



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

**Meeting of the Board of Directors
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Wednesday October 27, 2021
9:00 am**

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

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

This Institution is an Equal Opportunity Provider and Employer
Agenda – Oct. 27, 2021 MTHCD Board Meeting

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

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for September 15, 2021
- Un-Approved Board Meeting Minutes for September 29, 2021.

B. Resolutions:

- **2021-08:** Authorizing Remote Teleconference Meetings of the Board of Directors for a 30-day period – Special Finance Committee Meeting on October 14, 2021.
- **2021-09:** Authorizing Remote Teleconference Meetings of the Board of Directors for a 30-day period – Finance Committee Meeting on October 20, 2021.
- **2021-10:** Authorizing Remote Teleconference Meetings of the Board of Directors for a 30-day period – Board Meeting on October 27, 2021.

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

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

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

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

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

- Strategic Planning - Matrix:
- District Projects Matrix – Monthly Report:

- COVID Vaccine Outreach:
- National Health Service Corp:
- Grant Schedule:
- MTMC Foundation Grant:.....CJ Singh / Mr. Archer
- Behavioral Health Program:.....Susan Deax-Keirns
- Valley Springs Health & Wellness Center:
 - VS H&W Center – Policies and Forms: Public Comment – **Action**
 - Policies for October 2021 - Valley Springs Health & Wellness Center:
Punctuation & Grammar Changes – Please Submit to District Office Staff.

Cancelled/Retired Policies

Defibrillator Policy 49 (device outdated and removed – AED instead)

Dolphin Pod Policy 240 (Do not use product)

Revised Policies

Fit Testing 77

Medication Waste Stream 118

Bi-Annual Review Policies

Blood-borne Pathogen Exposure 27

Correction Of Information in The Medical Record 45

Crash Cart 46

Standardized Procedure for Employee Influenza Vaccine Administration

Electronic Protected Health Information (ePHI) 67

Eye Irrigation 74

Hazardous Waste 85

Look-Alike Sound-Alike Medications 101

LVN Scope of Practice 102

Medical Assistant Scope of Practice 107

Medical Records Release 111

Medical Record Transfer 112

Medication Reconciliation 117

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Monitoring Inspection of Medication Inventory 121
 Preventive Services: Adults 141
 Pulse oximeter 146
 Radiology Department Safety Guidelines 150
 Service Animal 160
 Splints/Ace Wraps 175
 Sterile Shelf Life 179
 Sterile Supplies and Instruments 180
 Supply Outdates 184

E. VSHWC Quality Reports:.....Ms. Terradista

- Quality – Sept. 2021:
- MedStatix:

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

7. Committee Reports:

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

- Update – Oct. 14th Financial Workshop:
- Financial Statements – Sept. 2021: Public Comment – **Action**

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

C. Ad Hoc Personnel Committee:Ms. Reed

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

- Calaveras County Seniors’ Center, Inc. Senior Meal Supplement: Public Comment – **Action**

8. Board Comment and Request for Future Agenda Items:

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

- Calaveras Grown Farmers Market (Gov. Center) Through October each Thurs. 4-6 pm:
- Health Science Program Open House – CHS Performance Art Center Oct. 26, 2021.

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- Mountain Heirloom Quilt Faire (43 Annual) Oct. 29-31, 2021 Ironstone in Murphys.
- Adopt an Elder/Child - Calaveras Health & Human Services- Wed Dec 8, 2021.

9. Next Meeting:

A. Holiday Schedule:

The next Finance Committee meeting will be Wednesday November 17, 2021 at 7:30 am.

The next Board meeting will be Wednesday November 17, 2021 at 9am.

10. Adjournment: Public Comment - Action

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Oct 27, 2021 MTHCD Board Meeting

Time: Oct 27, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81627423588?pwd=QkNIWjBPYVBXa3AzM0JKT0RSSWtTUT09>

Meeting ID: 816 2742 3588

Passcode: 913828

One tap mobile

+16699006833,,81627423588#,,,,*913828# US (San Jose)

+12532158782,,81627423588#,,,,*913828# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 816 2742 3588

Passcode: 913828

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

- Effective - Mar 17, 2020.

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

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

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Agenda – Oct. 27, 2021 MTHCD Board Meeting



P. O. Box 95
 San Andreas, CA 95249
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**Finance Committee Meeting
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Road
 San Andreas, CA 95249**

**9:00 am
 Wednesday September 15, 2021**

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:03am.

2. Roll Call:

	Present	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	X			
Richard Randolph	X			

***Public seat vacant.**

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Minutes – Sept. 15, 2021 MTHCD Finance Committee Meeting

3. Approval of Agenda: Public Comment - Action:

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Hearing None

5. Consent Agenda: Public Comment - Action

Hearing None

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Aug. 18, 2021:

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

6. Chief Executive Officer's Report:

- Parking Canopy: was designed to provide shade and for rain protection. USDA was going to finance it with left over funds (\$55,000). When building permit was requested, the county deemed it "new construction". So we have had to develop a site plan and employ architects. It went to the Planning Commission in August and was approved. We were notified of a 25% increase in material costs since the estimate. Mark Twain Health care District has decided not to continue with the project.

- Grant Summary:

Handout was presented listing 11 grants in process.

**Zoom meeting was hacked and disrupted. Ended Zoom meeting and restarted with same meeting link.*

This Institution is an Equal Opportunity Provider and Employer

Minutes – Sept. 15, 2021 MTHCD Finance Committee Meeting

7. Real Estate Review:

Rent increases for the rentals have been implemented to date.

8. Accountant’s Report: Public Comment - **Action**

- August 2021 Financials Will Be Presented to The Committee:

Mr. Wood to meet with the financial advisors then schedule Virtual Workshop for Finance Committee members to attend. The goal of the workshop is to provide better understanding of Financial Practices.

- Annual Audit – July 1, 2020 – June 30, 2021 Update:

Mr. Wood and the bookkeeper have been working on the Balance Sheet and preparing information to send to the auditor.

Public Comment: None

Motion: to approve Sept. 2021 Financials and the Interest & Reserves Report by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

8. Treasurer’s Report:

Nothing to report.

9. Comments and Future Agenda Items:

Hearing None

11. Next Meeting:

- Wed. Oct. 20, 2021, at 9am.
- Virtual Meeting No Longer Authorized. The Bill is currently on the Governor’s desk waiting for final ruling.

12. Adjournment: - **Action**

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

Time: 10:12am

This Institution is an Equal Opportunity Provider and Employer

Minutes – Sept. 15, 2021 MTHCD Finance Committee Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Sept 15, 2021 Finance Committee Meeting
Time: Sep 15, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81309158606?pwd=dIFkc1duRVdBZzJCWDZUT0pkVWY2UT09>

Meeting ID: 813 0915 8606

Passcode: 794248

One tap mobile

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Effective - Mar 17, 2020.

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

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Minutes – Sept. 15, 2021 MTHCD Finance Committee Meeting



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**Special Meeting of the Board of Directors
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
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**Wednesday September 29, 2021
 9:00 am**

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:03am

2. Roll Call:

	Present	Via Zoom/Phone	Absent	Time of Arrival
Lin Reed	X			
Debbie Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Nancy Minkler	X			

This Institution is an Equal Opportunity Provider and Employer
 Minutes – Sept. 29, 2021, MTHCD Special Board Meeting

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

Public Comment: None

Motion: To approve Agenda by Mr. Randolph

Second: Ms. Hack

Vote: 5-0 in favor

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

Hearing None

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for August 18, 2021.
- Un-Approved Board Meeting Minutes for August 25, 2021.

Public Comment: None

Motion: To approve Consent Agenda by Mr. Randolph

Second: Ms. Hack

Vote: 5-0 in favor

B. Correspondence:

- Center for Care Innovations (CCI) Grant with Tides Foundation - Approval (9-21-2021):
- MTMC Foundation – Thank You for \$328,000.00 (9-16-2021)

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):
 - ACHD September 2021 Advocate & Annual Meeting (Sept. 22-24) Recap:
“Refer to pages 22-25 in the packet”

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Minutes – Sept. 29, 2021, MTHCD Special Board Meeting

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

AB133 will allow providers to share health info with Social Services, Dept. of Correction, other providers, etc....

- Meetings with MTHCD CEO:

Met a few times this month re: Strategic Planning/Vaccine Clinic staffing issues

B. MTMC Community Board Report:

Meeting Cancelled - No Quorum

C. MTMC Board of Directors:

Ms. Reed: Hospital volume is up. Dignity has come in with 8.9% over budget. Sept. 28 the Copperopolis Clinic opened. 82 staff at MTMC have applied for exceptions to the vaccine mandate. 70% of staff currently vaccinated.

D. Chief Executive Officer's Report:

- Strategic Planning:

Dr. Smart: Oct 8-9th, 2021 at the Library in Camps restaurant in Angels Camp. Binders passed out with information. Fri 9am-5:30pm. Sat 9am-12pm. Cheryl Duncan Facilitating.

- District Projects Matrix – Monthly Report:

“See page 26 in the packet”

- COVID Vaccine Outreach:

We have received \$49,529 for the Confidence in Vaccinations within the County Campaign. It is a 10-month program. We have one billboard advertising to date. We are using Billboards, Newspaper ads, Online Media, and brochures to get the word out about vaccinations. Vaccination Clinic at the VSHWC has completed 350 vaccinations to date.

- Grant Schedule:

“See page 27 in the packet”

- MTMC Foundation Grant:

“See pages 28-30 in the packet”

Board agreed to make the entire board the review and funding authority for any MTMC Foundation grant requests.

- Valley Springs Health & Wellness Center:

Kaiser contacted Medical Director regarding contract for patient care to come to VSHWC from Kaiser. Director to explore more in-depth regarding benefits to the Clinic.

Currently four unvaccinated staff members at the clinic with one medical clearance.

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

REVISED POLICIES

Emergency Situation/Unresponsive Patient - 65
Follow - up Calls - 81
Emergency Medications and Supplies - 62
Policy Development and Review - 137
Blue Shield Eligibility Verification - 29

BI-ANNUAL REVIEW POLICIES

Audiogram-Threshold-19
Biohazard Material Management - 25
Blue Shield Eligibility Verification - 29
Compliance - 42
Consents For Treatment - Guidance - 43
Contagious Patient - 44
Culture Transmittal - 48
Emergency Release Of Patient Records - 64
Eye Medications-Dispensing - 75
Follow-Up Of Patients - 82
Handwashing - 84
HIV Testing - 86
Infection Control - 88
Infection Control - Overview - 89
Intramuscular Injections - 92
Liquid Nitrogen - 223
Medical Staff Composition - 222
Medication Administration - 114

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Medication Management Emergency Response to Power Failure - 115
 Nebulizer Treatments - 124
 Par Levels - 130
 Patient Left: Not Seen Or Treated (NSOT) - 131
 Patient Portal Information - 133
 PPD Test Results - 138
 Prescription Refills - 139
 Primary Authority Over Clinic Operations - 142
 Procedure Time Out - 143
 Product And Device Recall - 145
 Pulse Oximeter - 146
 Scope of Services - 156
 Section 504 Grievance - 157
 Section 504 Grievance (Spanish) - 157
 Section 504 Notice Of Program Accessibility - 158
 Standardized Procedure for Employee Influenza Vaccine Administration - XXX
 Statement of Ownership and Governance - 177
 Ownership and Governance Statement (Spanish) -177
 Unscheduled Downtime of Electronic Medical Record – 191

Public Comment: None

Motion: to approve with updated BOD name changes on pages 108-109 by Ms. Minkler

Second: MS. Sellick

Vote: 5-0 in favor

E. VSHWC Quality Reports:

- Quality – Aug. 2021:

Ms. Terradista: 1516 new patients visits. 176 new patients in August 2021. Expect more visits once new Nurse Practitioner is trained and seeing patients. New patient appointments are scheduling into November.

