



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 January 24, 2024  
9:00am**

## **Agenda**

**Zoom – Public Invitation information is at the End of the Agenda**

### Mark Twain Health Care District Mission Statement

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

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

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

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

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

**A. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for November 15, 2023
- Board Meeting Minutes for November 15, 2023
- Board Meeting Minutes for December 8, 2023

**B. Correspondence:**

- Calaveras County Senior Center, Inc. Thank you Jan 6, 2024

6. **MTHCD Reports**:

- A. President’s Report**.....Ms. Reed
- Association of California Health Care Districts (ACHD) January 2024 Advocate:
  - Meetings With MTHCD CEO:
  - California Advancing & Innovating Medi-Cal Program (Cal Aim):.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Calaveras Foundation Report:**.....Ms. Bettinger
- E. Chief Executive Officer’s Report**.....Dr. Smart
- General Comments:
  - MTMC Capital Improvement :
  - Strategic Planning & Projects Matrix:
  - Personnel Manual Updates: Public Comment – Action
    - Section 2006 Personnel Records Response Time:
    - Section 5003 Sick Leave SB 616 (eff 1-1-2024):
  - Grant Report:
  - Programs Coordinator:.....Ms. Dickey

- Robo-Doc
- Stay Vertical Calaveras
- AED For Life
- Sports Physicals- May 22, 2024
- **VSH&W Center – Policies and Forms: Public Comment – Action**
  - Policies for Jan. 2024 Valley Springs Health & Wellness Center:

**New Policies**

Fuji Dental Material Policy

**Revised Policies**

Autoclave Use and Maintenance

Biennial Clinic Evaluation

Blood-borne Pathogen Exposure

Communicable Disease Reporting

Electronic Protected Health Information (ePHI)

Management of Dental Patient Urgent Issues

Medication Management – Storage of Multi-Use Containers

Standardized Procedure for Depo Provera Injection

Storage, Handling, and Delivery of Medications

Sterile Supplies and Instruments

**Bi-Annual Review Policies (no changes to policy content)**

Age Restriction

Auxiliary Aids and Services for Persons with Disabilities

Biohazard Material Management

Blue Shield Eligibility Verification

Cash On Hand Management

Correction Of Information In The Medical Record

Crash Cart

Culture Transmittal

Dental Emergencies

Dissemination of Non-Discrimination Policy

Emergency Release Of Patient Records

Emergency Situation/Unresponsive Patient

Eye Irrigation

Eye Medications-Dispensing

Medication Administration

Text Messaging and Social Media

**F. BHCiP – Round 5 Update:**

**G. VSHWC Quality Reports** ..... Ms. Terradista

- Quality – December 2023:
- MedStatix – December 2023:

**7. Committee Reports:**

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

- Financial Statements – November 2023: Public Comment – **Action**
- Financial Statements – December 2023: Public Comment – **Action**

**B. Ad Hoc Policy Committee:**..... Ms. Hack / Ms. Vermeltfoort

- Policies Were Presented for 30-Day Review on Nov. 15, 2023:
  - ◆ **Resolution 2024 - 01 to Approve Changes to Policies:** Public Comment – **Action**
    - Policy # 13: Appointments to the District Board:
    - Policy # 14: Conduct Related to Elections:

**C. Ad Hoc Community Grants:**.....Ms. Sellick / Ms. Reed

**D. Ad Hoc Community Engagement:** .....Ms. Reed

**E. Ad Hoc Real Estate:** ..... Mr. Randolph

**F. Ad Hoc Personnel Committee** ..... Ms. Reed / Ms. Vermeltfoort

**8. Board Comment and Request for Future Agenda Items:**

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

- Clinic – Dental Dept. Presentation at Feb 28, Meeting

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. February 28, 2024 at 9am.

