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Sterile supplies and implements

Objective: To maintain sterility of sterile supplies and instruments in an effort to prevent infection.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sterile supplies and instruments will be checked monthly and before each use to insure the package integrity and expiration date.
2. Supplies that are in the manufacturer's packaging will be considered sterile in accordance with the packaged expiration date and/or printed information if package integrity has been maintained.
3. Supplies or equipment whose package integrity has been breached will be replaced, re-sterilized, or disposed of in accordance with manufacturer's recommendation and OSHA regulations.
4. Staff will perform sterilization of re-usable implements on site, using the autoclave.
5. Sterile instruments and supplies autoclaved on site will observe the following expiration guidelines:
 - a. Paper wrap – 3 months
 - b. Cloth wrap – 3 months
 - c. Cellophane pouches which are tape-sealed – 90 days
6. Any damage or break in packaging is cause for re-sterilization of the item.
7. Packages will be labeled prior to sterilization with the label including:
 - a. Description of package contents
 - b. Date of sterilization
 - c. Month, day, and year of expiration (i.e.: exp 7/11/18)
 - d. Initials of staff member performing sterilization

8. Every use of the autoclave will be logged on the autoclave log and will include:
- a. Date and time of sterilization
 - b. What was sterilized
 - c. Cycle used
 - d. Name of staff member performing sterilization

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

POLICY: STERILE SHELF LIFE	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Sterile Shelf Life

Objective: To ensure delivery of sterile, quality product for patient care, with sterility being determined by proper sterilization technique and uncompromised package integrity rather than by date on the package. As maintenance of sterility is event related, not time related, all items sterilized are to be labeled “sterile unless package is damaged or opened”. The user will have the ultimate responsibility to examine packaging prior to use to determine the integrity of the packaging.

Response Rating:

Required Equipment:

Procedure

1. Each sterilized package is to have the name of the contents, the date of sterilization and the sterilizer load number. It will also have the initials of the person who prepared and processed the package. No expiration date will be present.
2. All items processed for sterilization are to be properly wrapped and processed in such a manner as to provide an effective barrier to microorganisms. Infrequently used items will be packaged in peel pouches. Items that are properly packaged and sterilized will remain sterile indefinitely unless opened or the integrity of the package is compromised.
3. Packages that contain medications are to have an expiration date that reflects the expiration date of the medication. Materials that deteriorate with the passage of time will have an expiration date.
4. Stock is to be rotated so that it is current and paper wrappers do not age to the point of brittleness. Supplies are to be pulled from the right, front or top of the shelf, depending on how the shelf is arranged and newly processed supplies will be added to the shelf from the left, back or bottom.
5. All packages are to be inspected before use. If the package is torn, wet, has a broken seal or has been damaged in any way, it is to be considered contaminated and reprocessed.
6. Sterile supplies are to be stored in a clean, dust free environment and in a manner that does not aid in the compromise of the packaging of the product.

7. Sterile items that remain unused on the shelf for longer than two (2) years are to be evaluated for continued need for sterile storage. These items will either be removed from sterile storage or reprocessed.
8. Commercially processed supplies are to have a shelf life label indicating the date beyond which the items should not be used. This will generally apply when something in the package may deteriorate with time rather than loss of sterility unless labeled otherwise, or if the package is damaged.

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

POLICY: STAFF MEETINGS	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	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 **XXX** of each month, at **XXX** 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 additional to Clinic personnel.

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

POLICY: SERVICE ANIMAL	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Service animals in the Clinic

Objective: To define which animals are allowed in the Clinic and under what circumstances, while ensuring compliance with Federal and State laws.

Response Rating: Mandatory

Required Equipment:

Definitions:

Service animal: Under the ADA, a service animal is defined as a dog or miniature horse that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the animal must be directly related to the person’s disability.

Do work or perform tasks: The animal must be trained to take a specific action when needed to assist a person with a disability. For example, a person with diabetes may have an animal that is trained to alert him when his blood sugar reaches high or low levels. A person with depression may have an animal that is trained to remind her to take her medication. Or a person who has epilepsy may have an animal that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

Emotional support animals: there is a distinction between psychiatric service animal and emotional support animals. If the animal has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen the effects, it will qualify as a service animal. However, if the animal’s mere presence provides comfort, it would not be considered a service animal under the ADA.

Procedure:

1. The Clinic will allow service animals as defined by the Department of Justice and the State of California.
2. The Clinic will not allow emotional support animals as defined by the Department of Justice and the State of California.
3. Clinic staff may ask only two questions of the patient who is accompanied by a service animal
 - a. Is the service animal (dog or miniature horse) required because of a disability?

- b. What work or task has the animal been trained to perform.
4. Staff may not ask for proof that the animal is trained and may not ask that the animal demonstrate its task.
 5. The animal is not required to wear a vest or other symbol of its service animal status.
 6. The handler is required to care for and supervise the service animal. This includes watering, feeding, toileting, and ensuring the animal is under control at all times.
 7. If the animal is not controllable or housebroken, the animal may be excluded from the Clinic.
 8. If the animal is out of control and the handler does not take effective action to control it, staff may request the animal be removed from the premises.

Resources:

Americans With Disabilities Act
California Disabled Persons Act
Fair Employment and Housing Act
Unruh Civil Rights Act

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

POLICY: REGISTERING PATIENT COMPLAINTS	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	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:

Procedure:

1. Patient complaint regarding billing
 - a. The registration staff will explain the charges and insurance billing procedure.
 - b. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Clinic Manager or their designee for further breakdown of charges.
 - c. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Executive Director for problem resolution.

2. Patient complaint regarding services rendered
 - a. 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.
 - b. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician or mid-level provider for review and recommendation for resolution.
 - c. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Director for further discussion.

- d. All patient complaints are to be routed to the Clinic Director, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - e. 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 XXX, the Clinic's accreditation agency should they have a complaint or grievance. XXX can be reach by telephone at XXX-XXX-XXXX or via the internet at XXX.

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

POLICY: QUALITY ASSURANCE & CONTINUED QUALITY IMPROVEMENT PLAN	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Quality Assurance & Continued Quality Improvement Plan

Policy: The Clinic will maintain an active Quality Assurance/Performance Improvement Plan (QAPI Plan) covering operational, administrative, and clinical areas. Data will be reviewed by Clinic Manager and Medical Director on a regular basis. Periodic reports regarding the QAPI program will be made to the District Board.

Objective: Undertake an active, ongoing process of evaluation, corrective action, and re-evaluation of the Quality Assurance Plan. Continually evaluate procedures and performances in order to increase the quality of services being provided both medically and administratively. In addition, all Protocols, Policies and Procedures will be reviewed and updated accordingly on an annual basis by the Clinic Manager and Medical Director.

Response Rating: Mandatory

Procedure Quality Assurance Plan:

1. Questions answered by the Quality Assurance Performance Plan
 - a. Are quality-related activities present?
 - b. Are quality-related activities being performed correctly?
 - c. Are quality-related activities contributing to quality care for the patients?
 - d. Are activities contributing to improved patient outcomes?

2. Importance of the Quality Assurance Performance Improvement Plan
 - a. Accurate assessment of patient services.
 - b. Risk Management.

3. Components of the Quality Assurance Performance Improvement Plan
 - a. A written Plan.
 - b. Staff familiarization of the plan.
 - c. Successful implementation of the plan.

4. Clinical Information as Components of the Quality Assurance Performance Improvement Plan
 - a. Accurate patient demographics.
 - b. Medical records and charts.

- c. Updated logs of medication samples, refrigerators, sterilizer maintenance, crash cart, immunizations, abnormal labs, and referrals
5. Internal Review Components of the Quality Assurance Performance Improvement Plan
 - a. Provide information for staff performance.
 - b. Support staff performance.
 - c. Provide continuity of patient care.
 - d. Minimize patient risk.
 - e. Increase patient satisfaction.
 - f. Increase patient compliance.
 - g. Provide accessibility to information.
 - h. Provide appropriate services.
 - i. Control cost of services.
 6. Quality Assurance Performance Improvement Committee

The primary role of the Quality Assurance Performance Improvement Committee is to monitor and evaluate the quality related activities of the organization in a structured way.