- MedStatix:

“See pages 111-112 in the packet”

E. Stay Vertical Calaveras:

Mr. Shetzline: Finishing Fall classes with five classes. Four classes in Valley Springs and one in Murphys. Averaging about ten per class. Looking into creating a flyer to hand out at Hospitals and Clinics.

7. Committee Reports:

A. Finance Committee:

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 Minutes – Sept. 29, 2021, MTHCD Special Board Meeting

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

Mr. Wood: Prior Fiscal Year was discussed with the auditor regarding Deferred Revenue. Information was sent to him this morning. We should be recognizing Deferred Revenue as Revenue. Planning a virtual Workshop to talk about recognizing Grant money as Revenue. The County of Calaveras sent The District the final payment for the previous fiscal year, but the final reconciliation reports have not been received yet. The Balance Sheet shows a strong cash position.

B. Ad Hoc Policy Committee:

- **Resolution 2021-07 – MTHCD Board Policies**
 - **MTHCD Board Policies** (Posted Aug. 25, 2021) Public Comment – **Action**
 - District Policy # 8 - Board Meeting Agenda
 - District Policy # 9 - Add to Policy # 8 then Retire
 - District Policy # 12 - Conflict of Interest Code & Ethics:
 - District Policy # 13 - Appointments to the District Board:
 - District Policy # 14 – Conduct Related to Elections:

District Policy # 22 on hold regarding investments. To be reviewed by the CEO and CFO before being presented to the Finance Committee for recommendation to the Board.

Public Comment: None

Motion: To approve Reconciliations by Ms. Minkler

Second: Mr. Randolph

Vote: 5-0 in favor

C. Ad Hoc Personnel Committee:

Have not met since July

D. Ad Hoc Grants Committee:

Add to agenda regarding Calaveras County Senior Center requesting \$2,000 due to COVID.

8. Board Comment and Request for Future Agenda Items:

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

- Calaveras Grown Farmers Market (Gov. Center) Through October each Thurs. 4-6 pm:
- Health Science Program Open House – CHS Performance Art Center Oct. 26, 2021.
- Let Staff know when you are volunteering in your community.

9. Next Meeting:

A. The next meeting will be Wednesday October 27, 2021, at 9am.

10. Closed Session: Provider Credential Review:

A. Anticipated Litigation: \$54956.9

B. Public Employee Appointment: § 54957

No action was taken in closed session.

11. Open Session:

A. Credentialing:

• **Credentialing Clinic Providers:**

Dr. Smart presented all credentialing information on each appointment. He recommended approval on all listed appointments without reservation.

○ **Valley Springs Health & Wellness Center Providers - Public Comment - Action**

- Cheri Aguiar, LCSW
- Christian Bader, DDS
- Susan Deax-Keirns, LMFT
- Satvir Dhaliwal, DDS
- Suzanne Dietrich, RD, COE
- Thomas Drakes, MD
- Sarah Krutsinger, LCSW
- Rhoda Nussbaum, MD
- Melanie Yurkovich, NP

Public Comment: None

Motion: To approve all appointments by Ms. Hack

Second: Mr. Randolph

Vote: 5-0 in favor

12. Adjournment: Public Comment - Action

Public Comment: None

Motion: To adjourn by Ms. Hack

Second: Mr. Randolph

Vote: 5-0 in favor

Time: 11:29 am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Wed. September 29, 2021, MTHCD Special Board Meeting

Time: Sep 29, 2021, 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88292298758?pwd=S2ppTVIRUElqeXJyVHJFakVQNTIVdz09>

Meeting ID: 882 9229 8758

Passcode: 025742

One tap mobile

+16699006833,,88292298758#,,,,*025742# US (San Jose)

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+1 301 715 8592 US (Washington DC)

Meeting ID: 882 9229 8758

Passcode: 025742

Find your local number: <https://us02web.zoom.us/u/kcqn2S1RgU>

- Effective - Mar 17, 2020.

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

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Minutes – Sept. 29, 2021, MTHCD Special Board Meeting

**Resolution No. 2021-08
Authorizing Remote Teleconference Meetings of The Board of
Directors for A 30-Day Period**

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District’s legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District’s Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

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WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 14th day of October 2021.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2021 – 08 was duly adopted by the Board of Directors of said District at a Special Meeting held on the 14th day of October 2021 by the following vote:

Ayes: Ms. Hack & Mr. Randolph

Nays: -0-

Absent: -0-

Abstain: -0-

Attest: Debra Sellick, Secretary: _____

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**Resolution No. 2021-09
Authorizing Remote Teleconference Meetings of The Board of
Directors for A 30-Day Period**

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District’s legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District’s Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

Oct. 20, 2021 Finance Committee Meeting

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

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 20th day of October 2021.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2021 – 09 was duly adopted by the Board of Directors of said District at a Meeting held on the 20th day of October 2021 by the following vote:

Ayes: Ms. Hack & Mr. Randolph

Nays: -0-

Absent: -0-

Abstain: -0-

Attest: Debra Sellick, Secretary: _____

Oct. 20, 2021 Finance Committee Meeting

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

**Resolution No. 2021 - 10
Authorizing Remote Teleconference Meetings of The Board of
Directors for A 30-Day Period**

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District’s legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District’s Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

Oct. 27, 2021 Board Meeting
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

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 27th day of October 2021.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2021 – 10 was duly adopted by the Board of Directors of said District at a Special Meeting held on the 27th day of October 2021 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____

Oct. 27, 2021 Board Meeting
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



ACHD Advocate

October 2021

What's New This Month:

- Join the [ACHD Board of Directors](#)
- Governor Newsom has until Saturday to sign or veto bills
- Attend our upcoming webinar: [Building an Effective Collaborative Team](#)

CEO MESSAGE

Each year, the ACHD Board of Directors elects the **Officers of the Board** for the coming year. I am excited to announce that the following Board members have been appointed to ACHD's Executive Committee. I look forward to our work together in the year ahead.



Cathy Martin
Chief Executive Officer

- **Chair:** Karin Hennings, CEO, Del Puerto Health Care District
- **Vice Chair/ Chair-Elect:** Lin Reed, Trustee, Mark Twain Health Care District
- **Treasurer:** Matt Rees, CEO, Southern Humboldt Community Healthcare District
- **Secretary:** Misty Evans, Trustee, Morongo Basin Healthcare District
- **Immediate Past Chair:** Harry Weis, CEO, Tahoe Forest Health System

ACHD is also **filling two Board vacancies** due to Board member term completions. Michelle Bholat, M.D., who served as Secretary from 2017 - 2020, completes her second term this month. Ramona Faith will complete her second term in February. Ramona also served as Secretary in 2020 - 2021, as well as chair of the Education Committee. On behalf of the ACHD Team and Board of Directors, thank you Dr. Bholat and Ramona for your willingness to serve and lead.

If you are interested in serving on the ACHD Board of Directors, please [submit your interest here](#) by **November 12, 2021**. Board terms are 3 years each and each director can serve up to two consecutive terms.

In closing, I want to thank all who attended our **69th Annual Meeting: Recover, Refocus and Adapt**. We are grateful for your engagement and hope you found it worthwhile. If you have not done so already, [please complete the event survey](#) to help us shape future educational events. In addition, all attendees can now access the session recordings. We are energized for the year ahead and look forward to working with you as we collectively educate others and advance policies that will support your efforts.



LEGISLATIVE UPDATE

Saturday marks the final day for Governor Newsom to sign or veto bills. So far the Governor has signed a number of items, but many remain. Be looking for ACHD's end of session wrap up email for a comprehensive look at the outcome of bills impacting healthcare districts.

Ballot Initiatives

A number of ballot initiatives will appear on the November 2022 ballot. So far, ACHD has taken positions on two propositions.

Initiative to Adjust Medical Negligence Cases - ACHD Oppose

The "Fairness for Injured Patients Act (FIPA)" would create a new category of injuries which are indistinguishable from other injuries and not currently recognized under California law. This new "catastrophic injury" category does not include caps on non-economic damages set forth by California's Medical Injury Compensation Reform Act (MICRA) and eliminates caps on attorneys' fees.

Flavored Tobacco Referendum - ACHD Support

In 2020, [SB 793](#) by Senator Jerry Hill was signed by the Governor. The bill would prohibit the retail sale of flavored tobacco. The referendum challenges this law, requiring voters to vote "yes" to approve the 2020 state law before it can take effect.

Special District COVID-19 Grants Funding Opens

As you know, the legislature included \$100 million in the budget for COVID-19 relief for eligible special districts. Last week, the Department of Finance (DOF)

opened their [online portal application](#), which closes on October 15th. If you have any questions please do not hesitate to [contact us](#).

During the interim the Advocacy Team is actively preparing for the legislature's return in January, as we anticipate a number of high-priority issues will return.

UPCOMING EVENTS

[Upcoming Webinar: Building an Effective Collaborative Team](#)

November 10, 2021 | 10:00 - 11:30 am PST

Building an Effective Collaborative Team

The Critical 6: Essential Workplace Attributes for Health Care Professionals

November 10, 2021 | 10:00 - 11:30 am PST

Presented by:

Susan Craig, MSN

Allied Health and Dual Enrollment Faculty Coordinator
Butte Community College



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

Who Should Attend: Healthcare district CEOs, managers and employees (regardless of district type), allied health students in training, and others who would like to improve upon their own essential workplace skills and attributes.

What You Will Learn:

- The importance of enhancing communication amongst team members.
- How to identify roles and responsibilities to manage power dynamics and promote collaboration amongst team members.
- The value of utilizing team building techniques for a positive workplace environment.