**10. Adjournment:** Public Comment – **Action:**

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: January 24, 2024 MTHCD Board of Directors Meeting

Time: Jan 24, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81802322829?pwd=OUVGMWIsSmdaQlh5N1ZvL0pYSDirZz09>

Meeting ID: 818 0232 2829

Passcode: 122646

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**Special Finance Committee Meeting**  
**Mark Twain Medical Center Classroom 5**  
**768 Mountain Ranch Road**  
**San Andreas, CA**

**Wednesday November 15, 2023**  
**7:30am**

**Participation: Zoom – Invite information is at the End of the Agenda**  
**Or Participate 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 7:30am

**2. Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	X			
Richard Randolph	X			
Patricia Bettinger	X			

**Quorum: YES**

**3. Approval of Agenda:**

Motion to approve agenda by Ms. Bettinger  
Second: Mr. Randolph  
Ayes: 3  
Nays: 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 October 18, 2023:

Motion to approve consent agenda and minutes by Mr. Randolph  
Second: Ms. Bettinger  
Ayes: 3  
Nays: 0

**6. Chief Executive Officer's Report:**

- MTMC Seismic Retrofit Update:

The Seismic Retro Fit is in progress. Currently in the Onsite Material Testing phase.

- BHCIP Application Update:

Architect working on construction drawings. Still waiting for PFA. Hoping to break ground in March 2024.

- MTMC – Building Assessment:

LED Lighting upgrade has about a \$250,000 value.

**7. Real Estate Review:**

No Report

**8. Accountant’s Report:**

- October 2023 Financials Will Be Presented: Public Comment- **Action**

Interest rates are holding strong. Utilities for MTMC were lower this month due to bills not being received on time. Should be \$105,000 instead of the \$39,000 that is reported

Motion to approve October Financials with I&R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

- Annual Audit for 2022-2023: Public Comment- **Action**

Final Audit packet passed out.

Motion to recommend 2022-2023 Annual Audit with clarification of Pg 2 “Cash on Hand” by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Discussed RFP need to change Auditor. Decided not needed at this time.

- Management Comments:

**9. Treasurer’s Report:**

No Report

**10. Comments and Future Agenda Items:**

Hearing None

**11. Next Meeting:**

Next Finance Committee Meeting will be January 17, 2024 at 9:00am

**12. Adjournment: Public Comment – **Action****

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 8:18am



**Traci Whittington is inviting you to a scheduled Zoom meeting.**

**Topic: MTHCD Special Finance Committee Meeting**

**Time: Nov 15, 2023 07:30 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/82721962481?pwd=UnRpTnNGeTVBU0MwaWFla3hwRU9jQT09>**

**Meeting ID: 827 2196 2481**

**Passcode: 196943**

**One tap mobile**

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**Special Meeting of the Board of  
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 Classroom 5  
 768 Mountain Ranch Rd,  
 San Andreas, CA**

**Wednesday November 15, 2023  
 9:00am**

**Un- Approved Minutes**

**Zoom – Public Invitation information is at the End of the 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:**

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

**2. Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltfoort	X			

**Quorum: YES**

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

Motion to approve agenda by Mr. Randolph  
Second: Ms. Vermeltfoort  
Ayes: 5  
Nays: 0

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

Hearing None

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

**A. Un-Approved Minutes:**

- Un-Approved Special Board Meeting for September 5, 2023:
- Un-Approved Finance Committee Meeting for September 20, 2023:
- Un-Approved Board Meeting for September 27, 2023:
- Un-Approved Finance Committee Meeting for October 18, 2023:
- There was no October 25, 2023 BOD meeting:

Motion to approve Consent agenda and minutes by Ms. Vermeltfoort  
Second: Mr. Randolph  
Ayes: 5  
Nays: 0

6. **MTHCD Reports:**

**A. President's Report:**

ACHD annual audit report shows a strong financial position

- **Association of California Health Care Districts (ACHD) October 2023 Advocate:**
- **Meetings With MTHCD CEO:**

Weekly meetings. Discussed Seismic project

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

No Report

## B. MTMC Community Board Report:

The clinics have been down 2 providers causing a financial loss over the last few months. The Cancer Center is still up and running. 325 Lab draws and 250 Flu shots were given at the Health Fair

## C. MTMC Board of Directors:

The Tree Lighting Ceremony is Dec. 5, 2023

## D. Chief Executive Officer's Report

- **General Comments:**

Free A1C testing was provided at the MTMC & MACT Health Fairs. Dr. Smart participated in the "Dinner With A Scientist" event.

- **MTMC Capital Improvement – Plan / Process: Property Condition Assessment (PCA)**

- **PCA Contract:** Public Comment – **Action**

The contract is for \$39,760 + elevator \$3,000 + \$5,000-\$6,000 travel and kitchen TBD.