The Quality Assurance Performance Improvement Committee will be composed of the Medical Director, representatives from the staff and management. The representatives will meet regularly. This committee will perform periodic reviews of pre-selected indicators against pre-determined standards. The committee will report via written minutes of its meetings. Any problems will be referred to management for consideration and resolution.

The primary role of the Quality Assurance Performance Improvement Committee is to review current procedures and actions and determine how they can be improved and implemented.

Procedure:

1. Perform time and analysis studies
 - a. Staffing verses patient arrival analysis.
 - b. Patient length-of-visit studies.
2. Medical evaluations
 - a. Diagnosis and determination methods.
 - b. Physician cost analysis.
3. Patient Call Backs
 - a. Perceptions of care.
 - b. Treatment results.
4. Review of operations data including but not limited to logs, reports, raw data concerning clinic

operations.

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POLICY AND PROCEDURES

POLICY: QUALITY ASSURANCE GUIDELINES	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Quality Assurance Guidelines

Objective: To define Clinic Quality Assurance Guidelines for application in the development and management of the Quality Assurance/Performance Improvement Program.

Response Rating:

Required Equipment: None

Quality Assurance Definition:

An ongoing process designed to objectively and systematically monitor and evaluate patient services in accordance with established standards, identify and resolve problems and pursue opportunities to improve patient care and outcomes.

Quality Assurance Objectives:

- a. Monitor statistics and the utilization of clinic services
- b. Monitor compliance with criteria established for health maintenance and disease specific categories, as well as the correct documentation in the medical record
- c. Recognize system problems
- d. Review protocols and procedures
- e. Provide a mechanism for staff continuing education
- f. Enhance teamwork
- g. Comply with regulating requirements for internal chart review
- h. Ensure correct and complete documentation

Procedure

1. Quality Assurance/Peer Review general guidelines
 - a. Review and signing by the supervising Medical Director *within 30 days* of medical records for 5% of patients treated by the mid-level practitioner for whom medication or devices are prescribed or dispensed.
 - b. Medical chart audits, peer review and nursing chart audits will be conducted during the month and will be reported to the QAPI Committee during scheduled meetings.

- c. Charts will be audited for adherence to criteria for conditions treated frequently in the clinic. Criteria will include standards for historical data, physical exam, laboratory procedures, treatment, patient education and follow-up
 - d. Each audit will consist of at least five charts monthly
2. Audit Process and Forms
 - a. A review form will be used for each chart.
 - b. When a significant problem is noted in the review (i.e. failure to follow up an abnormal lab result or acute illness), the Medical Director will be notified and responsible for assuring that follow-up is carried out.
 - c. Charts that do not require active follow-up (i.e. missing historical data) will be given to the Clinic staff for completion.
 - d. All chart reviews, quality issues, problems, changes made and follow-up will be documented in the minutes of the QAPI meetings.
 - e. Nursing audit data will be given to the staff for follow-up and completion.
3. Criteria Development
 - a. Criteria for both audits will be based on current medical practice, professional organization recommendations, regulatory standards, and Clinic policy.
 - b. Criteria shall reflect accepted standards for care and cost effective practice.
 - c. Criteria shall be reviewed annually by the Medical Director and the Quality Assurance Committee. It will be updated and /or modified as necessary.
4. Staff meetings, missed appointments, pharmacy outdates
 - a. To assure that quality care is provided, the Clinic staff members shall participate in staff meetings at least monthly.
 - b. The front office personnel will carry out the policy for missed appointments daily.
 - c. Pharmacy outdates will be checked monthly as outlined.

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

POLICY: PRODUCT AND DEVICE RECALL	REVIEWED: 11/18/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Product and Device Recall

Objective: Effective management of product and device recalls

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize vendors who have a customer notification system in place that addresses recalls of supplies, medications, vaccines, oxygen canisters, and devices/equipment.
2. Upon receipt of notification from the vendor, Clinic leadership will review all inventories to determine if the item in question is present and, if so, will remove the item from use.
3.
 - a. Exam rooms
 - b. Supply rooms, including medication and janitorial storage
 - c. Treatment rooms
 - d. Nurses' station
 - e. Laboratory
 - f. X-ray suite
4. Vendor instructions will be followed, ensuring the item is returned or destroyed, appropriate credit applied, and replacement(s) ordered."

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

POLICY: PRIMARY AUTHORITY OVER CLINIC OPERATIONS	REVIEWED: 11/12/18
SECTION: OPERATIONS	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Primary authority over Clinic operations

Objective: Consistent with Rural Health Clinic requirements, the Clinic will designate the primary person(s) responsible for day-to-day operations of the Clinic.

Response Rating:

Required Equipment:

Procedure

1. Clinical Operations are the responsibility of the Clinic Manager.
 - a. Will be on-call to Clinic staff when away from the premises
 - b. Manages and supervises day-to-day operations of the Clinic.
 - c. Reports to Executive Director of the Health Care District.
 - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the-ordinary circumstances that occur in the Manager's absence.

2. Medical Staff management is the responsibility of the Medical Director.
 - a. Will be on-call to the Medical staff when away from the premises.
 - b. Will be available by telephone to the Nurse Practitioner/Physician Assistant when away from the premises.
 - c. Reports to the Executive Director of the Health Care District.
 - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the ordinary circumstances that occur in the Director's absence.

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

POLICY: PULSE OXIMETER	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Pulse Oximeter

Objective: To assess the oxygen level (saturation) of the patient's blood, pulse oximeter readings will be taken as a part of vital signs collection and documentation.

Response Rating: Moderate to Severe

Required Equipment: Pulse oximeter, sensor-adult or pediatric, and isopropyl alcohol.

Procedure

1. Plug chosen sensor into oximeter.
2. Apply sensor to digit. Long fingernails, artificial nails or very thick nail polish (use polish remover) may interfere with the sensor function.
3. Turn on oximeter and wait 30-60 seconds for accurate reading.
4. Record reading as directed.
5. Readings below 95% should be reported to physician immediately.
6. Clean the sensor with isopropyl alcohol after removing the sensor from the patient.
7. Document results in the EMR.

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

POLICY: PROCESSING X-RAY REQUISITIONS	REVIEWED: 11/11/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	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. Upon receipt of any x-ray request/order, log the request into the Radiology Department Patient Log.
3. Enter required information into the Fuji DR machine.
4. Take images as ordered.
5. For Clinic patients, after images have been taken:
 - a. Notify provider via the Athena messaging that the x-rays are ready on the patient (specify)
6. For non-Clinic patients
 - a. Enter charges for exam taken into Athena EMR.
7. All x-ray requests are faxed to Quest (661-633-2525).
 - a. Requisitions may be sent singly or in batches.
 - b. Attach fax transmission receipt to requisition(s).
 - c. Place all requisitions, with attached fax transmission receipts in the document bin for retention.
8. Retain requisition/fax transmission receipt daily packets for six months.

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

POLICY: PROCEDURE TIME OUT	REVIEWED: 11/11/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Procedure Time out

Objective: Procedure Time Out, which includes a specific checklist, must be conducted whenever a patient undergoes a surgical or non-surgical invasive procedure requiring an informed consent.

- To provide guidelines for a standardized verification process for all Clinic patients undergoing a surgical/non-surgical invasive procedure requiring an Informed Consent.
- To assure that the correct procedure is performed on the correct patient and body site/side.
- To define the process by which clinic staff and licensed practitioners (e.g. physicians, nurse practitioners, physician assistants) participating in a surgical or non-surgical invasive procedure will actively participate in the Time Out process described in this policy.

Response Rating: Mandatory

Required Equipment:

Definitions:

Invasive Procedure: For the purposes of this policy, an invasive procedure is any intervention that involves penetration or manipulation of the body's natural barriers to the external environment.