[Register Here](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 79 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



**Mark Twain Health Care District
Strategic Matrix 2021-2023**

			Lead	Date	Notes
I.		Workforce Health and Stability			
	A.	Prevent Burnout, increase retention, emotional support			
	B.	"Grow Your Own", CCOE CTE			
	C.	Recruiting and Graduate Medical Education Partnerships			
II.		Relationships, Alignment, Collaboration			
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			
	B.	Links on Websites and Social Media			
	C.	"Program of The Month, etc" (billboards, media)			
III.		District Community Programs			
	A.	Robo-Doc			
	B.	Stay Vertical			
	C.	Let's All Smile!			
	D.	Covid-19 Vaccination Hub			
	E.	Childrens' Advocacy Center			
IV.		Tele-Health Expansion			
	A.	Remote and Distant Site at VSHWC			
	B.	Tele-Health Kiosks, Senior Centers or Schools			
	C.	Tele-Psych: Behavioral Health VSHWC			
V.		School Based Clinics			
	A.	Explore and plan			
	B.	School campus and day care 2024			

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 6,601.04	Interim 8/31/21 Expenditure 10/31/21	Yearly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/Lost Revenue/COVID Pay
2	CMS, MIPS	HI-TECH	\$ 8,500.00	\$ 8,500.00	N/A	9/15/2021	DONE	APPROVED	NO	\$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	\$ 37,995.00	\$ 37,995.00	\$ 21,898.89	9/30/2021	Monthly	RECEIVED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER REVIEW	YES	2020 Expenses
5	HRSA	COVID TESTING (RHCCT)	\$ 49,461.42	\$ 49,461.42	\$ 42,835.08	3/31/2022	Monthly	RECEIVED	POSSIBLE	Abbott/McKesson
6	CARES (HRSA)	PROVIDER RELIEF (PRF) (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 224,809.01	Use Funds by 12/31/21 1/31/2022		RECEIVED	YES	21% Ins./ 1099/utilities/Lost Revenue
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ -	\$ 9,211.23	10/30/2022	Qrtly starting 10/31/21	APPROVED	POSSIBLE	Vaccination confidence
8	CHC	RURAL INTERNET	\$ 15,000.00	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$3,004.20
9	ANTHEM	LIST BELOW	\$ 136,500.00	\$ 95,918.30	\$ 59,455.73		Maybe	PORTION RECEIVED	NO	6 projects w/reporting
		Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 35,440.49		10/1/2021	RECEIVED		27% BH wages
		Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 13,577.64		10/1/2021	RECEIVED		
		ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
		COVID Testing	\$ 14,000.00	\$ -	\$ -			PENDING		
		Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 8,418.30		WEEKLY	RECEIVED		
		Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
10	CCI	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ -	\$ -	8/17/2021	9/20/2021	APPROVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	TBD	\$ -	\$ 461,711.69		9/29/2021	APPLIED		Lost Revenue

TOTALS

\$642,954.65 \$410,148.11 \$909,258.83

Last Updated 10/21/2021
1:49:00PM

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

POLICY: Fit Testing	REVIEWED: 3/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Infection Control	REVISED: 12/30/20; <u>9/29/21</u>
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Fit Testing

Objective: Clinic personnel will comply with the N95 mask fit testing program, consistent with California Aerosolized Pathogen Guidelines.

Response Rating: Severe

Required Equipment: N95 mask

Procedure

1. All Clinic personnel will be fit tested for N95 masks within the first 90 days of their employment by the Clinic Manager or trained designee.
2. Personnel will not be allowed to use a N95 mask prior to completing their initial fit test.
3. All Clinic personnel will be re-tested annually.
4. N95 masks will be utilized when ~~the~~any patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis, COVID-19).

Reference: <https://www.dir.ca.gov/title8/5199a.html> ~~January 2018~~ **Last updated July 14, 2021**

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

POLICY: Medication Waste Stream	REVIEWED: 4/1/19; 12/31/20; 9/29/21
SECTION: Medication Management	REVISED: 12/31/20
EFFECTIVE: 1/29/2021 October Board Meeting	MEDICAL DIRECTOR:

Subject: Management of medication waste stream

Objective: The secure management of medication waste, including outdates and less than full dose amounts.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Non-scheduled drugs are placed in the medication disposal bucket that can be found in the Medication Room.
 - a. Outdated medications or less than one dose quantities.
 - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.
 - c. The non-scheduled drug waste stream vendor is MedPro.
 - d. When the bucket is full, follow directions provided by the vendor for the return of the bucket.
 - e. Upon receipt of the full bucket, the vendor will return a new, replacement bucket to the Clinic.
 - f. Under no circumstances are outdated or less than one dose medications diverted from the approved waste stream.

2. Scheduled drugs are placed in the secure lock box, which can be found in the Medication Room. Scheduled medication waste must be witnessed as demonstrated by a co-signature in the manual system under the patient's name.
 - a. Outdated medication or less than one dose quantities
 - b. The controlled substance waste stream vendor is [MedProMcKesson product RX Destroyer](#).
 - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.

- c. Scheduled drugs I-V are documented on the DEA Controlled Substances for Destruction Form (container inventory). All required fields, including NDC number (if available) and specific quantity will be submitted.
 - d. Once the container is ready to be mailed back full, the Clinic Manager or designee will ensure a copy of the DEA Controlled Substances for Destruction Form (container inventory) is retained for record keeping and a copy will be sent with the mail-back container to the Medical Director for inclusion in the QAPI meeting.
 - e. A new secure medication disposal bucket will be ordered by the Clinic Manager or designee and placed in the Medication Room to accommodate new wasted medications destruction once the lock box becomes full.
 - f. Under no circumstances are outdated or less than one dose medications diverted from the approved waste stream.
3. Wasted injectable schedule medications cannot be placed in the secure medication disposal bucket.
- a. With a witness present, draw up amount to be wasted into a syringe.
 - b. Discharge the medication from the syringe into the sink drain and run tap water down the drain.
 - c. Dispose of the used syringe in the sharps container.
 - d. This medication waste must be witnessed demonstrated by a co-signature in the Access Center system under the patient's name

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

POLICY: Blood-borne Pathogen Exposure	REVIEWED: 3/1/19; 12/30/2020; <u>9/29/21</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>1/29/2021</u> October Board Meeting	MEDICAL DIRECTOR:

Subject: Blood-borne pathogen exposure policy

Objective: To present an overview of the Exposure Control Plan for Blood Borne Pathogens or Other Potential Infectious Materials (OPIM); to protect the health and safety of the persons directly exposed to biohazard/infectious materials by ensuring the safe handling, storage, use, processing, and disposal of biohazardous/infectious medical waste; to train workers to minimize exposure by using the appropriate engineering controls, protective personnel equipment, and work practices.

Response Rating: Mandatory

Required Equipment:

Definitions:

Health Care Worker (HCW): persons who are in contact with patients, blood, or other physiological fluids.

Employee Health Service (EHS): the Infection Control physician, nurse, and appropriate members of the Infection Control Committee.

Personal Protective Equipment (PPE): use of the appropriate equipment (gowns, gloves, goggles, masks, etc) to minimize/prevent exposure to blood and other physiological fluids.

Hepatitis B Virus (HBV): the blood borne virus that causes Hepatitis B.

Hepatitis C Virus (HCV): the blood borne virus that causes Hepatitis C.

Human Immunodeficiency Virus (HIV): the blood borne virus that causes HIV infection and has been linked to Acquired Immune Deficiency Syndrome (AIDS).

Biological Hazard: refers to any viable infectious agent (etiologic agent) or injurious agent that presents a risk, or a potential risk, to the well-being of any human. Blood, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, and any other bodily fluid with visible blood are considered to be biological hazardous materials. Not included under universal precautions are feces, urine, nasal secretions, sputum, tears, vomitus, and sweat.

Medical Waste/Infectious Waste: all waste emanating from human or animal tissues, blood or blood products, or fluids, all cultures of tissues, cells of human origin, or cultures of etiologic agents; specimens of human or animal parts or tissues removed by surgery, autopsy, or necropsy.

Universal Precautions: refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires that every employee exposed be protected as though such body fluids were infected with blood borne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2.2.44A).

Engineering Controls: the tools/equipment used to minimize exposure risks (i.e. sharps containers, biohazard bags, etc.).

Work practices: habits/procedures used by employees to minimize exposure risk.

Introduction: By law, an infection control plan must be prepared for every person that handles, stores, uses, processes, or disposes of infectious medical wastes. This infection control plan complies with the OSHA requirement 29 CFR 1910.1030, Blood Borne Pathogens. This plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.

Exposure Categories

Category I

- The normal work routine involves exposure to blood, body fluids, and/or tissues. Any procedure or job-related task that has the potential for spills or splashes of the same.
- Employees are required to use personal protective equipment and procedures.

Category II

- The normal work routine involves no exposure to blood body fluids, or tissue, but the employee might be required to perform an unplanned Category I type task (i.e. clean up spills, etc.)

Category III

- The normal work routine involves no exposure to blood, body fluids, or tissues. Category I tasks are not a part of this job. Persons who perform these duties are not called upon as a part of their work to be potentially exposed in some other way. Category III tasks involve handling implements or utensils; using public or shared bathrooms or telephones; and personal contact **such as hand shaking.**

Exposure Determination

- The normal work in the laboratory involves exposure Category I and II.

Methods of Compliance

- All employees will receive Infection Control and Universal Precaution educations and training when hired, and annually thereafter.

- Universal Precautions shall be observed to prevent contact with blood or Other Potential Infectious Material (OPIM). All physiological material will be considered infectious.
- Failure to use universal precautions is subject to disciplinary action, up to and including termination.

Engineering Controls

- Needles/sharps will not be recapped, bent or clipped. Any attempts to recap or remove needles must be done with a mechanical device or by using a one-handed technique.
- Needle/sharps disposal containers are located throughout the Clinic. Dispose of all needles/sharps in these containers only.
- Biohazard disposal containers are puncture resistant, lined with a red plastic bag labeled with a biohazard insignia, and leak-proof on the sides and bottom.
- All biohazard disposal containers will be double-bagged and closed with a container lid when not in use.
- Biological Safety Cabinets will be certified to meet manufacturer's specifications.

Infection Control Strategies

Work Practice

General

- Practice proper segregation of infectious/non-infectious waste.
- Laboratory director will ensure that the staff is trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper clean-up and disposal techniques.
- All personnel will be advised of the potential biohazard before being allowed to enter the work area.
- A universal biohazard symbol will be posted on all access doors at all times.
- Refrigerator/cabinets storing blood or other biohazardous materials must be labeled with a biohazard label indicating the presence of these materials.
- Eating, drinking, smoking, applying cosmetics or lip balms, or handling contact lenses where there is a potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.
- Food or drinks shall not be stored in refrigerators, freezers, cabinets, or shelves where there is a potential exposure to blood or other potentially infectious materials is not allowed. The above actions may only be performed in designated areas.
- Food or drinks shall not be stored in refrigerators, freezers, cabinets, or shelves where blood or other potentially infectious materials are stored.
- No employee shall pipette or suction blood or other potentially infectious materials by mouth.

- Good hygiene practices will be expected. Employees will practice washing of hands before entering administrative areas.

Waste

- Infectious waste shall never be mixed with non-infectious waste.
- All infectious waste will be placed into designated infectious waste containers.
- Infectious waste containers must be labeled with biohazard labels; red biohazard bags must be used as liners; container lids must be fit tightly and properly and must remain closed when not in use; foot operated mechanisms are required.
- All biohazardous waste is deposited into red waterproof bags.
- Infections/biohazardous wastes must be picked up and disposed of by a contracted, licensed vendor.
- Biohazard disposal containers will be double bagged and $\frac{3}{4}$ filled before starting new waste bag.