Motion to sign PCA Contract with total not to exceed \$50,000 by Ms. Hack

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

- **Mi-wok Monument Proposal – Information:**

Email request for more information has been sent.

- **Strategic Planning & Projects Matrix:**

Hired new LCSW. Child Advocacy Center to present today

- **LED MTMC Project:** Public Comment – **Action**

Project valued at about \$250,000. MTMC to send copies of all permits to MTHCD.

Motion to approve LED Project by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

- **Personnel Manual Section 2008 Change:** Public Comment – Action

Minor change to Overtime policy

Motion to approve Personnel Manual change by Ms. Hack

Second: Ms. Sellick

Ayes: 5

Nays: 0

- **Grant Report:**

Received \$4,000 from the Calaveras Community Foundation & The San Joaquin Community Health & Wellness Foundation Grant towards the AED for Life Program

- **Presentation –Children’s Advocacy Program:**

Karen West, CAC Manager explained the need for the Children Trama Therapy treatments available at the facility

- **Programs Coordinator:**

- Robo-Doc

7<sup>th</sup> participating school set up and running. Looking to add Copperopolis elementary soon.

- Stay Vertical Calaveras

The program offers 26 classes per week with 8 instructors. Coming to Angels Camp Soon. Limited classes during the Holidays.

- AED For Life

Phase 1 complete. Delivering AEDs to approved sites currently

- Sports Physicals- May 22, 2024

MTMC clinic and MTHCD will provide Sports Physicals on the same day throughout the county

- **VSH&W Center – Policies and Forms:** Public Comment – Action

- Policies for Sept 2023 Valley Springs Health & Wellness Center:

### **New Policies**

Standardized Procedure for Depo Provera Injection

## **Revised Policies**

Autoclave Use and Maintenance  
Autoclave Spore Testing  
Emerging Infectious Disease  
New Employee Onboarding and Annual Training  
Waste, Fraud, and Abuse

## **Bi-Annual Review Policies (no changes to policy content)**

Billing for Services Provided Off-Site  
Business Hours  
Cash Collections  
Cleaning Duties  
Fit Testing  
Medication Management – Storage of Multi-Use Containers  
On-Call Program  
Provider on Site  
Quality Assurance Guidelines  
Quality Assurance & Continued Quality Improvement Plan  
Shelter in Place for Patients and Staff  
Standardized Procedure for Employee Influenza Vaccine Administration  
Standardized Procedure for Patients Presenting with URI Symptoms  
Sterile Shelf Life  
Universal Precautions  
Unscheduled Downtime of Electronic Medical Record  
PMHNP Standardized Procedures

Motion to approve Policies by Ms. Hack  
Second: Mr. Randolph  
Ayes: 5  
Nays: 0

### **E. BHCiP – Round 5 Update:**

Construction drawings In process. Registered with the Financial Portal. Hoping to break ground March 2024

### **F. VSHWC Quality Report:**

- Quality – September/October 2023:

Accreditation Survey 11/7/23 went well. A correction action plan will be submitted within the 60-day deadline.

- MedStatix – September/October 2023:

No-show rate was down in Oct to 8%. Still running about 95% patient Satisfaction rating.

## 7. Committee Reports:

### A. Finance Committee:

- **Financial Statements** – September 2023: Public Comment – Action

Sept. looks pretty good financially. Interest rates are strong.

Motion to approve September Financials with I & R Report by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

- **Financial Statements** – October 2023: Public Comment – Action

Very solid month for the Clinic. Interest rates remain very high, helping to add to the District's overall net income. Utilities for MTMC were not available but were estimated to be \$105,000

Motion to approve October Financials with I & R Report by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

- **Annual Financial Audit Update:** Public Comment – Action

Updated version of Audit handed out.