Procedure Room: Any site within the facility where a surgical or non-surgical invasive procedure may occur inclusive of the patient's bedside.

Site Marking: A process by which a skin marker, which will produce a mark with sufficient permanence, is used to clearly denote the intended procedure site.

Procedure:

1. Site marking will not be required for procedures in the Clinic if they are performed through or immediately adjacent to a natural body orifice where laterality is not a concern or the procedure will involve bilateral structures.
2. The specifics as to the surgical site/procedure site are to be recorded with the patient and/or family/caregiver or legal guardian present and participating, if possible.

3. Procedural Area Verification

- a. Before the start of the procedure the team, with patient participation will confirm:
- i. The patient's identity (name and date of birth);
 - ii. The procedure and site are correct, and the site is marked by the surgeon (if required);
 - iii. Consent for the procedure has been obtained and the form is signed and dated;
 - iv. Patient has completed pre-procedure preparations;
 - v. Review of allergies and potential blood loss is reviewed;
 - vi. Labs, radiological images labeled and available, as required;
 - vii. Implants, devices/equipment available;
 - viii. Specimen collection containers and laboratory requisitions are available and properly labeled;
 - ix. Antibiotics per physician order, if applicable;
 - x. H & P, assessments and other pertinent documents available;

4. The practitioner and the Nurse/Medical Assistant will sign off on the Procedure Time Out Checklist before starting the procedure.

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

POLICY: PREVENTIVE SERVICES: ADULTS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Preventative Services & Immunizations for Adult Primary Care Patients (Breast, Cervical, and Colorectal Cancer Screening; Adult Immunizations)

Objective: To identify and provide preventative services appropriate for adult patients based on the US Preventive Services Task Force recommendations and to ensure that adult patients are offered immunizations based on the Advisory Committee Immunization Practices guidelines.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Practitioners will utilize the US Preventive Service Task Force recommendations regarding breast, cervical, and colorectal cancer screenings for adult patients and implement referrals and care plans consistent with those recommendations.
 - a. Referrals will be made and patient compliance with those referrals will be documented.
 - b. The Clinic will follow-up with the patient, to ensure appointments are kept. Documentation of that follow-up will be made in the medical record.
 - c. The Clinic will follow-up with the patients to ensure results are reported and the patient given the appropriate anticipatory guidance relative to their tests and the results and that documentation will be maintained in the medical record.
 - d. Patients will be advised of the medical consequences should they decline the recommended screenings and that advice, plus the patient's response should be documented in the medical record.

2. Practitioners will utilize the US Preventive Service Task Force recommendations regarding immunizations for adult patients and will make recommendations for those immunizations to patients as guidance recommends.
 - a. Patient declination of vaccines will be documented in the medical record by the practitioner.
 - b. Practitioner counseling of the patient regarding the medical consequences of declining the vaccine will be documented in the medical record by the practitioner.

3. The practitioner will also review the quality tab in the EMR to check for other preventative services that may be appropriate for the patient's gender, age, and medical condition.

Resources: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>
<https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>
<https://www.cdc.gov/vaccines/acip/index.html>

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

POLICY: PRESCRIPTION REFILLS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Prescription Refills

Objective: To ensure accurate, timely, efficient response to the request for prescription medication refills.

Response Rating:

Required Equipment:

Procedure:

1. Patients contacting the Clinic with refill requests will be directed to contact their pharmacy with the request.
2. Refill requests from the pharmacy will be received via fax or the ePrescribe application of the EMR.
3. Patients who are primary care patients of the Clinic:
 - a. Have been seen /treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do not** require lab value consideration, will have refills reviewed/approved by the practitioner.
 - b. Have been seen/treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do** require current lab value consideration, will have refills declined with notification that a Clinic visit for lab testing is required.
 - c. Practitioner may determine that it is appropriate to offer the patient a one-time 30 days supply to allow for the patient to complete ordered labs and keep their scheduled follow-up appointment.
 - d. Have not been seen within the last 90 to 180 days will have refills declined with notification that a Clinic visit is required for refills to be considered.
 - e. Requesting refills for pain management medications will have refills declined with notification that a Clinic visit is required for refills to be considered.
4. Patients who are not primary care patients of the Clinic
 - a. All patients who are not primary care patients of the Clinic will be referred to their primary care practitioner for medication refills.
 - b. Practitioner may offer the patient the option to change their PCP to a Clinic practitioner.

5. Clinic staff will not call the pharmacy with medication orders, neither new prescriptions nor refills of existing prescriptions.
 - a. Medications can only be ordered by printed prescription or ePrescribe functionality via the EMR.

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

POLICY: PPD Test Results	REVIEWED: 11/11/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: PPD Test Results

Objective: PPD tests will be read by a physician, NP, PA, or RN.

Response Rating:

Required Equipment:

Procedure:

1. At the time the PPD is planted, the patient will be directed to return to the Clinic no sooner than 48 and later than 72 hours after placement.
2. The patient's reporting paperwork will be retained in a "tickler file" as a reminder to staff that results are pending for the test.
3. The patient will be reminded to bring their immunization card with them when they return to have their test read.
4. The patient will not be registered for the PPD read visit.
5. The patient will be placed in an examination or treatment room immediately upon arriving to have their test read.
6. The provider will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.
7. The PPD will be read by a physician, nurse practitioner, physician assistant only or registered nurse only. The registered nurse may be the Clinic's scheduled RN.
8. The results of the test will be recorded on the immunization card and the patient's medical record.
 - a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.

9. There is no charge to the patient when the PPD is read and the results recorded.

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

POLICY: NEBULIZER TREATMENTS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Nebulizer Treatments

Objective: To increase oxygenation/ventilation status of patient.

Response Rating: Moderate to Severe.

Required Equipment: Nebulizer, medication per order, pulse oximeter, oxygen tank with mask.

1. Obtain written order from provider.
2. Explain procedure to the patient.
3. The physician order should be obtained for the type of medication, dose, and frequency of administration (i.e. saline, Albuterol, atrovent, xopenex).
4. The dose and frequency must be recorded in the EMR.
5. The nebulizer medication is either in premixed vials or should be combined in 3cc of saline.
 - a. The medication is placed in the reservoir of the nebulizer kit.
 - b. Turn the machine on and place the mouthpiece in the patient's mouth.
 - c. A mask may be necessary for children under two years of age.
6. Oxygen can be added to the mixture per physician order, generally for O2 saturation under 93%.
7. Check oxygen saturation:
Parameters: 93% - mild distress
90% - moderation distress
88% - severe distress
8. Administer the nebulizer treatment.
9. Recheck oxygen saturation after treatment.
10. Record the patient information per provider or nurse. Assessment includes: breath sounds, skin color, oxygen saturation, patient status, and vital signs.

10. Notify provider if patient is still showing signs of distress (i.e. oxygen saturation, patient status and vital signs).
11. Document oxygen saturation, medication used and patient response in the EMR.

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

POLICY: INTRAMUSCULAR INJECTIONS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Intramuscular Injections

Objective: To administer medication into a muscle.

Response Rating: Minimal to Severe

Required Equipment: Syringe, proper size and gauge needle, alcohol swab, cotton ball, Band-Aid and gloves.

Procedure

- Remember the five rights: **Patient, Dose, Medication, Route and Expiration Date.**
1. Review practitioner's written order. Verbal orders are not allowed.
 2. If order is unclear, do not give the injection until all information is understood.
 3. Check patient allergies.
 4. Provide patient/guardian with current Vaccine Information Sheet (VIS) if immunizations are being administered. Patient education includes side effects of the medication. Give the patient literature for after-injection care, if necessary.
 5. Have patient review and sign consent, if required.
 6. Prepare medicine - proper size and gauge needle and proper dilutant per manufacturer guidelines.
 - a. Adults: 25g 1 ½ inch needle
 - b. Children: 25g 1 inch needle.
 7. Change needles, if appropriate.
 8. Choose and prepare site. Upper outer quadrant of buttock, upper deltoid, or lateral thigh are acceptable sites.
 9. Insert needle, aspirate, and give medication.