Environment

- The Clinic environment is to remain clean and sanitary at all times. PPE will be used to clean contaminated areas and/or equipment.
- Each department must clean and decontaminate all equipment and working surfaces before and after each working shift with 1:10 bleach solutions or other EPA approved cleaning agent after contact with blood or other potentially infectious materials.
- All reusable equipment or apparatus that is contaminated or has a reasonable likelihood for becoming contaminated must be disinfected in an autoclave or soaked in a disinfecting agent prior to being reused.
- Contaminated broken glassware shall be picked up by a mechanical means, not by hand.
- Liquid germicidal soap dispensers must be available in work areas. Cleaning equipment used for biohazardous materials should not be used for non-biohazardous materials.
- Stock solutions of suitable disinfectants must be maintained in the Clinic.

Spill Clean Up

- Employees will wear appropriate Personal Protective Equipment when cleaning up spills or biohazardous wastes.
- All spills will be cleaned with suitable, non-reusable materials.
- Spills areas will be disinfected with a 1:10 bleach solution or other EPA approved cleaning agent.
- Body areas contaminated with a spill will be flushed with generous amounts of running water, followed by an anti-germicidal soap.

Personal Protective Equipment

- The Clinic will provide suitable equipment to protect employees from hazards in the workplace. The Clinic Manager or Safety Coordinator can advise the employee on what protective equipment is required for the task.
- The Clinic Manager must obtain the PPE and ensure that it is used regularly and properly.
- Protective clothing is not a substitute for adequate caution and common sense in the dealing with infectious and hazardous waste or other potentially injurious situations. Protective clothing however, shall be worn and effectively maintained as a condition of continued employment and part of the mutual obligation to comply with the Occupational Safety and Health Act.
- Personal protective equipment (i.e. gloves, gowns, masks, and goggles in various sizes) are provided, maintained, repaired and/or replaced at no cost to the employee.
- All employees will wear the appropriate protective clothing (i.e. gowns, aprons, lab coats, or other similar garments) whenever there is a potential for exposure. The type of garment will depend on the task or degree of exposure anticipated.
- All employees will wear masks, eye protections, and face shields whenever there is a risk of splashes, sprayed atomized particles, splatter or droplets of blood or other potentially infectious material and in stances where eye, nose, or mouth contamination can be reasonably anticipated.
- Preventive measures will be taken to minimize splashing, spraying, spattering, and generating droplets when working with blood or other potentially infectious material (i.e., before removing a rubber stopper from a specimen tube, it will be covered with gauze to reduce splatter).
- Cover gowns and gloves shall be worn when working with biological waste and infectious materials.
- Specified footwear must be worn.
- Respirator masks must be worn when there is a potential for inhalation of toxic fumes.
- Back supports must be worn when lifting heavy equipment and supplies.
- No jewelry shall be worn during invasive procedures.
- Seat belts shall be worn when driving vehicles during the performance of business.
- Employees must wear gloves when it can be reasonably anticipated that the employee may have contact with blood or OPIM, (i.e., mucous membranes, and non-intact skin) when performing vascular access procedures, when touching contaminated items or surfaces, and when mixing chemotherapy agents.
- Disposable gloves are supplied in different sizes. Avoid petroleum-based lubricants since they may eat through latex.
- Personnel who are sensitive to regular gloves must tell the Clinic Manager so hypoallergic gloves can be ordered.

- Disposable gloves will:

Be replaced as soon as possible if they are contaminated, torn, punctured, etc., and disposed of in the red biohazard waste bags.

Not be washed, decontaminated or reused.

Skin Conditions

- Employees shall refrain from high-risk exposure tasks when a skin condition exists

Cuts, scratches, and abrasions must be suitably dressed and covered during exposure situations.

Rashes, skin disorders and diseases should have medical attention and clearance for work.

Hand washing

- Hands will be washed with a suitable germicidal agent under, but not limited to, the following situations:

Upon arrival to and leaving the work area

After the removal of protective barriers and gloves

Immediately or as soon after possible contamination with blood or body fluids

- The proper hand washing technique will be to lather the hands with a suitable germicidal agent and warm water, followed by a vigorous rubbing of palms, the fingers, and in-between the fingers.

Hepatitis B Vaccination

- Hepatitis B Vaccination shall be made available to employees after they have received the required safety training and within 30 working days of initial assignment to all employees who have occupational exposure except under the following conditions:

The employee has previously received the complete Hepatitis B vaccination series.

Antibody testing reveals that the employee is immune.

The vaccine is contraindicated for medical reasons.

- If the employee initially declines hepatitis B vaccination but at a later date, while still covered under the stand, decides to accept the vaccination, the employer shall make available the Hepatitis B vaccine at the time.

- The employer shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the Hepatitis B vaccination declination form. If the U.S. Public Health Service recommends a routine booster dose(s) of Hepatitis B vaccine at a future date, such booster dose(s) shall be made available.
- All medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series, post-exposure evaluation and follow-up, including prophylaxis are available at no cost to the employee and provided according to recommendations of the U.S. Public Health Service.

Exposure

- All employees with accidental exposure to blood or OPIM must notify the Clinic Manager immediately so prompt and immediate attention can be initiated. The Clinic recommends compliance with the current CDC guidelines for exposure to HBV, HCV, and HIV.
- An occurrence report must be completed and the Clinic Manager must be notified of the incident as soon as feasible.
- Following a report of an exposure incident, the employee shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

The route(s) of exposure, and the circumstances under which the exposure incident occurred;

The identity of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known HBV, HCV, or HIV status need not be repeated.
- Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations.
- The employer shall provide for collection and testing of the employee's blood for HBV, HCV, and HIV serological status:

The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

If an employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of

the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.

- The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- The employer shall provide for counseling and evaluation of reported illnesses.
- Any employee may refuse to consent to post-exposure evaluation and follow-up from the Clinic. When consent is refused, we shall make immediately available to exposed employees a confidential medical evaluation and follow-up from an outside healthcare professional.
- Employee health files are confidential and will not be disclosed without the written consent of the employee.

Labels and Signs

Labels

- Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.
- Labels will use the OSHA standard legend for blood borne disease prevention, and shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in contrasting color.
- Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or a method that prevents their loss or unintentional removal.
- Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.

Signs

- The Clinic shall post signs at the entrance to work areas showing the name of the infectious agent, special requirements for entering the area, and the name and telephone number of the Laboratory Director or other responsible person.
- These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

Employee Education and Training

- All employees will receive Infection Control and Universal Precautions education and training when hired, and annually thereafter. Training will be documented and kept with the employee record.

- Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

References

- Federal Register/Volume 56, No. 235
- 1001/Rules and Regulations, Department of Labor, Occupational Safety and Health Administration, Final Rule.

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

POLICY: Correction Of Information In The Medical Record	REVIEWED: 4/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Correction of information in the medical record

Objective: Information placed in the medical record will be accurate.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. All entries into a paper medical record (chart) will be made in blue or black ink.
2. Should it be necessary to correct information in a paper medical record, the following steps will be taken:
 - a. Draw a single fine line through the error
 - b. Print "error" on the cross out and initial and date
 - c. Enter the correct information adjacent to the correction and initial and date
3. Corrections to the Electronic Medical Record (EMR) will be documented as correcting entries or late entries, depending upon the reason for the additional information and/or revision.

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

POLICY: Crash Cart	REVIEWED: 2/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	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: Standardized Procedure for Employee Influenza Vaccine Administration	REVIEWED: 10/09/2020; <u>9/29/21</u>
SECTION:	REVISED:
EFFECTIVE: <u>10/28/20</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject:

Objective: To reduce morbidity and mortality from seasonal influenza by vaccinating all employees who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

Response Rating: Under these standing orders, eligible RNs and Medical Assistants allowed by state law and who have demonstrated competence in administration of routine immunizations, may vaccinate patients who meet any of the criteria below.

Required Equipment:

Procedure:

1. Identify adult employees in need of influenza vaccination based on meeting any of the following criteria:
 - a. Want to reduce the risk of becoming ill with influenza or of transmitting it to others
 - b. Age 18 years or older
 - c. Having any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immuno- suppression, including that caused by medications or HIV
 - d. Being pregnant during the influenza season
 - e. All healthcare personnel
 - g. All adults who are household contacts, caregivers, or workplace contacts of persons listed in category 1.c.
2. Screen all persons for contraindications and precautions to influenza vaccine prior to administration:
 - a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:

www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf.

- b. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant or who has any of the conditions described in 1.c. or 1.d. above.
- c. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation

3. Provide all vaccine recipients with a copy of the most current federal Vaccine Information Statement (VIS). You must document on the office log and if requested, the employee's medical record, the publication date of the VIS and the date it was given. Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred; these can be found at www.immunize.org/vis.

4. Provide all influenza vaccine recipients with a vaccine consent form to read and sign prior to administration.

5. Administer inactivated influenza vaccine IM per manufacturer guidelines.

6. Document each employee's vaccine administration information on the **consent and Employee flu shot log**:

a. Medical chart: If the employee has a medical record with the clinic, it is ok to chart the vaccination in their medical record as historical, or record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).

b. Personal immunization record card: It is OK to record the date of vaccination and the name/location of the administering clinic on the patient's record, or to document the vaccine in RIDE.

7. Maintain a log of Immunizations given per unit guidelines. All Medical Records, including vaccine logs, visit notes, and consents are maintained by the VSHWC guidelines.

8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

9. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or (800) 822-7967. VAERS report forms are available at www.vaers.hhs.gov.

This policy and procedure shall remain in effect for all patients of the Valley Springs Health & Wellness Center for 1 year or until rescinded.

Medical Director's signature: Dr. Randy Smart

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 10/14/20202021

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

POLICY: Electronic Protected Health Information (ePHI)	REVIEWED: 3/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Medical Record	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Electronic Protected Health Information (ePHI)

Objective: Ensure all personnel understand and follow guidance to protect electronic Patient Health Information (ePHI)

Response Rating: Mandatory

Required Equipment:

Definition: Electronic protected health information (ePHI) refers to any protected health information (PHI) that is covered under Health Insurance Portability and Accountability Act of 1996 (HIPAA) security regulations and is produced, saved, transferred or received in an electronic form. The following are examples of PHI: Names, Address, Social Security number, Family History, Telephone number, Fax number, Account numbers, Medical Record numbers, Dates (birthday, discharge, admission), Certificate/license numbers, Vehicle ID, Personal Assets, Device identifiers, Biometric (finger or voice print), Photographs, Any unique identifying number, code or characteristic.

Procedure:

1. Electronic Protected Health Information, (herein referred to as **ePHI**), must be protected at all times from deliberate, accidental or incidental disclosure to any unauthorized entity or person.
2. Access to **ePHI** will only be granted to those Clinic employees who have a specific “**need to know**” to fulfill their work responsibilities. Employees who are granted access to **ePHI** will have reviewed and acknowledged the necessary training in information security and policies and procedures pertaining to Protected Health Information.
3. Requests for access to **ePHI** by external Health Care entities will be submitted in writing and will be granted by the Executive Director (“Director”) or his/her representative. If medical circumstances exist that make this impractical or detrimental to a patient, verbal confirmation by either the Director or his/her representative will suffice.
4. As a general rule of thumb, **ePHI** should not be transferred electronically but rather by registered mail, return receipt requested or transferred directly by the patient. If it must be transferred electronically, it must be transmitted utilizing a District approved encrypted email system with a return receipt requested. Additionally, all electronic transmissions will contain a District approved disclaimer which is intended to provide an additional level of awareness to the recipient that they may be in possession of a document containing **ePHI** and as such are responsible for safeguarding that information until it is destroyed.