Motion to approve Audit Report with updated Pg 2 info by Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

### B. Ad Hoc Policy Committee:

- Policies Were Presented for 30-Day Review on Sept. 27, 2023:

- ◆ **Resolution 2023 - 09 to Approve:** Public Comment – Action

- Policy # 4: Officers of the District:
- Policy # 5: Committees of The Board: Public Information Officer: Auditors:
- Policy # 12: Conflict of Interest Code and Ethics:
- Policy # 27: Credit Card:

Motion to approve Resolution 2023-09 by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Nays: 0

- Policies Presented for 30-Day Review:
  - Policy # 13: Appointments to the District Board:
  - Policy # 14: Conduct Related to Elections:

**C. Ad Hoc Community Grants:**

- Calaveras County Senior Center: Public Comment – Action

Request funds to help purchase a new freezer

Motion to approve request for \$3,200 towards purchase of new freezer by Ms. Vermeltoft

Second: Ms. Hack

Ayes: 5

Nays: 0

- Calaveras Mentoring Foundation: Public Comment – Action

Request for donation to Barn Dance

Motion to donate \$2,500 to sponsor Barn Dance by Ms. Vermeltoft

Second: Ms. Hack

Ayes: 5

Nays: 0

- Hospice of Amador & Calaveras: Public Comment – Action

Recent donation made

Motion to decline donation at this time by Ms. Vermeltoft

Second: Ms. Hack

Ayes: 5

Nays: 0

**D. Ad Hoc Community Engagement:**

No Report

**E. Ad Hoc Real Estate:**

No Report

**F. Ad Hoc Personnel Committee:**

No Report

**8. Board Comment and Request for Future Agenda Items:**

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

This Institution is an Equal Opportunity Provider and Employer  
 Minutes November 15, 2023 MTHCD Special Board Meeting



- Thanksgiving Holiday November 23 and 24, 2023:

**9. Next Meeting:**

- Holiday Schedule for Board Meetings: Dark for December, 2023.
- The next MTHCD Board Meeting will be Wed. **January 24, 2024** at 9am.

**10. Adjournment:** Public Comment – **Action:**

Motion to adjourn by Ms. Hack

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

Time: 11:03am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Special Board of Directors Meeting

Time: Nov 15, 2023 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88201017931?pwd=NzI3dnZ3aUJ3ckpnWVVmb25lUUx6QT09>

Meeting ID: 882 0101 7931

Passcode: 046396

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

**Friday December 8, 2023  
 8:00AM**

**Approved Minutes**

**Zoom – Public Invitation information is at the End of the 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:**

Time: 8:02am

**2. Roll Call:**

<b>Board Member</b>	<b>Present in Person</b>	<b>Present by Zoom</b>	<b>Absent</b>
<b>Ms. Reed</b>	<b>X</b>		
<b>Ms. Sellick</b>	<b>X</b>		
<b>Ms. Hack</b>		<b>X</b>	
<b>Mr. Randolph</b>	<b>X</b>		
<b>Ms. Vermeltoort</b>	<b>X</b>		

**Quorum: Yes**

This Institution is an Equal Opportunity Provider and Employer  
 Agenda December 8, 2023 Special MTHCD Board Meeting  
 Board Approved Jan 24, 2024

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

Moved to Approve Agenda Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

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

Hearing None

5. **Closed Session:** Moved to Closed Session at 8:05am

A. Claim of breach of patient privacy on June 9, 2023 – Robitaille and Douglas § 54956.9(b)(3)(A):

6. **Reconvene to open session at 9:01am:**

A. Report of action taken (if any) in Closed Session:

The Board directed staff to:

1. Send a letter of rejection regarding the June 9, 2023 claim.
2. Keep an open line of communication regarding same.

7. **Board Comment and Request for Future Agenda Items:**

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

Dr. Smart: The Clinic Staff has adopted the Childrens' Advocacy Center for the holidays and will be delivering needed items.

8. **Next Meeting:**

- The next MTHCD Board Meeting will be Wed. January 24, 2024 at 9am.
- Holiday Schedule for Board Meetings: Dark in December.

9. **Adjournment:** Public Comment – Action:

Moved to Adjourn: Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

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Debbra Sellick, Secretary

**Traci Whittington is inviting you to a scheduled Zoom meeting.**

**Topic: December 8, 2023 MTHCD Special Board Meeting**

**Time: Dec 8, 2023 08:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/82426961384?pwd=dFJVNTVqNlVkbGJQNE40dDhORFU3QT09>**

**Meeting ID: 824 2696 1384**

**Passcode: 360263**

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**Meeting ID: 824 2696 1384**

**Passcode: 360263**

**Find your local number: <https://us02web.zoom.us/u/kcHdj7KYol>**



## **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](http://www.calaverasseniorcenter.org)**

January 6, 2024

Mark Twain Health Care District  
P.O. Box 95  
San Andreas, California 95249

We are so very grateful for your continued support of our mission. We found ourselves in a dilemma when it was necessary to replace a very expensive commercial freezer and we asked for your help.