10. Withdraw needle, **DISPOSE OF NEEDLE AND SYRINGE ASAP IN SHARPS CONTAINER. DO NOT RECAP NEEDLE.**
11. Cover site with Band-Aid if desired.
12. Document EMR with manufacturer, lot number, expiration date, location, medication and dosage. Document distribution of VIS if immunizations are given.

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

POLICY: INITIAL PATIENT CONTACT AND MEDICAL EMERGENCIES	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Medical Emergency Routine

Policy: Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to patient condition.

Applies to: All Personnel and Practitioners

Policy:

1. If a patient presents with symptoms that may require **immediate care**, the patient will be escorted immediately to the clinical area and the nursing staff and practitioner will be made aware of the patient's location and condition immediately.
2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.
3. If an emergency condition arises the following protocol will be followed:
 - a. Obtain the patient's vital signs and a brief history.
 - b. Notify the physician of the patient's condition.
 - c. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.
 - d. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.
 - e. Transfer form will be signed by patient or friend/family member who is with patient if patient is

unable to sign.

- f. Copies of all test results and medical records are to be copied and sent with the patient if transferred.
- g. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

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

POLICY: INFORMED CONSENT	REVIEWED: 11/11/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Consents

Objective: To assure that patients have a full understanding of recommended invasive procedures and give full consent for Clinic physicians/nurse practitioners/physician assistants and staff to perform them.

Response Rating: Mandatory

Required Equipment: Consent Form

Applies to: All Personnel and All Practitioners

Procedure:

1. Procedure consents will be used for all invasive procedures to include but not limited to:
 - a. Biopsies
 - b. Suture Repair
 - c. Incision and drainage of an abscess or mass
 - d. Mole removal
 - e. Growth removal
 - f. Nail trimming and/or removal
 - g. Reductions
 - h. Steroid injections (joints)
 - i. Immunizations
 - j. Any other procedure considered invasive
2. Physician/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient.
3. Physician or designee will have the patient or guardian sign a consent form.
4. Any questions posed by the patient regarding the procedure will be answered by the physician/nurse practitioner/physician assistant only.
5. Consents will be signed prior to any medication being administered to the patient.

6. Consents will be scanned into the patient record.

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

POLICY: HIV TESTING	REVIEWED: 11/11/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: HIV Testing

Objectives: Ensure the confidentiality and testing procedure for the Human Immune Deficiency Virus (HIV) in accordance with State Guidelines.

Response Rating: Minimal

Required Equipment: None

Policy:

HIV/AIDs testing may be offered to patients in a variety of circumstances.

1. Pre-employment testing
2. STD testing, as part of a panel of tests
3. Case finding when a patient presents with symptoms consistent with acute HIV infection or with opportunistic infections.

Procedure:

Individual Testing

1. California law has eliminated the requirement for separate, written consent for HIV testing. H&S Code Section 120990 requires care provider, prior to ordering the HIV test, to:
 - a. Inform the patient that an HIV test is planned
 - b. Provide information
2. HIV test results are especially sensitive with regard to patient privacy and confidentiality.
3. Blood is drawn and sent to the reference lab. Positive screening tests must be confirmed with a Western Blot analysis, prior to informing the patient.

4. Negative tests may be communicated to the patient in person or by phone. In no circumstances should the result be left with another person or on an answering machine. Attempt to obtain the patient's personal cellphone number for this purpose.
5. Before conveying results over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's date of birth and the last four digits of their Social Security number are two acceptable patient identifiers. An alternate identifier is the patient's driver's license number.
6. Positive, confirmed tests must be discussed with patient in person in the office. The patient should then be referred to the health department or an infectious disease specialist.

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

POLICY: FOLLOW-UP OF PATIENTS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Follow-up of patients subsequent to care rendered in the Clinic

Objective: Patients seen shall be followed up with in a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days
3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. Patient advised to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain, redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) are to be given to the practitioner and the patient notified of the results and the need for further treatment, if indicated. This communication shall be documented in the patient's EMR.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.
6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial "NO SHOW" contact, at minimum two additional

contacts will be attempted, by phone. Each attempt at contacting the patient will be documented in the EMR and will be available through the report aggregation process for review and confirmation.

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

POLICY: FOLLOW UP CALLS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Follow Up Calls

Objectives: To check progress of patient’s condition; to obtain feedback regarding effectiveness of medication and treatments; to document the patient’s understanding of diagnosis and instructions; to review laboratory results.

Policy: After discharge from the Clinic, patients will be contacted to determine their health status, effectiveness of medications and treatments rendered during their Clinic visit, their understanding of diagnosis and aftercare instructions, as well as to disclose the results of laboratory testing sent out from the Clinic as directed by the practitioner.

Response Rating: Mandatory

Required Equipment: Telephone, EMR, Daily Log Sheet

Applies to: All Personnel

Procedure:

1. All acutely ill or injured patients will be called by Clinic staff two days following their visit unless otherwise specified by the practitioner. This call is to inquire as to how the patient is feeling and complying with doctor’s orders. It is also a time for the patient and family to ask questions. This communication is to be documented on a Follow-Up Call Form.
2. If unable to complete call, 2 more attempts will be made at spaced intervals. It is acceptable to leave a message on patient’s answering machine stating, “This is (insert name) from the Clinic leaving a message for (insert patient name). Please contact the Clinic at XXX-XXXX at your soonest convenience.” If a third attempt to reach patient fails, document same on the Follow Up Form.
3. Patient’s that are having difficulties, are not improving, or whose condition is worsening will be discussed with the practitioner on duty by the nurse/medical assistant. The nurse/medical assistant will record the physician order for follow up and notify the patient of any necessary action to be taken.
4. Follow up call forms will be scanned into the patient record.
5. Before conveying results/information over the phone, staff will request two identifiers from the party

with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's name and date of birth are acceptable patient identifiers. Alternate identifiers are the patient's driver's license number or the last four digits of their social security number.

6. Patients with positive STD results will be contacted to schedule a follow-up appointment for the disclosure and discussion of positive results.
7. The following is a list of conditions that require a call back:
 - a. ALL transfers. (by ambulance and/or private car)
8. Clinical staff may be assigned patient call backs on a random basis.
9. Generally speaking, the following three methods of completing follow-up calls for results are acceptable:
 - a. Practitioner call to patient: typically utilized when the patient's acuity warrants direct communication with the provider AND/OR unexpected positive results must be discussed.
 - b. RN/LVN call to patient: typically utilized when the patient was advised by the practitioner that positive results were expected. RN/LVN may answer patient questions consistent with guidance from the practitioner's orders/notes.
 - c. MA call to patient: typically utilized when the patient's results are negative and no further actions are required beyond the scheduling of a follow-up encounter.

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

POLICY: FLU SHOTS	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Flu Shots

Objective: To provide flu shots to appropriately screened clinic patients, flu shots will be administered in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required cost reports.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
 - a. Staff will perform Vaccines for Children eligibility screening for all patients 18 years and younger prior to administering flu vaccine. Vaccines for Children inventory will be used for qualified children only.
 - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
2. Flu shots will not be given prior to the established “start date” which is recommended annually by the National Institutes of Health, unless the patient is deemed “high risk” and meets current high risk criteria established by NIH.
3. Appointments are not required for patients requesting a flu shot.
4. For pediatric patients presenting for a “flu shot only”, staff will complete a flu shot screening form and follow instructions found there, after the parent/guardian has signed the flu shot release form.
5. For adult patients presenting for a “flu shot only”, staff will take patient vital signs and administer the shot only if the patient is afebrile and they have signed the flu shot release form.
6. Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.
7. All flu shots for MediCare patients will be recorded on the flu shot log. Follow the directions

included on the flu shot log.