5. The use of external storage devices by Clinic employees is totally discouraged and not permitted unless approved by the Director or his/her representative. All such devices pose a serious threat to **ePHI** and as such will be disposed —of in a manner consistent to ensure that all data has been removed and that the device is rendered totally unreadable.

6. All **ePHI** data stored on the Clinic’s server will be backed-up on a weekly basis using either magnetic tape or other approved means. Once the back-up is complete, it will be transferred to the District Office where it will be stored in a fire proof safe until such time that it is replaced by the most current version. After this occurs, the replaced back-up will be returned to the clinic where it will be stored in a secure area with the server until it is ready to be erased and reused.

7. All workstations will be configured so that user inactivity of 10 minutes or more will require that the user re-enter their password to log back into the workstation.

8. Users may access patient information only as it relates specifically to the user’s workplace roles and responsibilities.
 - a. Users may not access personal information within the Clinic EMR or healthcare partner, vendor, and/or payor website
 - b. Users may not access information regarding family members or friends within the Clinic EMR or healthcare partner, vendor, and/or payor website access
 - c. Users seeking PHI regarding themselves will utilize the patient portal or the current medical records request form and follow Clinic policy regarding completion and submission of the request.
 - d. Users seeking PHI regarding family members or friends will utilize the patient portal or the current medical record request form and follow Clinic policy regarding completion and submission of the request, assuming the user is legally allowed access to the requested information.

9. Employees who fail to comply with these obligations and responsibilities, shall be subject to disciplinary action up to and/or including termination.

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

POLICY: Eye Irrigation	REVIEWED: 11/12/18; 9/11/19; 12/30/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	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 the laboratory and the patient care hallway, 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.
 - a. If the patient is a child, parent and/or caregiver should be engaged to assist in calming and restraining the patient.
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.

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

POLICY: Hazardous Waste	REVIEWED: 3/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Purpose: Hazardous Waste

Objective: The Environmental Protection Agency has grouped certain chemicals and chemical groups into categories which have been classified as toxic. This means that in concentrated form or by accumulating and combining with other chemicals (even the air) these chemicals can be hazardous to human health if exposure occurs.

Policy: The Clinic insists that employees not create hazardous wastes that will contaminate the environment. Whenever possible, employees should choose non-hazardous materials. If an employee uses hazardous materials, he must properly dispose of them. No employee shall knowingly dump any hazardous wastes into the environment at any time. Violation of this policy will result in disciplinary action, including termination of employment.

If any employee suspects that the wastes he may encounter as an employee are hazardous (whether or not they are being created by the Clinic), should inform the supervisor immediately. If any employee does not know how to control or dispose of hazardous wastes and what to do if he is exposed to hazardous wastes, the employee should consult with the provider on duty and refer to the Safety Data Sheets reference book located in the lab.

- Focus on patient and staff safety.
- Be alert to hazardous wastes.
- Wear appropriate personal protective equipment.
- Know how to properly dispose of hazardous wastes.
- Direct any questions to your supervisor.
- Report all exposures immediately.

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

POLICY: Look-Alike Sound-Alike Medications	REVIEWED: 4/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Look-Alike Sound-Alike Medications

Objective: To reduce medication errors, the Clinic will use the ISMP List of Confused Drug Names to indicate and delineate Look-Alike Sound-Alike medications.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Existing policy requires that the Clinic will maintain a formulary that represents the medications to be maintained for use in patient care.
2. The formulary will be compared to the ISMP’s List of Confused Drug Names and any medications found on that list will be renamed on the formulary.
 - a. To reflect the recommended “tall man” lettering.
 - b. If no “tall man” lettering option is available, the medication name will be listed in bold font to indicate its Look-Alike Sound-Alike status.
3. The medication storage system will be labeled using the recommended “tall man” lettering” and/or bold font to indicate its Look-Alike Sound-Alike medications
4. The medication library in the Electronic Medical Record will be prepared utilizing the recommended “tall man” lettering for any Look-Alike Sound-Alike medications.

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

POLICY: LVN Scope of Practice	REVIEWED: 7/1/19;12/30/20; <u>9/29/21</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>4/29/2021</u> October Board Meeting	MEDICAL DIRECTOR:

Subject: LVN Scope of Practice

Objective: To ensure Licensed Vocational Nurses work within their legal scope of practice, Licensed Vocational Nurses deployed in the Clinic will function within parameters defined by California Board of Vocational Nursing.

Response Rating:

Required Equipment:

Procedure

1. A Licensed Vocational Nurse (LVN) **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted below);
 - c. Assess the patient's condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient's chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV unless certified to do so;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

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LVN Scope of Practice
Policy Number 102

- i. Independently perform telephone triage;
 - j. Inject collagen;
 - k. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - l. Administer chemotherapy;
 - m. Enter medication orders into the EMR.
2. Technical support services may not be rendered by the LVN unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, LVNs may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;
 - g. Shaving and disinfecting treatment sites;
 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances);
 - i. Apply soft splints and ace wraps under the supervision of the practitioner.

3. In addition to approved technical support services, LVNs may perform administrative and clerical functions as directed by Clinic Leadership.
4. The responsibility for the appropriate use of a LVN in the Clinic rests with the Physician.
5. If asked to perform tasks that exceed their legal scope of practice, LVNs will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- Vocational Nursing Practice Act, July 31, 2015

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

POLICY: Medical Assistant Scope of Practice	REVIEWED: 3/1/19;12/31/20; <u>9/29/21</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>1/29/2021</u> October Board Meeting	MEDICAL DIRECTOR:

Subject: Medical Assistant Scope of Practice

Objective: To ensure Medical Assistants work within their legal scope of practice, Medical Assistants deployed in the Clinic will function within parameters defined by California Business and Professional Code.

Response Rating:

Required Equipment:

Procedure

1. A Medical Assistant **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted);
 - c. Assess the patient's condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient's chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

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Medical Assistant Scope of Practice
Policy Number 107

- i. Insert urine catheter;
 - j. Independently perform telephone triage;
 - k. Inject collagen;
 - l. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - m. Administer chemotherapy;
 - n. Draw up or administer numbing agents, alone or as a component of any medication administration.
 - o. Enter medication orders into the EMR.
 - p. Independently apply splints.
2. Technical support services may not be rendered by the Medical Assistant unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, Medical Assistants may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;

- g. Shaving and disinfecting treatment sites;

 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances).
3. In addition to approved technical support services, Medical Assistants may perform administrative and clerical functions as directed by Clinic Leadership.
 4. The responsibility for the appropriate use of a Medical Assistant in the Clinic rests with the Physician.
 5. If asked to perform tasks that exceed their legal scope of practice, Medical Assistants will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- California Business and Professions Code 2069-2071

- California Business and Professions Code 2544

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

POLICY: Medical Records Release	REVIEWED: 4/1/19; 12/30/20; <u>9/29/21</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Release of medical records

Objective: To ensure that authorization for release of patient medical information is valid, requirements for patient authorization under the Confidentiality of Medical Information Act will be followed.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. To be valid, authorization for a provider to release patient medical information must be:
 - a. In writing.
 - b. Executed by a signature that serves no purpose other than to execute the authorization.
 - c. Signed and dated by one of the following:
 1. The patient.
 2. The legal representative of the patient, if the patient is a minor.
 3. The legal representative of the patient, if the patient is an adult with a guardian.
 - d. The limitations, if any, on the types of medical information to be disclosed.
 - e. The name of the health care provider that may disclose the medical information.
 - f. The name of the person or entities authorized to receive the medical information.
2. The designated employee will give a medical records release form to the person requesting records.
3. The form must be completed and signed before a witness, who will also sign the document.
4. The signed, completed document will be kept in the medical record and the requested records will be released to persons requesting them or their designee.
5. A copy of the signed, completed request form will accompany the records being sent.

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

POLICY: Medical Record Transfer	REVIEWED: 4/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Transfer of medical records

Objective: A patient or his/her representative is entitled to access to the patient’s health record. Record transfers shall be done upon appropriate request.

Response Rating:

Required Equipment:

Procedure:

1. A release of information form will be signed and dated by the patient or their legal representative.
2. Release of information will include the patient’s name, date of birth, and destination of the records.
3. Confidentiality of records will be stressed to all patients or legal custodians who hand carry records.
4. Records will not be transferred without patient or legal representative signature (telephone requests from medical offices, insurance companies or other parties will not be accepted).
5. At no time will records be transferred or released if there is a question regarding legality and/or legitimacy of the requesting individual.
6. The medical records personnel will be responsible for monitoring the transfer of records.
7. When records are being transferred to an entity other than an affiliated Clinic or recognized health care entity, a charge will be made to the patient. The copied records will not be released until payment has been received.

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

POLICY: Medication Reconciliation	REVIEWED: 4/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Medication reconciliation

Objective: In order to maintain and communicate accurate patient medication information, care providers will create an accurate list of a patient’s medications at time of intake to the clinic, reconcile discrepancies, and ensure update with any medication additions/changes made during the encounter. A copy of the list will be available to the patient upon discharge from the clinic.

Response Rating:

Required Equipment:

Definitions:

Medication: for the purposes of this policy, the term medication denotes any of the following:

- Prescription medications
- Sample medications
- Herbal remedies, nutraceuticals, vitamins, and over-the-counter medications
- Diagnostic and contrast agents
- Radioactive medications
- Vaccines
- Respiratory therapy-related medications
- Parenteral nutrition
- Blood derivatives
- Intravenous solutions either plain or with additives
- Any agent classified by the F.D.A. as a drug

Procedure:

1. Patients should be encouraged to bring their medication vials and/or a list from their pharmacy to each clinic visit.
2. During the intake process, which is completed in the examination or procedure room, the ~~Medical Assistant~~ ~~Provider~~ will obtain a list of the patient's current medications. This list will include medication name, dose, route, and frequency.
3. Refer to the list above to ensure all medications are included.
4. The medication list will reside in the Electronic Medical Record, if in use. If the clinic utilizes a paper medical record, the medication reconciliation form will be utilized. Two patient identifiers will be placed on the paper form.
4. The physician will review the list, include any changes to current medications and medications added to the patient's regimen as a result of the current examination/treatment. The list will be signed and dated by the physician.
5. The patient will be offered a copy of the current medication reconciliation upon discharge from the clinic.

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

POLICY: Monitoring Inspection of Medication Inventory	REVIEWED: 4/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>1/29/2021</u> October Board Meeting	MEDICAL DIRECTOR:

Subject: Monitoring inspection of Clinic medication inventory

Objective: To ensure that medications are properly stored throughout the Clinic, the designated staff member shall inspect every nursing station, medication room, cart or other area where medications are stored, at least once each month, document their findings and share those findings with Clinic Manager, Medical Director and/or designee.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

The designated person shall:

1. Insure that antiseptics or other drugs for external use, and disinfectants, are stored separately from medications intended for internal or injectable use.
2. Insure that special storage conditions are met when necessary to assure stability.
3. Identify outdated medications and remove them from the Clinic inventory to prevent inadvertent administration.
4. Check the supply of emergency medications for correctness and remove outdated medications.
5. Check that metric and apothecary conversion charts are posted.
6. Review and document refrigerator, freezer, and medication room temperatures and submit that information as a part of the ongoing Quality Assurance/Performance Improvement program.
7. Review each area where medication is stored for cleanliness, presence of non-stock medications and samples, adequate security and other conditions deemed necessary by the District and Medical Staff and submit documentation of the review as a part of the ongoing Quality Assurance/Performance Improvement program.
8. Areas out of compliance will be reviewed and corrected by the Clinic Manager.