We matched your donation and made a local purchase from a Jackson dealer. The new freezer was received in two weeks, two weeks sooner than we anticipated.

At the time of installation, we made sure to take all precautions to assure long-term use.

Kenneth McInturf, Vice President

Board Members: Glenna Larson-President, Kenneth McInturf-Vice President,  
Janis Starn-Financial Officer, Kim Brusseau-Secretary, Marilyn Hinsdale,  
Kathy Baker, Bill Hutchinson, John Turner, Greg McInturf



# ACHD Advocate

## January 2024

### What's New This Month:

- Legislature Returns, Governor Releases Proposed 2024-25 State Budget
- Advocacy Update
- Upcoming Webinar: [Cloud Strategies to Improve Your Organizational Security](#)

### CEO MESSAGE

Happy new year! ACHD hopes that your holiday season was joyous and allowed you some time to recharge. Lawmakers returned to Sacramento last week to kick off the second cycle of a two-year session. ACHD is monitoring new bills that have been introduced and closely monitoring our high-priority two-year bills that must move more quickly through the process if they are to stay active this year. **[SB 784](#), sponsored by ACHD**, is one of those high-priority bills that would allow district hospitals to directly employ physicians. This bill could be heard as early as next week. **ACHD supported [AB 869](#)**, which would provide some relief with regard to the seismic mandate for small and rural hospitals, is also a two-year bill that must be heard soon to keep moving.



Cathy Martin  
Chief Executive Officer

In a bit of good news, **ACHD opposed [AB 1156](#)**, which would create rebuttable presumptions that a broad category of injuries or diseases that develop in a hospital employee happened while on the job, will not move forward. While this is positive, we expect to see similar bills in the future, as we have over the past several years.

This week, Governor Newsom released his [2024-25 state budget proposal](#). ACHD [released this statement](#) in reaction to the Governor's proposed budget. In his presentation, the Governor stated that the state budget deficit is estimated at approximately \$38B, reduced from \$68B last fall. The Governor's budget proposal bridges this gap with a combination of \$18.8B in reserves, \$11.9B in spending reductions, and \$7.2B in delayed funding. The [January proposed](#)



[budget](#) is an initial presentation by the administration, with a budget revision due in May. ACHD will continue to monitor budget activity and update the membership.

The ACHD Board of Directors is scheduled to meet for our **Annual Board Retreat, February 22-23**. This important two-day meeting will focus on enhancing our strategic vision for 2024 and beyond. Also, don't forget to mark your calendars for **ACHD's 72<sup>nd</sup> Annual Meeting**, taking place in Sacramento, [September 25-27](#).

On behalf of the ACHD team and Board, we wish you a wonderful and healthy 2024! Please feel free to [contact us](#) any time if we can provide support or assistance.

With gratitude,

*Catherine Martin*



## LEGISLATIVE UPDATE

### Legislative Update:

The Legislature made their return to Sacramento on January 4, 2024 and kicked-off the second year of a two-year session. As a reminder, this means both 2-year bills and newly introduced bills will both be moving through the process. While the deadline for newly introduced bills is February 16, 2024, several hundred have already been introduced.

### Telehealth Medi-Cal Regulations:

ACHD has participated as a named stakeholder in the Department of Healthcare Services (DHCS) Medi-Cal Telehealth Stakeholder Group, which met again in December to discuss proposed regulations stemming from the Governor's signature on [AB 1241](#) (Weber). These regulations [available to read here](#), would create guardrails on telehealth for Medi-Cal patients. ACHD participated in the discussion of these proposed regulations and [submitted this letter](#) to provide additional feedback.

### Budget:

On January 10, in an almost 2.5-hour press conference, Governor Gavin Newsom announced his January 2024-25 proposed budget. The Governor's full budget summary is available, [here](#). You can watch the Governor's presentation



[here](#), and read his full press release, [here](#). The Senate's summary is available [here](#), and the Assembly's is available [here](#). Deveau Burr Group, ACHD's lobbying team, has put together [this summary](#) on the proposed budget in its entirety.