8. The practitioner will enter an order in the EMR for the patient's vaccine administration.
9. The staff member administering the vaccine (MD, DO, NP, PA, RN, LVN, MA) will document administration of the vaccination and issuance of the VIS in the EMR.

DRAFT

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

POLICY: EYE MEDICATIONS-DISPENSING	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Eye Medications-Dispensing

Objective: To define the guidelines for the administration of ophthalmic medications.

Response Rating: Minimal to Moderate

Required Equipment: Eye tray, ophthalmic medication, gloves, tissue.

Procedure:

1. Review practitioner's written order. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner's written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient's neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial canthus area and moving laterally toward the lateral canthus. Do not wipe the eye, as this could cause a corneal abrasion if the eye is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.
10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply directly to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.

11. Instruct the patient to close the eye and blink.
12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
13. If the orders include both eyes, repeat the above steps.
14. Assist patient to the sitting position.
15. Remove gloves and wash hands.
16. Remove tray from the room.
17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

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

POLICY: EYE IRRIGATION	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Eye Irrigation

Objective: To flush secretions, chemicals and foreign bodies from the eye.

Response Rating: Minimal to Severe

Required Equipment: Irrigation solution, IV tubing, eye tray, towel, shampoo tray, and kick bucket.

Procedure:

1. Review written provider order.
2. Tap water may be used initially in an emergency, but is not preferred. There is an eyewash station in XXX, attached to the sink faucet.
3. The amount of solution used depends on the contaminant.
 - a. Secretions require only small amounts.
 - b. Chemical burns require copious amounts.
 - c. Use of IV tubing connected to an IV solution of normal saline and Morgan lens may be used.
4. Adjust the flow of solution to ensure adequate, but not forceful, flow.
5. Place the patient in a supine position with their head turned to the affected side on the shampoo tray that will drain into kick bucket.
6. Have patient hold a towel against affected side to catch excess solution.
7. Using the thumb and index finger of your non-dominant hand, separate the patient's eyelid.
8. Direct a constant gentle stream at the inner canthus so the solution flows over the cornea.
9. The physician shall check the affected eye or eyes for effectiveness of the procedure.
10. Install medication and place eye pads if ordered by the physician.

11. After completion of procedure, arrange for transportation home if needed, care and instructions and follow-up care.

12. Document the care rendered in the EMR.

DRAFT

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

POLICY: EMERGENCY SITUATION/UNRESPONSIVE PATIENT	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Emergency Situation – Unresponsive Patient

Objective: To maintain and stabilize patient’s cardiopulmonary status for transport to the hospital via ambulance, the Clinic will maintain a state of readiness in anticipation of emergency situations involving an unresponsive patient.

Acuity Rating: Severe

Required Equipment: Bag valve mask, oral airway, laryngoscope, suction, crash cart, AED, IV, D5W, medication(s) as ordered per provider, oxygen, tape, gloves.

Policy:

1. If a patient collapses and becomes unresponsive:
 - a. First person to patient establishes unresponsiveness (ARE YOU OK?).
 - b. Shake patient, check for carotid pulse for adults, brachial for infants.
 - c. Call for help. Unresponsive, no pulse is confirmed by doctor/nurse.
 - d. Code is initiated by the code team leader who is the staff member with the highest level of licensure at the time. Code is initiated at the location of collapse, unless patient can be easily transported to an emergency holding room, in which case code is initiated there.
 - e. Receptionist calls 911 and states, “This is the Clinic at **INSERT ADDRESS**. We have a full cardiac arrest in progress. Please send an ambulance.”
 - f. Receptionist attends to family and moves them away from scene, calms other patients and apprises them of an emergency in the office.
 - g. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
 - h. Medication administration is performed only by a practitioner or nurse.
 - i. Intubation, if needed, is performed only by a practitioner.
 - j. Documentation is done on a designated code sheet.

2. After the patient is stabilized:

- a. Prepare the path for EMS crew to transport patient.
- b. Prepare the medical record for transfer.
- c. Give report to receiving hospital.
- d. Document in EMR using code sheet to record all medications and times given.
- e. Attach a copy of progress notes and EKG strip(s) to code sheet and submit to Clinic Director.
- f. Clinic-Director will present records to Medical Director for review.
- g. Code will be reviewed at the next Quality Improvement meeting.
- h. Code will be discussed at the next staff meeting for review of process and any recommendations for system improvement.

DRAFT

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

POLICY: EKG – WELCH ALLYN WITH ATHENANET INTERFACE	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	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)

Create New Patient in EKG workstation:

1. Open the CardioPerfect Workstation Software.
2. Select Patient
3. Type in Patient Information
4. Click on the ECG icon.

To Select Patient from Database:

1. In the search box, begin typing patient's name or number.
2. Click the GO button.
3. Click on the patient for whom you want to record the test, confirming two patient identifiers.

Record A Test:

1. Select provider name and lead configuration
2. Select ok.

Auto ECG:

1. Select the Record button to start a 12-lead resting ECG.

Rhythm/Manual ECG:

1. Click the Rhythm button to start a recording of up to 300 seconds.
2. Click the event button to mark areas of interest.
3. Click the Rhythm button a second time to stop the rhythm recording.
4. Click the Cancel button to cancel.

Review Data and Print Report:

1. You can choose from multiple ECG report templates.
2. If automatic printing is checked in the ECGTG Print settings, the report will print now.
3. If you did not select Automatic printing in the settings, click on the down Arrow next to the Print icon and choose "Selected Formats" to initiate Printing.
4. If you just want to print one type of report, click on Print icon and Select the desired report page.
5. Document completion of the procedure in the EMR and scan the result into the medical record.

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.

DRAFT

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

POLICY: CULTURE TRANSMITTAL	REVIEWED: 11/12/18
SECTION: PATIENT CARE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Culture Transmittal

Objective: To ensure correct handling of collected cultures.

Acuity Rating: Mandatory

Procedure:

1. The practitioner will enter an order for the collection and testing of the specimen.
2. The practitioner OR nurse will collect the specimen to be cultured. The nursing staff will ensure proper labeling of the specimen to include:
 - a. Patient name
 - b. Patient date of birth
 - c. Date and time of collection
 - d. Provider ordering the culture
 - e. Source of culture.
3. Nursing staff will print the laboratory requisition form and labels.
4. Culture will be placed in a laboratory biohazard bag with the requisition.
5. Specimen will be placed in appropriate laboratory basket in the laboratory refrigerator.
6. Nursing staff will document the collection, type of culture, receiving laboratory, and specimen number in the EMR.
7. At the end of each day, nursing staff will ensure that specimens have been picked up by the laboratory courier.

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

POLICY: Critical Alert Value Notification	REVIEWED: 11/11/18
SECTION: Clinical	REVISED:
EFFECTIVE:	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.