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

POLICY: Preventive Services: Adults	REVIEWED: 2/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>1/29/2021</u> October Board Meeting	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>

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

POLICY: Pulse Oximeter	REVIEWED: 2/1/19; 11/23/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED: 11/23/20; <u>9/29/21</u>
EFFECTIVE: <u>12/09/20</u> <u>October Board Meeting</u>	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 a Cavicide wipe after removing the sensor from the patient.
- 6.7. Pediatric (infant) are disposable and one-time use.
- 7.8. Document results in the EMR.

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Pulse Oximeter
Policy Number 146

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

POLICY: Radiology Department Safety Guidelines	REVIEWED: 4/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Radiology Department Safety Guidelines

Objective: To outline radiology department guidelines to support patient and staff safety in accordance with California Radiation Control Regulations.

Response Rating: Mandatory

Definitions:

A.L.A.R.A. – As low as reasonably achievable; limiting radiation exposure to patients by ensuring that proper procedures and techniques are followed to prevent the need for repeated imaging because of sub-optimal image quality.

Procedure:

1. No x-ray worker shall be used to hold patients or films except in an emergency and no person shall be regularly used for this service. If an individual must hold the patient, that individual shall be protected with appropriate shielding devices such as protective gloves and apron and they shall be so positioned that the useful beam will strike no part of their body. [17 CCR §30308 (b)(1)].
2. Only individuals required for the radiographic procedure shall be in the radiographic room during the exposure, and except for the patient, all such persons shall be equipped with appropriate protective devices. [17 CCR §30308 (b)(2)].
3. The radiographic field shall be restricted to the area of clinical interest. [17 CCR §30308 (b)(3)].
4. Gonadal shielding of not less than 0.5mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the direct beam, except for cases in which this would interfere with the diagnostic procedure. [17 CCR §30308 (b)(4)].
5. The operator shall stand behind the barrier provided for their protection during radiographic exposures. [17 CCR §30308 (b)(5)].

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

POLICY: Service Animal	REVIEWED: 2/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	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: Splints/Ace Wraps	REVIEWED: 6/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Ace Wraps & Splints

Objective: To protect, secure and immobilize an injured extremity.

Acuity Rating: Mild to moderate

Required equipment: Ring cutter, cold pack, Ace wrap, splint, sling, gauze and/or cotton as per physician's written order.

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
 - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
 - b. Should the patient refuse to allow use of the ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.

2. Elevate the extremity and apply a cold pack.

3. Apply a dressing to an extremity:
 - a. Apply an ace wrap, taking care not to wrap the ace tightly. Too tight a wrap may impair circulation. Ace wrap may not be applied by a Medical Assistant.

4. The following are guidelines for wrapping specific areas:
 - a. Toes: "buddy -tape" the toe and the next toe with 1/2" adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
 - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with a 2" ace wrap. Immobilize the finger in a position of function, with the MCPs at 90 degrees and the

DIPs and PIPs in extension. Ace wraps may not be applied by a Medical Assistant.

- c. Ankles: if using an air splint or padded splint. A sock or soft roll should be placed between the plastic and the skin to prevent skin breakdown from the contact of plastic to skin. A laced-up ankle brace may be used.
 1. If applying a posterior splint to the ankle, place the ankle in 90 degrees and apply the prefabricated splint. The splint should extend from the metatarsal heads to two fingerbreadths below the fibular head. Moisten the splint material with room temperature water, as hot water may cause a burn to the patient when the splint hardens and heats itself. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
 2. If applying an ace-wrap to an ankle, always enclose the heel. A contour walker may also be chosen for ankle and foot injuries.
- d. Wrists: One may use a Velcro wrist splint provided.
 1. If a fiberglass splint is needed, it should extend from the distal palmar crease to two fingerbreadths below the radial head. Depending on the site of the injury, an ulnar gutter, radial gutter with thumb spica or volar splint is appropriate
 2. If a sling is used it should be worn so the hand/wrist is higher than the heart at a 45-degree angle. Wrist should not droop over the end of the sling.
 3. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
5. Advise the patient to check for signs that the wrap is too snug, i.e.; digits look like “little sausages”, become blue, cold, tingle, or feel numb), in which case the wrap should be loosened. Practitioners ordering the application of wraps and/or splints must check the patient’s neuro-vascular status including swelling, circulation above and below the injury, sensation, and ensure proper placement of the wrap/splint/cast.
6. Advise the patient of the following instructions:
 - a. Keep the extremity elevated.
 - b. Apply ice to the area, 20-30 minutes per hour when awake several time a day for the first 48 hours. Make sure there is a protective barrier between the skin and the ice bag.
7. Document the procedure accurately in the EMR.
8. Discharge patient with appropriate paperwork and instructions for continuity of care.

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

POLICY: Sterile Shelf Life	REVIEWED: 2/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	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: Mandatory

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 will 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.

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

POLICY: Sterile Supplies and Instruments	REVIEWED: 2/1/19;12/26/19; 12/31/20; <u>9/29/21</u>
SECTION: Operations	REVISED: 12/26/19
EFFECTIVE: <u>1/29/2021</u> <u>October Board Meeting</u>	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 kept in a space separate from soiled supplies and instruments and will be stored in appropriate cabinets and shelving. Items will never be stored on the floor.
2. Sterile supplies and instruments will be checked monthly and before each use to ensure the package integrity and expiration date.
3. 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.
4. 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.
5. Staff will perform sterilization of re-usable implements on site, using the autoclave.
6. 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
7. Any damage or break in packaging is cause for re-sterilization of the item.
8. Packages will be labeled prior to sterilization with the label including:
 - a. Date of sterilization

- b. Month, day, and year of expiration (i.e.: exp 7/11/18)
- c. Initials of staff member performing sterilization

9. 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

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

POLICY: Supply Outdates	REVIEWED: 2/1/19; 12/31/20; <u>9/29/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/29/21</u> <u>October Board Meeting</u>	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

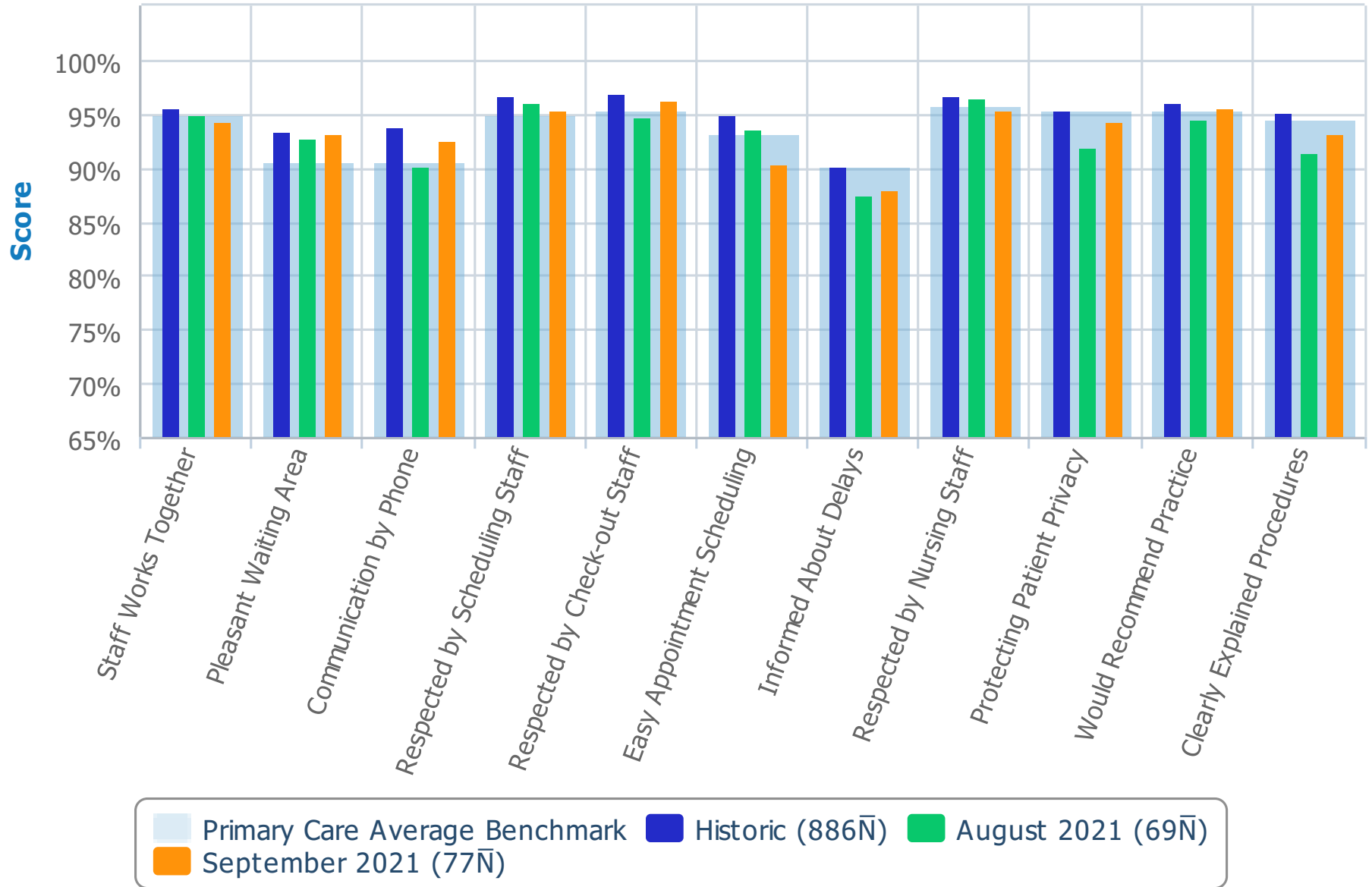
1. On a routine, monthly basis the Clinic Manager or designee will review the medical supply inventory (including laboratory waived testing supplies and reagents) and will check those items for date status.
- 2.
3. Items that are due to expire at the end of the month will be removed from active inventory. The clinic manager, who maintains the QAPI records for supply outdates, will be notified of the outdated supplies. Medications will be placed in the “destroy medication” container
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.