Notably, reported projections from the Legislative Analyst's Office on the budget deficit had been close to \$68B, however, the Governor's budget shows only a \$37.86B deficit. While still a significant deficit, this is a much different budget outlook than previously expected. The Governor noted that some difference is due to differing projected revenues between the Administration and Legislative Analyst's Office.

#### **Overview:**

- \$291.5B balanced budget
- \$37.86B deficit

#### **Tackling the Deficit:**

- *\$11.9 B in reductions, cuts and fund shifting:* Shifts will primarily be felt in climate spending, school facilities program, continued vacant state positions, infrastructure & housing. The Governor noted that much of this will be recouped through other funding sources, particularly in the education space.
- *\$7.2 B in delays & deferrals:* Shifts will be felt in capital transit, facilities grant programs, UC & CSU spending, Cal HHS housing & clinic grants. The Governor noted that these spending delays reflect spending commitments that were made in surplus budget years.

#### **Health & Human Services:**

- *Managed Care Organization Tax (MCO):* No significant changes to the approved tax. The state will seek \$1.5B additional funding from the federal government. They may be moving some funds away from the provider rates; however, it is likely this may be reserve funds from existing MCO.
- *Prop. 56 Funds:* Existing grants to physicians will be preserved. Reductions have been made to the program due to decreasing revenues into the program.
- *Medi-Cal Caseload and Eligibility Redeterminations:* Following the end of the COVID-19 public health emergency continuous coverage requirement, Medi-Cal eligibility redeterminations resumed in June 2023. The Budget assumes Medi-Cal caseload of 14.8 million in 2023-24, an increase of 583,000 individuals compared to the 2023 Budget Act.
- *Behavioral Health Continuum Infrastructure Program:* A delay of \$140.4 million General Fund from 2024-25 to 2025-26, for a total of

\$380.7 million for the final round of grants in 2025-26. The Budget maintains \$300 million General Fund in 2023-24 and \$239.6 million General Fund in 2024-25.

- *Behavioral Health Bridge Housing*: Due to lower-than-projected Mental Health Services Act revenues, the Budget proposes to shift \$265 million from Mental Health Services Fund appropriated in the 2023 Budget Act to General Fund in 2024-25. In addition, the Budget delays \$235 million General Fund originally planned for 2024-25 to 2025-26. Despite the delays, the Budget maintains \$1.5 billion for this program.
- *Clinic Workforce Stabilization Payments*: A reversion of \$14.9 million in unexpended General Fund from the one-time \$70 million General Fund included in the 2022 Budget Act for the Clinic Workforce Stabilization and Retention Payment Program that was planned to be transferred to the Department of Health Care Access and Information for workforce development programs.

## Upcoming ACHD Webinar

# Cloud Strategies to Improve Your Organizational Security Webinar



**January 23**  
**10 AM - 11 AM**

Presented by Tom Moriarty

**MEDITECH**

[Register for Upcoming Webinar](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 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](http://www.achd.org).

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**Association of California Healthcare Districts**  
[www.achd.org](http://www.achd.org)



## **2006 PERSONNEL RECORDS**

A confidential personnel file for each employee will be established at the time the employee is hired. The confidential personnel records of each employee are available only to the employee, Human Resources, and other members of management with a need to know or as required by law. Any request for Personnel Records should be on the attached form and allow 30 days for a response. Employees may review their personnel records during normal business hours, at a time mutually convenient to DISTRICT and employee. Nothing contained in the personnel file is to be removed by the employee while reviewing the file.

Disclosure of personnel information to outside sources, other than the employee's designated representative, will be limited. However, the DISTRICT will cooperate with requests from authorized law enforcement or local, state, or federal agencies conducting official investigations and as otherwise legally required.

Any requests for references or employment verification must be directed to the CEO. Only the CEO is authorized to release references for current or former employees. The DISTRICT discloses only the dates of employment and the title of the last held. The DISTRICT will also disclose the amount of salary or wage last earned if the employee executes a written authorization for release.