Mark Twain Health Care District Strategic Matrix 2018

	A	B	C	D
1	Strategic Action Item			
2		Person Resonsible	Expected Date	Completed
3				
4	Valley Springs RHC	Real Estate Com		
5	Develop Budget /Operational Plan for VS RHC 1206B	Smart		10/2/2018
6	Electronic Medical Records linked to billing & compatik	Smart	12/20/2018	
7	Explore leasing ancillary functions from MTMC	Smart	on going	
8	Gantt Chart From Walter	Smart		3/12/2018
9	Physical Address (Pending Name for Access Street)	Stout		6/14/2018
10				
11				
12	MTHCD Public Image and Communication			
13	District Name Change			
14	Public Relations Strategy			
15	In-Kind Funding			
16	Doodle Scheduling On-Line	Stout		4/28/2018
17	Explore Options as District "convener" of County Care			
18				
19	Accounting Service	Finance Comm		
20	Plan/Contract for New District Accounting Services			11/1/2018
21	Written Plan for reserve accounts (ex. Seismic Retrofit)	Smart & Krieg		12/20/2018
22	Storage boxes	Smart		1/1/2019
23	Financial Report Dashboard	Wood		TBD
24				
25	District Records			
26	Fine-Tune District Records Disaster Plan	Stout & Computer		TBD
27	Develop Record retention plan (state law) Attny	Policy Committee		1/1/2019
28	District Records-Back UP	Stout		6/14/2018
29				
30	Committee Structure	Reed		
31	Executive Committee			
32	Community Advisory Committee			
33				
34	Phase II Development	Al-Rafiq		
35	Pace Program - Welbe Health - July Open House Set up	Al-Rafiq		TBD
36	Senior Living Opportunities	Al-Rafiq		on-going
37				
38	Explore Potential Partnerships in County	Sellick & Reed		
39	Behavioral Health-Proposal to Follow	Sellick & Reed		
40	Veterans - On Hold	Atkinson & Radford		6/5/2018
41	Opioid Coalition	Radford & Dr. Smart		Nov. 2018
42				
43				
44				
45				



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

Resolution: 2019 – 02

Resolution to Authorize Staff to Engage the Services of Community Hospital Corporation for Purposes of Applying for Federal IT Subsidies

WHEREAS: The Mark Twain Health Care District is going to operate the Valley Springs Health & Wellness Center located at 51 Wellness Way, Valley Springs, CA, and

WHEREAS: The District will be utilizing and paying for internet connection services, related utilities and equipment, and

WHEREAS: The District wants to leverage its position in rural healthcare to maximize any available federal or state grants or subsidies

NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District do resolve as follows:

RESOLVED: The Mark Twain Health Care District Board of Directors authorizes the District Executive Director to negotiate, contract, execute letters and documents with Community Hospital Corporation necessary to determine eligibility, seek bids for services, submit Funding Requests and Manage Invoicing and Payments in the Healthcare Connect Fund.

PASSED AND ADOPTED at a special meeting of the Board of Directors of the Mark Twain Health Care District held on the 30th Day of January, 2019, by the following vote:

Ayes:

Noes:

Abstain:

Absent:

Lin Reed, President

Attest: Ann Radford, Secretary

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”.



**MARK TWAIN
HEALTH CARE DISTRICT**

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Agenda Item: Financial Reports (as of December 31, 2018)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The DRAFT December 31, 2018 financial statements are attached. This presentation provides a comparison against the three previously completed years, the previous month, and a Year-to-Date comparison to the 2018/2019 budget.

- Six months into the current fiscal year, with the exception of the items related to the revenues from the new lease, the District appears on track with the Budget.
- Like the revenue section, expenses are tracking well compared to Budget.
- The Balance Sheet shows a strong cash position, and the expected growing debt related to the new clinic.
- Future reports will include an “Investment” page with additional information related to interest earnings.

Mark Twain Health Care District
Profit & Loss
Through December 31, 2018

Revenues	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 18-Dec	Year-to-date 2018	Budget 2018/2019	Actual vs Budget
District Taxes	905,711	935,421	999,443	82,667	496,364	992,000	50.04%
Rental Revenue	319,089	319,039	313,039	26,587	159,519	728,633	21.89%
Land Rental Revenue	5,777	5,777	5,296	481	3,370	5,777	58.33%
MOB Rental Revenue	214,814	217,159	219,794	18,794	115,831	227,181	50.99%
Lease Interest Income	3,698	1,982	2,428	0	0	397,712	0.00%
Intrest and Other Income	2,696	4,423	5,045	701	5,003	120,000	4.17%
Total Revenue	1,451,785	1,483,801	1,545,045	129,230	780,088	2,471,303	31.57%
Expenses	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 18-Dec	Year-to-date 2018	Budget 2018/2019	Actual vs Budget
Salaries, wages				16,511	101,633	220,000	46.20%
Payroll Expense	33,587	68,794	235,531	1,178	2,380	16,184	14.71%
Benefits			663			5,300	0.00%
Insurance	14,889	16,578	17,043	2,717	11,151	20,000	55.76%
Legal Fees	44,309	15,195	20,179		11,052	60,000	18.42%
Audit	10,790	13,945	18,090		13,635	11,500	118.57%
Operational Consulting	262,634	392,908	332,287	6,379	29,348	60,000	48.91%
Accounting Services	805	1,304	1,141	19,813	41,809	70,000	59.73%
Community Education & Marketing	11,949	10,895	5,488			20,000	0.00%
Medical office rent	215,243	220,659	226,237	19,332	115,991	233,024	49.78%
Depreciation and amortization	85,769	35,556	26,582	2,032	12,180	36,045	33.79%
Valley Springs Rental		11,198	57,593	85	850	5,000	17.00%
Board Stipends				1000	1000	6,000	16.67%
Dues & Subscriptions	12,343	12,554	14,731	49	11,815	19,000	62.18%
Outside Training/Conferences	2,906	1,920	3,030	300	9,821	15,000	65.48%
Travel, Meals & Lodging	7,983	6,758	17,363	1,240	3,490	15,000	23.27%
Office Supplies & Expense	1,365	4,310	19,685	1,439	11,019	30,000	36.73%
Other Misc Expenses	10,958	65,595	28,745	2,960	3,270	5,000	65.41%
Utilities	559,265	387,974	0	3,395	4,373	675,000	0.65%
Grants & Sponsorships	154,969	74,159	47,413		49,139	635,000	7.74%
Valley Springs Clinic						50,000	0.00%
Debt Service						88,772	0.00%
Total Expenses	1,429,764	1,340,302	1,071,801	78,430	433,957	2,295,825	18.90%
Excess of revenues over expenses	22,021	143,499	473,244	50,800	346,131	175,478	197.25%

Mark Twain Healthcare District

BALANCE SHEET

As of December 31, 2018

	TOTAL	
	AS OF DEC 31, 2018	AS OF DEC 31, 2017 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	305,710.72	168,014.72
100.40 Money Market - Umpqua	272,187.16	568,414.22
100.50 Stockton Bank of	822,104.63	
100.60 Five Star Bank	-5,115.66	
100.70 Five Star Bank - MMA	331,919.06	
100.80 Five Star Bank - Valley Springs Checking	20,000.13	
Total Bank Accounts	\$1,746,806.04	\$736,428.94
Accounts Receivable		
1200 Accounts Receivable	-251,395.73	119,414.61
Total Accounts Receivable	\$ -251,395.73	\$119,414.61
Other Current Assets		
101.00 Umpqua Investments	712,399.85	708,177.31
115.05 Due From Calaveras County	496,002.00	462,498.00
115.10 Due from MTSJHC	1,618.26	0.00
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	7,894.61	6,293.61
130.30 Other Prepaid Expenses	0.00	3,849.33
Total 130.00 Prepaid Expenses	7,894.61	10,142.94
1499 Undeposited Funds	3,873.22	0.00
Total Other Current Assets	\$1,221,787.94	\$1,180,818.25
Total Current Assets	\$2,717,198.25	\$2,036,661.80
Fixed Assets		
150.00 Land and Land Improvements		
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements		
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP		
152 CIP	647,815.69	
152.10 Fixed Equipment	698,156.25	698,156.25
152.92 CIP - VS Clinic Land Costs	1,062,308.59	364,037.95
160.00 Accumulated Depreciation	-5,330,515.00	-5,307,297.00
Total Fixed Assets	\$2,986,058.62	\$1,663,190.29
Other Assets		
170.00 Minority Interest in MTMC	14,510,261.00	14,601,815.00