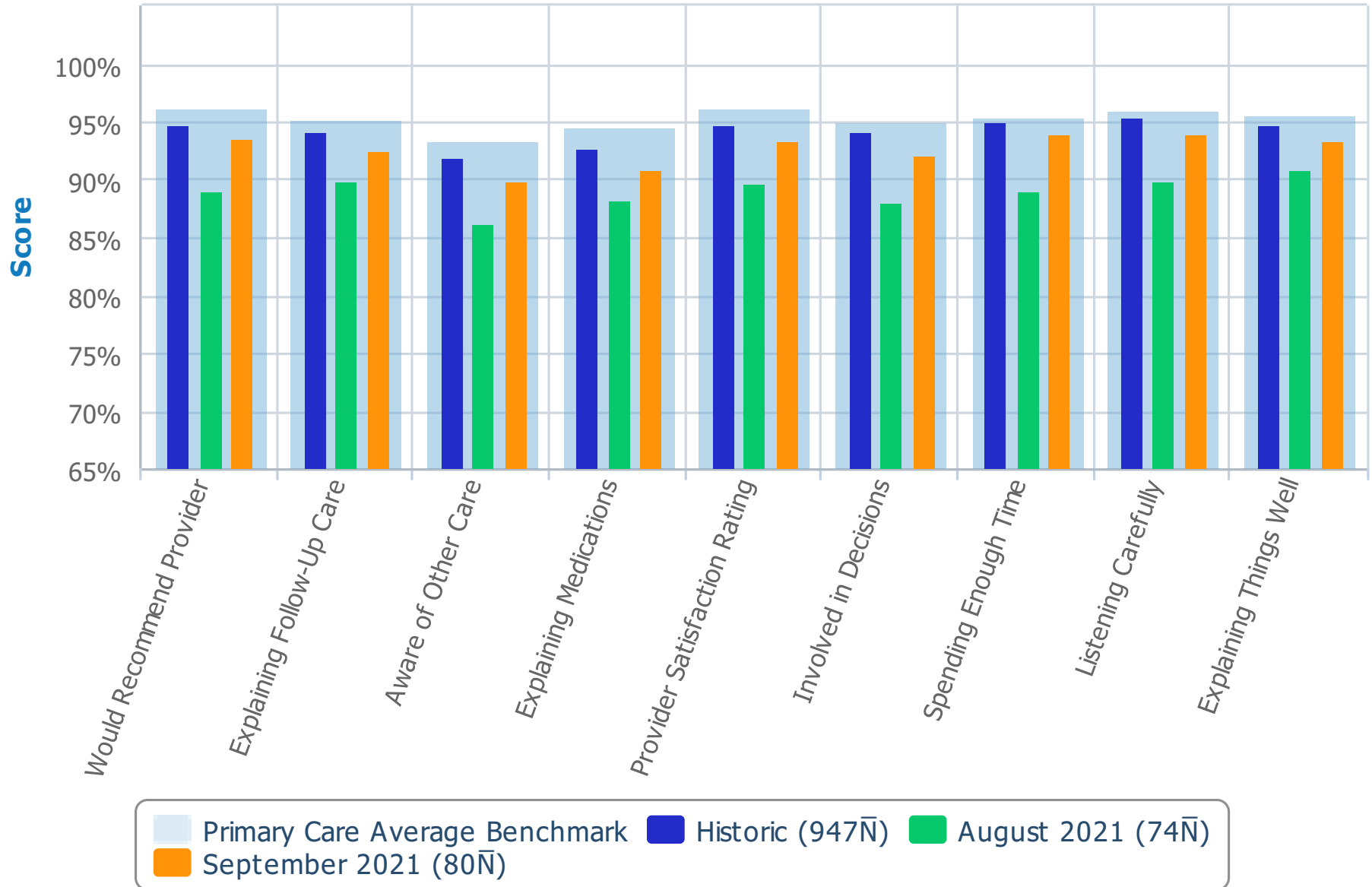
9. Waived testing kits that have reached their expiration date will be delivered to the Clinic Manager or designee who, after documentation of outdated product waste, will place the items in the biohazardous waste bag for destruction.

REVISED

**Valley Springs Health Wellness Center
Quality Report
2021-2022**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1															Census	MTD	Fiscal YTD	Historical			
2	Quality Metric'	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total	Fiscal YTD	Payor Mix	Payor Mix	Payor Mix	(Payor Mix 10/16/19 to present)		
3																					
4	Patient Visits Total	1531	1516	1297										4344	4344						
5	Medi-Cal	682	683	573										1938	1938	44%	45%	45%			
6	Medicare	408	369	362										1139	1139	28%	26%	26%			
7	Cash Pay	23	28	25										76	76	2%	2%	2%			
8	Other	418	436	337										1191	1191	26%	27%	27%			
9																					
10	Total Empanelled Patients	3563	3806	3932																	
11																					
12	Total New Patients	210	176	121																	
13																					
14	Incident Reports	1		tbd																	
15																					
16	Patient Satisfaction	95%		93%																	
17																					
18	Peer Review/Fallouts	0		3																	
19																					
20	Provider Turnover	0		1																	
21																					
22	Wait time for appointments	1-2 wks		2-3 wks																	
23																					
24	Patient No-shows	130	162	138																	
25		8.50%		10.60%																	







**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

BACKGROUND:

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

- The September 2021 financials are presented here. Please remember the June 30, 2021 financials (our previous Fiscal Year) will stay in “DRAFT” form until the Audit is completed later this year.
- The County of Calaveras sent us our final payment for the previous fiscal year, but we are **still** waiting for the final reconciliation documents.
- We had a great conversation on 10/14/21 regarding the deferred revenue we carry on the Balance Sheet, and we will have an update to present at the Finance Committee meeting on our progress.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District						
Annual Budget Recap						
	09/30/21	2021 - 2022 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	1,574,255	5,865,872	3,191,007	1,374,865	0	1,300,000
Total Revenue	1,574,255	5,865,872	3,191,007	1,374,865	0	1,300,000
Expenses	(2,052,889)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Total Expenses	(2,052,889)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Surplus(Deficit)	(478,634)	(633,235)	(1,127,128)	209,608	(667,000)	951,285
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(478,634)			

Mark Twain Health Care District									
Direct Clinic Financial Projections									
					VSHWC				9/30/2021
						2021 - 2022			
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	2,824,838	4,674,075	5,013,050	1,253,262	336,687	925,139	18.45%
4083.60	Contractual Adjustments	(953,773)	(1,038,761)	(1,087,124)	(1,848,793)	(462,198)	(147,307)	(458,530)	
	Net Patient revenue	216,548	1,786,077	3,586,951	3,164,257	791,064	189,380	466,609	14.75%
						0			
4083.90	Flu shot, Lab income, physicals			1,000	1,000	250			0.00%
4083.91	Medical Records copy fees			750	750	188			0.00%
4083.92	Other - Plan Incentives			30,000	25,000	6,250			0.00%
			0	31,750	26,750	6,688	0	0	0.00%
	Total Other Revenue	216,548	1,786,077	3,618,701	3,191,007	797,752	189,380	466,609	14.62%
7083.09	Other salaries and wages	(648,607)	(1,030,670)	(1,008,540)	(1,503,975)	(375,994)	(89,943)	(310,395)	20.64%
7083.10	Payroll taxes	(53,339)	(80,787)	(78,666)	(108,979)	(27,245)	(6,676)	(23,744)	21.79%
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(22,560)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(42,337)	(11,267)	(36,694)	21.67%
7083.14	Group Life Insurance			(1,614)		0			
7083.15	Pension and Retirement		(632)	(25,214)	(1,987)	(497)			0.00%
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(3,760)			0.00%
7083.18	Other payroll related benefits			(1,513)	(376)	(94)			0.00%
	Total taxes and benefits	(98,100)	(230,841)	(176,151)	(385,967)	(96,492)	(17,942)	(60,437)	15.66%
	Labor related costs	(746,706)	(1,261,511)	(1,184,691)	(1,889,942)	(472,486)	(107,885)	(370,833)	19.62%
7083.05	Marketing	(7,096)	(1,911)		(1,500)		(2,220)	(2,667)	
7083.20	Medical - Physicians	(607,191)	(766,094)	(905,244)	(970,115)	(242,529)	(74,021)	(197,774)	20.39%
7083.22	Consulting and Management fees	(261,571)	(106,677)	(75,000)	(35,000)	(8,750)	(916)	(6,024)	17.21%
7083.23	Legal - Clinic	(27,900)	1,258	0	(15,000)		(1,059)	(4,591)	0.00%
7083.25	Registry Nursing personnel			(3,000)	0	0			
7083.26	Other contracted services	(65,565)	(199,535)	(126,907)	(100,000)	(25,000)	(24,186)	(72,955)	72.96%
7083.29	Other Professional fees	(11,199)	(16,639)	(80,932)	(10,000)	(2,500)	(1,604)	(3,426)	34.26%
7083.36	Oxygen and Other Medical Gases	(533)	(916)	(3,703)	(1,200)	(300)	(35)	(105)	8.77%
7083.38	Pharmaceuticals			(139,504)	(40,000)	(10,000)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(211,072)	(25,714)	(95,000)	(23,750)	(2,791)	(67,042)	70.57%
7083.41.02	Dental Care Materials and Supplies - Clinic		(5,425)				(16,002)	(21,125)	
7083.41.03	Behavior Health Materials						(97)	(1,994)	
7083.44	Linens			(1,200)	0	0			
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(5,000)			0.00%
7083.74	Depreciation - Equipment			(150,476)	0	0			
7083.45	Cleaning supplies			(47,578)	0	0			
7083.62	Repairs and Maintenance Grounds	(1,122)		(8,104)	(5,000)	(1,250)			0.00%
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(140,000)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(90,749)	(95,083)	(80,000)	(20,000)	(7,876)	(23,880)	29.85%
8870.00	Interest on Debt Service	(158,161)	(435,495)	(257,355)	(190,000)	(47,500)			0.00%
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(500)	(232)	(443)	22.15%
7083.46	Office and Administrative supplies	(30,108)	(56,948)	(15,428)	(15,000)	(3,750)	(4,674)	(17,364)	115.76%
7083.69	Other purchased services	(50,362)	(70,531)	(232,076)	(229,727)	(57,432)	(938)	(2,703)	1.18%
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(6,250)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(45,829)	(31,102)	(1,050)	(263)	(3,776)	(29,386)	0.00%
7083.83	Licenses & Taxes			(1,500)	(1,500)	(375)			
7083.85	Telephone and Communications	(5,253)	(12,906)	(20,903)	(5,100)	(1,275)	(474)	(1,422)	27.88%
7083.86	Dues, Subscriptions & Fees	(19,274)	(4,766)	(1,500)	(5,000)	(1,250)	(135)	(3,862)	77.24%
7083.87	Outside Training	(199)	(299)	(15,000)	(10,000)	(2,500)			0.00%
7083.88	Travel costs	(3,704)	(995)	(4,000)	(2,500)	(625)	(404)	(404)	16.14%
7083.89	Recruiting	(25,209)	(40,159)	(40,000)	(10,000)	(2,500)	(1,815)	(8,070)	80.70%
8895.00	RoboDoc		(22,086)	(60,000)	0	0			
	Non labor expenses	(1,502,306)	(2,088,844)	(2,695,428)	(2,428,192)	(607,048)	(143,252)	(465,239)	19.16%
	Total Expenses	(2,249,012)	(3,350,355)	(3,880,119)	(4,318,135)	(1,079,534)	(251,138)	(836,072)	19.36%
	Net Expenses over Revenues	(2,032,464)	(1,564,278)	(261,418)	(1,127,128)	(281,782)	(61,758)	(369,463)	32.78%