## **2007 COMPENSATION**

### ***Rates of Pay***

DISTRICT shall endeavor to ensure that, when resources permit, the rate of pay for any position shall be comparable to the prevailing rates of similar positions in the community. Further, DISTRICT shall endeavor to ensure that pay relationships among positions within the DISTRICT are equitable, and that common criteria, including job performance, are applied uniformly to determine compensation levels for individual staff members.

### ***Salary Increases***

Raises, if any, will be based on a formal regular performance review/evaluation of each employee's performance during the past year. Employees are not guaranteed any compensation increase, even with a positive performance review.

### ***Payroll Deductions***

All salary deductions are itemized on a paycheck stub. Any questions regarding the computation of these or other deductions should be directed to Human Resources and the Chief Executive Officer or his/her designee. Approved salary deductions include (but are not limited to):

# Personnel Records Request

---

Date: \_\_\_\_\_

Employee (Current/Former) Name: \_\_\_\_\_

Company Name: Mark Twain Health Care District

I request to inspect/receive a copy of (circle one or both) my personnel records.

I authorize \_\_\_\_\_ (authorized representative) to inspect/receive a copy of (circle one or both) my personnel records.

I understand that if I have requested a copy of these records, I will be charged the actual cost of reproduction. (Former employees requesting receipt by mail may also be charged actual postal expenses.)

I further understand that only those records required by law will be made available to inspect/copy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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## EMPLOYER RESPONSE TO REQUEST TO REVIEW PERSONNEL RECORDS

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**In response to your request to review/copy personnel records:**

You/Your representative (circle one) is scheduled for an appointment with \_\_\_\_\_ on \_\_\_\_\_  
Name

\_\_\_\_\_ at \_\_\_\_\_ for the purpose of reviewing your personnel records.  
Date Time

Note that during the inspection, nothing may be removed from or added to your personnel records.

A copy of your personnel records will be provided to you/your representative (circle one). Contact \_\_\_\_\_ to make arrangements for receipt of the copy.  
Name

You will be responsible for copying costs at the rate of \_\_\_\_\_ cents per page.  
Amount

If you are a former employee requesting personnel records, you may receive a copy of these records by mail only if you reimburse the Company for actual postal expenses. (The Company has the right to make alternative arrangements for inspection of personnel records by former employees who have been terminated for harassment or workplace violence.)

## Personnel Records Request

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- Your/Your representative's (circle one) request to inspect/receive a copy of your personnel records has been denied for the following reason(s):
- The Company is only required to comply with one request per year by a former employee to inspect or receive a copy of his or her personnel records.
  - The Company is not required to comply with more than fifty (50) requests to inspect or receive personnel records filed by an employee representative(s) in one calendar month.
  - The Company is not required to comply with a request to inspect or copy personnel records while you have a pending lawsuit against the Company relating to a personnel matter.

## Sick Pay Amount (5003 SICK LEAVE Cont.)

Eligible employees will receive sick leave as set forth below.

There is no cap on the number of *accrued* paid sick days that an employee may take.

The DISTRICT will provide eligible employees with ~~three (3) days or 24 hours of paid sick time~~ **five (5) days or 40 hours of paid sick time on an accrual basis (per SB 616 effective January 1, 2024) starting** on their first day of employment with the DISTRICT. Employees will need to meet the 90day employment requirement before taking any leave.

~~Unused paid sick time will not carry over year. Each anniversary (date of hire) the DISTRICT will either place three (3) days or 24 hours of paid sick time in your leave bank.~~

The DISTRICT does not pay employees for unused paid sick time. If an employee separates from employment and returns less than one year later, any accrued and unused sick leave will be reinstated.

### Qualifying Reasons for Paid Sick Leave

Paid sick time can be used for the following reasons:

- Diagnosis, care or treatment of an existing health condition for an employee or covered family member, as defined below.
- Preventive care for an employee or an employee's covered family member.
- For certain, specified purposes when the employee is a victim of domestic violence, sexual assault or stalking.