	TOTAL	
	AS OF DEC 31, 2018	AS OF DEC 31, 2017 (PY)
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLF	-26,594.11	-25,466.11
180.60 Capitalized Lease Negotiations	370,614.49	277,761.31
Total 180.30 Intangible Assets	372,101.49	280,376.31
Total Other Assets	\$14,882,362.49	\$14,882,191.31
TOTAL ASSETS	\$20,585,619.36	\$18,582,043.40
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	22,791.26	0.00
Total Accounts Payable	\$22,791.26	\$0.00
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	5,692.34	6,035.16
200.40 Accrued Utilities	36,989.93	33,793.70
Total 200.00 Accts Payable & Accrued Expenses	42,682.27	39,828.86
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
220.10 Due to MTSJH - Rental Clearing	31,638.72	63,277.56
226 Deferred Rental Revenue	38,393.35	38,137.84
24000 Payroll Liabilities	11,293.67	13,077.53
Total Other Current Liabilities	\$127,283.01	\$157,596.79
Total Current Liabilities	\$150,074.27	\$157,596.79
Long-Term Liabilities		
250.00 Notes Payable - Long Term		
250.10 USDA Loan - VS Clinic	1,540,145.33	0.00
Total 250.00 Notes Payable - Long Term	1,540,145.33	0.00
Total Long-Term Liabilities	\$1,540,145.33	\$0.00
Total Liabilities	\$1,690,219.60	\$157,596.79
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTSJH	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	0.03	0.03
3900 Retained Earnings	-1,485,827.71	-1,373,588.30
3901 CY - Minority Interest MTSJH	293,463.50	
Net Income	-281,023.47	-570,752.53
Total Equity	\$18,895,399.76	\$18,424,446.61
TOTAL LIABILITIES AND EQUITY	\$20,585,619.36	\$18,582,043.40

Mark Twain Healthcare District

JOURNAL December 2018

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
12/13/2018	Journal Entry	11430		Loan Draw #4	100.50	100.50 Stockton Bank of	\$303,884.26	
				Loan Draw #4	250.10	250.10 Notes Payable - Long Term:USDA Loan - VS Clinic		\$303,884.26
							\$303,884.26	\$303,884.26
12/31/2018	Journal Entry	11427		Oct Rental pymt from DH/MTMC	100.30	100.30 Umpqua Bank Checking	\$38,545.42	
				Oct Rental pymt from DH/MTMC	550.10	550.10 Rental Revenue		\$23,200.00
				Oct Rental pymt from DH/MTMC	550.30	550.30 MOB Rental Revenue		\$15,345.42
							\$38,545.42	\$38,545.42
12/31/2018	Journal Entry	11428		Payroll Tax Expense	66000	66000 Payroll Expenses	\$317.28	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$1.75	
				Total Wages	65000	65000 Salaries and Benefits	\$4,147.50	
				EDD/IRS	24000	24000 Payroll Liabilities		\$1,136.81
				Net Pay	100.60	100.60 Five Star Bank		\$3,329.72
				EDD/IRS	24000	24000 Payroll Liabilities	\$5,156.92	
				EDD/IRS	100.30	100.30 Umpqua Bank Checking		\$5,156.92
				EDD/IRS	24000	24000 Payroll Liabilities	\$1,365.34	
				Net Pay	100.60	100.60 Five Star Bank		\$1,365.34
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$621.82	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$9,469.35	
				EDD/IRS	24000	24000 Payroll Liabilities		\$3,076.99
				Net Pay	100.60	100.60 Five Star Bank		\$7,019.43
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$227.91	
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$3.50	
				Total Wages	65000	65000 Salaries and Benefits	\$2,894.21	
				EDD/IRS	24000	24000 Payroll Liabilities		\$1,193.40
				Net Pay	100.60	100.60 Five Star Bank		\$1,932.22
							\$24,210.83	\$24,210.83
12/31/2018	Journal Entry	11429		To accrue 1 month property tax per budget	115.05	115.05 Due From Calaveras County	\$82,667.00	
				To accrue 1 month property tax per budget	560.10	560.10 District Tax Revenue		\$82,667.00
					220.10	220.10 Due to MTSJH - Rental Clearing	\$2,636.57	
					550.10	550.10 Rental Revenue		\$2,636.57
				depreciate 1 month	735.72	735.72 Depreciation & Amortization:D & A - Buildings	\$1,938.00	
				depreciate 1 month	160.00	160.00 Accumulated Depreciation		\$1,938.00
				amortize 1 mo	710.81	710.81 Insurance:Insurance - D & O	\$1,250.00	
				amortize 1 mo	130.20	130.20 Prepaid Expenses:Prepaid Malpractice		\$1,250.00
				amortize 1 mo	735.75	735.75 Depreciation & Amortization:Amortization of Intangible	\$94.00	

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				amortize 1 mo	180.55	180.55 Intangible Assets:Accumulated Amortization-LLLF		\$94.00
				Dec 2018 Rent - Resource Connection	550.10	550.10 Rental Revenue		\$750.00
				Dec 2018 Rent - Resource Connection	100.30	100.30 Umpqua Bank Checking	\$750.00	
							\$89,335.57	\$89,335.57
12/31/2018	Journal Entry	11431		Dec minority interest ops	750.03	750.03 Minority Interest MTSJ Ops	\$57,210.00	
				Dec minority interest ops	750.04	750.04 Minority Interest MTSJ Invest	\$38,608.00	
				Dec minority interest ops	3901	3901 CY - Minority Interest MTSJH		\$95,818.00
							\$95,818.00	\$95,818.00
TOTAL							\$551,794.08	\$551,794.08

Mark Twain Healthcare District

BILL PAYMENT LIST

December 2018

DATE	NUM	VENDOR	AMOUNT
100.50 Stockton Bank of			
12/13/2018	001003	Diede Construction, Inc.	-205,312.85
Total for 100.50 Stockton Bank of			\$ -205,312.85
100.60 Five Star Bank			
12/07/2018	15055	Computer Fireman	0.00
12/07/2018		Cheryl Duncan Consulting	0.00
12/07/2018	15056	PG&E 46995152991 VS Clinic # 9	-250.47
12/07/2018	15057	Arnaudo Bros., L.P.	-19,331.89
12/07/2018	15058	Calaveras County Tax Collector	-2,242.50
12/07/2018	15059	City of Angels	-185.40
12/07/2018	15060	Calaveras Public Utility District	-802.84
12/07/2018	15061	California Special District Assn	-1,853.24
12/07/2018	15062	La Contenta Plaza	-2,803.77
12/07/2018	15063	PG&E 46578486352 VS Clinic # 10	-130.98
12/07/2018	15064	PG&E 71068388090 Pain Mgmt	-556.76
12/07/2018	15065	PG&E 74021406306 SAFMC	-460.95
12/07/2018	15066	PG&E 89195984003 Cancer/Infusion	-616.38
12/07/2018	15067	Suburban Propane-Ortho	-369.78
12/07/2018	15068	Streamline	-200.00
12/07/2018	15069	Your Type	-168.38
12/07/2018	15070	CPPA Plant Maint	-22,048.48
12/07/2018	15071	Computer Fireman	-75.00
12/07/2018	15072	Cheryl Duncan Consulting	-4,218.75
12/10/2018	15073	Ann Radford	-100.00
12/10/2018	15074	Debbie Sellick	-100.00
12/10/2018	15075	Lin Reed	-100.00
12/10/2018	15076	Susan Atkinson	-100.00
12/10/2018	15077	Talibah Al-Rafiq	-100.00
12/12/2018	ACH 1	Umpqua Bank	-1,140.41
12/14/2018	15078	Calaveras County Public Works	-1,656.83
12/14/2018	15079	Condor Earth Technologies, Inc.	-7,707.25
12/14/2018	15080	Mosbaugh Properties-Arnold	-547.05
12/14/2018	15081	Aspen Street Architects	-9,539.81
12/14/2018	15082	J.S. West	-181.30
12/14/2018	15083	Tribble and Ayala	-180.88
12/14/2018	15084	AT&T 0518795579001	-47.35
12/14/2018	15085	AT&T 457-7	-4.64
12/14/2018	15086	AT&T OneNet	-949.66
12/14/2018	15087	Calaveras Telephone	-467.62
12/14/2018	15088	Randy Smart	-139.64
12/14/2018	15089	Susan Atkinson	-252.23
12/14/2018	15090	Best Best & Krieger, LLP	-9,879.00
12/14/2018	15091	PG&E 2306121143-1 ortho	-536.61
12/14/2018	15092	PG&E 42630399709 Hospital	-11,831.77