Mark Twain Health Care District									
Rental Financial Projections					Rental				
									9/30/2021
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs BudHet
9260.01	Rent Hospital Asset amortized	1,095,293	1,089,434	1,092,672	1,092,672	273,168	90,472	271,530	24.85%
				0	0				
	Rent Revenues	1,095,293	1,089,434	1,092,672	1,092,672	273,168	90,472	271,530	24.85%
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(688,595)	(758,483)	(758,483)	(189,621)	(50,692)	(162,382)	21.41%
9520.85	Telephone & Communications						(4,530)	(12,714)	
9520.72	Depreciation	(673,891)	(116,408)	(148,679)	(148,679)	(37,170)	(9,379)	(28,251)	19.00%
9520.82	Insurance								
	Total Costs	(1,331,134)	(805,003)	(907,162)	(907,162)	(226,791)	(64,601)	(203,347)	22.42%
	Net	(235,841)	284,431	185,510	185,510	46,378	25,871	68,183	47.27%
9260.02	MOB Rents Revenue	220,296	195,608	251,016	251,593	62,898	17,534	52,422	20.84%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(61,774)	0	(40,521)	16.40%
	Net	(20,218)	(67,842)	(10,000)	4,498	1,125	17,534	11,901	264.58%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	2,250	750	2,250	25.00%
9522.75	Child Advocacy Expenses	(297)	(1,140)	(11,000)	(11,000)	(2,750)			0.00%
	Net	8,703	7,860	(2,000)	(2,000)	(500)	750	2,250	-112.50%
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1800	5400	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,308,442	1,352,688	1,374,865	343,716	110,556	331,601	24.12%
		(1,574,119)	(1,073,380)	(1,181,428)	(1,165,257)	(291,314)	(64,601)	(243,867)	20.93%
	Summary Net	(249,530)	235,063	171,260	209,608	52,402	45,955	87,734	41.86%

Mark Twain Health Care District										
Projects, Grants and Support										
		9/30/2021								
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual	
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(14,000)	(31,000)	(667,000)	(166,750)		(380,411)	57.03%	
8890.00	Foundation	(465,163)			(628,000)			(352,975)		
8890.00	Veterans Support		0	(5,000)	0	0		0		
8890.00	Mens Health		0	(5,000)	0	0		0		
8890.00	Steps to Kick Cancer - October		0	(5,000)	0	0		0		
8890.00	Ken McInturf Laptops							(2,436)	(2,436)	
8890.00	Doris Barger Golf		0	(2,000)	0	0		0		
8890.00	Stay Vertical		(14,000)	(14,000)	(14,000)	(3,500)				0.00%
8890.00	Golden Health Grant Awards							(25,000)	(25,000)	
8890.00	High school ROP (CTE) program				(25,000)			(25,000)	(25,000)	
	Project grants and support	(465,163)	(14,000)	(31,000)	(667,000)	(166,750)		(27,436)	(380,411)	57.03%

Mark Twain Health Care District								
General Administration Financial Projections				Admin			9/30/2021	
				BUDGET				
		2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Budget	Unaudited	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	100,000	44,279	100,000	25,000	1,289	6,583	6.58%
9160.00	Property Tax Revenues	1,100,000	1,168,243	1,200,000	300,000	100,000	300,000	25.00%
9010.00	Gain on Sale of Asset							
5801.00	Rebates, Sponsorships, Refunds on Expenses					16,918	16,918	
9205.03	Miscellaneous Income (1% Minority Interest)		(20,782)		0	5,708	10,932	
	Summary Revenues	1,200,000	1,191,740	1,300,000	325,000	123,916	334,433	25.73%
8610.09	Other salaries and wages	(352,591)	(216,730)	(137,592)	(34,398)	(18,429)	(63,451)	46.11%
8610.10	Payroll taxes	(23,244)	(10,079)	(10,526)	(2,631)	(729)	(2,806)	26.66%
8610.12	Vacation, Holiday and Sick Leave	(3,173)		(8,256)	(2,064)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)		(11,827)	(2,957)			0.00%
8610.14	Group Life Insurance	(564)		0	0			
8610.15	Pension and Retirement	(8,815)	(2,588)	(703)	(176)	(191)	(191)	27.22%
8610.16	Workers Compensation insurance	(3,526)		(1,376)	(344)			0.00%
8610.18	Other payroll related benefits	(529)	(800)	(34)	(9)			0.00%
	Benefits and taxes	(57,325)	(13,467)	(32,723)	(8,181)	(921)	(2,998)	9.16%
	Labor Costs	(409,916)	(230,197)	(170,315)	(42,579)	(19,350)	(66,448)	39.02%
8610.22	Consulting and Management Fees	(61,500)	(4,548)	(3,000)	(750)	(229)	(676)	22.54%
8610.23	Legal	(30,000)	(928)	(10,000)	(2,500)	(1,088)	(1,235)	12.35%
8610.24	Accounting /Audit Fees	(125,000)	(59,302)	(40,000)	(10,000)	(2,092)	(4,970)	12.42%
8610.05	Marketing					(1,680)	(2,080)	
8610.43	Food	(2,000)		(1,500)	(375)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(14,380)	(15,000)	(3,750)	(1,352)	(1,653)	11.02%
8610.62	Repairs and Maintenance Grounds	0	(4,296)	(5,000)	(1,250)	(1,250)	(1,250)	25.00%
8610.69	Other- IT Services		(10,905)	0	0	(941)	(2,807)	
8610.74	Depreciation - Equipment	(2,500)		0	0			
8610.75	Rental/lease equipment	(9,200)		0	0			
8610.80	Utilities	(1,000)		0	0			
8610.82	Insurance	(25,000)	(16,653)	(41,900)	(10,475)		(33,094)	78.98%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(20,000)	(9,648)	(15,000)	(3,750)	(310)	(8,469)	56.46%
8610.87	Outside Trainings	(15,000)	(760)	(15,000)	(3,750)	2,469	123	-0.82%
8610.88	Travel	(15,000)		(7,500)	(1,875)			0.00%
8610.89	Recruiting	(2,000)	(3,567)	(2,000)	(500)		(209)	10.45%
8610.90	Other Direct Expenses	(32,000)	(69,999)	(20,000)	(5,000)	(500)	(3,160)	15.80%
8610.95	Other Misc. Expenses							
	Non-Labor costs	(358,200)	(194,986)	(178,400)	(43,975)	(6,973)	(59,479)	33.34%
	Total Costs	(768,116)	(425,183)	(348,715)	(86,554)	(26,322)	(125,928)	36.11%
	Net	431,884	766,557	951,285	238,446	97,593	208,506	21.92%

Mark Twain Health Care District
Balance Sheet
As of September 30, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	36,007
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	83,122
1001.40 Five Star Bank - MTHCD Checking	460,405
1001.50 Five Star Bank - Money Market	99,702
1001.60 Five Star Bank - VSHWC Checking	16,531
1001.65 Five Star Bank - VSHWC Payroll	61,295
1001.90 US Bank - VSHWC	144,672
1820 VSHWC - Petty Cash	400
Total Bank Accounts	908,578
Accounts Receivable	
1200 Accounts Receivable	889
Total Accounts Receivable	889
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,061,774
115.05 Due from Calaveras County	1,200,000
115.20 Accrued Lease Revenue	-15,232
1202.00 Prior Year Grant Revenue	10,159
1205.00 Due from insurance proceeds	168,411
1205.50 Allowance for Uncollectable Clinic Receivables	165,730
130.30 Prepaid VSHWC	26
Total Other Current Assets	11,592,382
Total Current Assets	12,501,849
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildngs	5,942,457
1220.20 VSHWC - Equipment	889,822
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	9,217,148

Other Assets	
1710.10 Minority Interest in MTMC - NEW	453,676
180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	356,574
2219 Capital Lease	6,277,142
Total Other Assets	7,087,392
TOTAL ASSETS	28,806,389
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	64,472
Total 200.00 Accts Payable & Accrued Expenses	64,472
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenses	0
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	25,287
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	28,701
227 Deferred Revenue	129,997
Total Other Current Liabilities	263,900
Total Current Liabilities	328,372
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,135,466
2128.02 Deferred Utilities Reimbursement	2,063,794
2129 Other Third Party Reimbursement - Calaveras County	900,000
2210 USDA Loan - VS Clinic	7,020,001
Total Long-Term Liabilities	11,119,261
Total Liabilities	11,447,633
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,581,372
Net Income	-478,634
Total Equity	17,308,781
TOTAL LIABILITIES AND EQUITY	28,756,414

Wednesday, May 13, 2020 05:33:00 PM GMT-7 - Accrual Basis

**Investment & Reserves Report
30-Sep-21**

Annual

Reserve Funds	Minimum Target	6/30/2021 Balance	2021/2022 Allocated	2021/2022 Interest	9/30/2021 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	0	913	2,207,312	
Capital Improvement Fund	12,000,000	2,935,435	500,000	1,081	2,436,516	
Technology Reserve Fund	1,000,000	1,002,908	0	415	1,003,323	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	997	2,407,976	
Loan Reserve Fund	2,000,000	2,005,816	0	830	2,006,647	
Reserves & Contingencies	19,600,000	10,557,538	500,000	4,236	10,061,774	0

CalTRUST	2021 - 2022	
	9/30/2021	Interest Earned
Valley Springs HWC - Operational Reserve Fund	2,207,312	913
Capital Improvement Fund	2,436,516	1,081
Technology Reserve Fund	1,003,323	415
Lease & Contract Reserve Fund	2,407,976	997
Loan Reserve Fund	2,006,647	830
Total CalTRUST	10,061,774	4,236

Five Star		
General Operating Fund	521,293	99.15
Money Market Account	99,702	132.31
Valley Springs - Checking	16,531	10.24
Valley Springs - Payroll	61,295	22.03
Total Five Star	698,821	263.73

Umpqua Bank		
Checking	33,932	0.00
Money Market Account	6,444	0.16
Investments	1,514	
Total Savings & CD's	41,889	0.16

Bank of Stockton	83,122	7.49
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Total in interest earning accounts	10,885,607	4,508
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Umpqua Rebate		0
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Anthem Refund		2,076
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Total Without Unrealized Loss		6,583
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.



Calaveras County Seniors' Center, Inc.

**P O Box 1526, 956 Mountain Ranch Road, San Andreas, CA 95249, (209) 754-3967
Non-Profit Organization, Tax No. 68-0091185, Website: www.calaverasseniorcenter.org**

October 18, 2021

Mark Twain Healthcare District
958 Mountain Ranch Road
San Andreas, CA 95249

Subject: Request for funds

Dear District Board,

Due to the pandemic in March 2020 the Senior Center closed its doors to the public as per the state mandate. At that time we continued to provide lunches on a to-go basis only. All other income derived from room rental, card games, etc. came to a stop. We do not receive any federal or state assistance. Our insurance payments, utilities, and other costs of keeping the Center open still had to be paid.

On June 17th in house lunches were resumed and we continued with the to-go meals. Please find attached copies of the meals we have served both dine in and take out for the past 5 months. The average is 536 meals per month. Your consideration of \$3,000 to support our program would be greatly appreciated.

Sincerely,

Ken McInturf
Vice President
Board of Directors