DATE	NUM	VENDOR	AMOUNT
12/14/2018	15093	State Compensation Insurance Fund	-1,467.47
12/19/2018	15094	Cal.net-Motherlode	-14.53
12/19/2018	15095	Computer Fireman	-300.00
12/19/2018	15096	Your Type	-394.50
12/19/2018	15097	Campora Propane	-795.87
12/19/2018	15098	Mark Twain Medical Center Healthcare Corp	-16,016.89
12/26/2018	15099	Umpqua Bank	-25.00
12/26/2018	15101	Mobile Modular	-383.84
12/26/2018	15102	Lin Reed	-100.00
12/26/2018	15103	Peggy Stout	-179.85
12/26/2018	15104	California Special District Assn	-1,743.24
12/26/2018	15105	Ann Radford	-100.00
12/26/2018	15106	Debbie Sellick	-100.00
12/26/2018	15107	Susan Atkinson	-100.00
12/26/2018	15108	Talibah Al-Rafiq	-100.00
12/26/2018	15109	Lin Reed	-600.05
12/26/2018	15110	Talibah Al-Rafiq	-83.17
12/31/2018	15117	Mosbaugh Properties-Arnold	-1,012.15
12/31/2018	15116	AT&T 795-2997749	-9.64
12/31/2018	15115	Gateway Press	-12.87
12/31/2018	15114	Randy Smart	-14.17
12/31/2018	15113	Calaveras Public Utility District	-1,976.51
12/31/2018	15112	San Andreas Sanitary District-plant maint	-15,240.86
12/31/2018	15111	Van Lieshout, Patrick	-12,000.00
Total for 100.60 Five Star Bank			\$ -154,648.23
Not Specified			
12/14/2018		Hicks, Gary	0.00
Total for Not Specified			\$0.00

Debt Management Policy:

Draft All New

This Debt Management Policy (the “Debt Policy”) of the MARK TWAIN HEALTH CARE DISTRICT (the “District”) was approved by the Board of Directors of the District (the “Board”) on November __, 2018. The Debt Policy may be amended by the Board as it deems appropriate from time to time in the prudent management of the debt of the District.

This Debt Policy will also apply to any debt issued by any other public agency for which the Board of the District acts as its legislative body.

The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt; to ensure that debt capacity and affordability are adequately considered; to minimize the District’s interest and issuance costs; to maintain the highest possible credit rating; to provide complete financial disclosure and reporting; and to maintain financial flexibility for the District.

Debt, properly issued and managed, is a critical element in any financial management program. It assists in the District’s effort to allocate limited resources to provide the highest quality of service to the public. The District understands that poor debt management can have ripple effects that hurt other areas of the District. On the other hand, a properly managed debt program promotes economic growth and enhances the vitality of the District for its residents and businesses.

1. Findings

This Debt Policy shall govern all debt undertaken by the District. The District hereby recognizes that a fiscally prudent debt policy is required in order to:

- Maintain the District’s sound financial position.
- Ensure the District has the flexibility to respond to changes in future service priorities, revenue levels and operating expenses.
- Protect the District’s credit-worthiness.
- Ensure that all debt is structured in order to protect both current and future taxpayers, ratepayers and constituents of the District.
- Ensure that the District’s debt is consistent with the District’s planning goals and objectives, capital improvement programs and budgets, as applicable.
- Encourage those that benefit from a facility/improvement to pay the cost of that facility/improvement without the need for the expenditure of limited resources.

2. Policies

A. Purposes for Which Debt May Be Issued

The District will consider the use of debt financing primarily for Capital Improvement Projects ("CIP") when the project's useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this CIP driven focus is the issuance of short-term instruments such as tax and revenue anticipation notes or lines of credit, which are to be used for prudent cash management purposes and conduit financing, as described below. Bonded debt should not be issued for projects with minimal public benefit or support, or to finance normal operating expenses.

If a department has any project which is expected to use debt financing, the department director is responsible for expeditiously providing the Executive Director and the Chief Financial Officer/Controller with reasonable cost estimates, including specific revenue accounts that will provide payment for the debt service. This will allow an analysis of the project's potential impact on the District's debt capacity and limitations. The department director shall also provide an estimate of any incremental operating and/or additional maintenance costs associated with the project and identify sources of revenue, if any, to pay for such incremental costs.

(i) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by the District.

(a) Long-term debt financings are appropriate when the following conditions exist:

- When the project to be financed is necessary to provide basic services.
- When the project to be financed will provide benefit to constituents over multiple years.
- When total debt does not constitute an unreasonable burden to the District and its taxpayers and patients.
- When the debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.

(b) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.

(c) The District may use long-term debt financings subject to the following conditions:

- The project to be financed has been or will be approved by the Board.
- The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause the District to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
- The District estimates that sufficient income or revenues will be available to service the debt through its maturity.

- The District determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
- The District considers the improvement/facility to be a vital, time-sensitive need to the community and there are no plausible alternative financing sources available.

(d) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refunding will be considered (within federal tax law constraints, if applicable) if and when there is a net economic benefit of the refunding. Refundings which are non-economic may be undertaken to achieve District objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

(ii) Short-term debt. Short-term borrowings may be issued to generate funding for cash flow needs in the form of tax and revenue anticipation notes.

Short-term borrowings, such as tax and revenue anticipation notes, commercial paper, and lines of credit, will be considered as an interim source of funding in anticipation of a long-term borrowing. Short-term debt may be issued for any purpose for which long-term debt may be issued, including capitalized interest and other financing-related costs. Prior to issuance of the short-term debt, a reliable revenue source shall be identified to secure repayment of that debt. The final maturity of the debt issued to finance any project shall be consistent with the economic or useful life of the project and, unless the Board determines that extraordinary circumstances exist, should not exceed seven years.

Short-term debt may also be used to finance short-lived capital projects; for example, the District may undertake lease-purchase financing for equipment, and such equipment leases may be longer than seven years.

(iii) Financings on Behalf of Other Entities. The District may also find it beneficial to issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed and the financial solvency of any borrower and that the issuance of such debt is consistent with the policies set forth herein. In no event should the District incur any liability or assume any responsibility for payment of debt service on such debt of another entity.

B. Types of Debt

In order to maximize the financing options available to benefit the public, it is the policy of the District to allow for the consideration of issuing all generally accepted types of debt, including, but not exclusive to the following:

- General Obligation Bonds ("GOB"): General Obligation Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. All GOB debt shall be authorized by the requisite number of voters in order to receive approval to proceed.
- Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. Generally, no voter approval is required to issue this type of obligation.

- Lease-Backed Debt/Certificates of Participation/Lease Revenue Bonds: Issuance of Lease-backed debt is a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement and where the payments are budgeted in the annual operating budget of the District. Lease-Backed debt does not constitute indebtedness under the state or the District's constitutional debt limit and does not require voter approval.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, the District will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. The District may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue debt in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20% of the District's total debt portfolio.

The District will not employ derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's capital budget and its capital improvement plan.

The District shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. The District shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose.

The District shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

The District shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its general fund.

D. Policy Goals Related to Planning Goals and Objectives

The District is committed to financial planning, maintaining appropriate reserves levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions

incorporated in the District's annual operating budget.

It is a policy goal of the District to protect taxpayers, ratepayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

The District will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section 2.A., when refinancing debt, it shall be the policy goal of the District to realize, whenever possible, and subject to any overriding non-financial policy considerations minimum net present value debt service savings equal to or greater than 5% of the refunded principal amount.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- Any continuing disclosure undertakings under SEC Rule 15c2-12.
- Any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues.
- The District's investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and the District will submit written requisitions for such proceeds. The District will submit a requisition only after obtaining the signature of the District Executive Director, Chief Financial Officer, Controller or other authorized officer of the District.

F. Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of the District and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by the District in accordance with applicable laws.