For purposes of paid sick leave, a covered family member includes:

- A child defined as a biological, foster or adopted child; a stepchild; or a legal ward, regardless of the age or dependency status of the child. A "child" also may be someone for whom you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.
- A "parent" is defined as a biological, foster or adoptive parent; a stepparent; or a legal guardian of an employee or the employee's spouse or registered domestic partner. A parent may also be someone who accepted the duties and responsibilities of raising employee when employee was a minor child, even if he or she is not your legal parent.
- A spouse.
- A registered domestic partner.
- A grandparent.
- A grandchild.
- A sibling.
- A designated person. For purposes of this policy, a "designated person" is any person identified by the employee at the time the employee requests paid sick leave. Employees can identify a "designated person" once every 12-month period, measured from the time the employee first makes a designation.

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 43,660.41	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$15,190.88
9	ANTHEM (NON-COVID)	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 90,914.32		Some WEEKLY	PORTION RECEIVED	NO	9 projects w/reporting
		Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30			RECEIVED		
		P.S.D.A	\$ 20,000.00	\$ 20,000.00	-			RECEIVED		Online Referrals
		ConferMed	\$ 15,000.00	\$ 15,000.00	-	12/31/2023	None	RECEIVED		LED Sign - VSHWC
		COVID Messaging	\$ 25,000.00	\$ 25,000.00	-			RECEIVED		
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 70,000.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		10% payment remaining
15	HEALTHNET (incentive)	Behavior Health	\$ 25,000.00	\$ 10,344.03	\$ -	4/28/2023 - written	Midterm/Final	APPROVED	Possible	#SG2211 - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 140,707.00	\$ 140,707.00	7/15/2023	DONE	Use Funds by 9/30/23	YES	Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	Qrtly until 2026	Yes	APPROVED	Possible	
21	BHCIP	BH Expansion	\$ 3,322,198.00	\$ -	\$ 44,217.84		Yes	APPROVED		VSHWC BH Expansion
22	FEMA # 3	Storm Damage	\$ 12,768.30	\$ -	\$ 13,817.08			OBLIGATED		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ 10,000.00	\$ -	9/1/2023	Yes	RECEIVED		
24	CCI #3	Advancing BH	\$ 25,000.00	\$ -	\$ -			APPROVED		Tides
25	Centene	TBD	\$ -	\$ 49,786.02	\$ -			RECEIVED 7/17/23		
26	CHW Calaveras Community Foundation	Let's All Smile	\$ 10,000.00	\$ -	\$ -			APPROVED		Centene
27		AED 4 Life	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00			RECEIVED 11/7/23		AED 4 Life
<b>TOTALS</b>			<b>\$4,849,292.42</b>	<b>\$1,408,304.46</b>	<b>\$1,353,759.10</b>					

1/18/2024  
10:00AM



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

POLICY: Fuji Dental Material Usage	REVIEWED: 10/26/23
SECTION: Dental	REVISED:
EFFECTIVE: 1/24/24	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Use of Fuji Dental Material

**Objective:** The benefits of use and procedure on material usage.

**Response Rating:** Everyone

**Required Equipment:**

**Procedure:**

**Use:** Fuji II and IX are fluoride releasing materials, eliminates sensitivity, easy to use in moist field, and good thermal conductivity. Fuji II is light cured and Fuji IX is self-cured. Fuji II and IX are used as atraumatic restorative treatment (ART), interim therapeutic restoration (ITR), build up, base or liner. ART is used in cases when there are difficulties for the patient to reaching dental care units such as care facilities. They have high success rates in primary and permanent dentitions. ITR is used as a temporary restoration that will be replaced with a more definitive long-term material. ITR is placed because the ideal material for more of a definitive material cannot be done. For instance, if the cavity is too close to the pulp, Fuji is used to eliminate sensitivity by releasing fluoride and creating secondary dentin. Fuji works great as a buildup, base or liner and helps with thermal conductivity for the definitive materials to go over.

**Procedure:**

- After preparation, prepare the cavity and apply GC Cavity Conditioner to remove the smear layer and seal the dentin tubules for 10 seconds.
- Rinse and dry the preparation
- Shake or tap the capsule, then depress plunger.
- Place capsule into the triturator for 10 seconds. The working time for Fuji IX is 2 minutes due to self-setting.
- Insert into Capsule Applier. Click twice to prime capsule.
- Place, pack and contour material.
- After placement of Fuji IX, let set for 6 minutes from start of mix before adjusting and finishing.
- After placement of Fuji II, light cure for 20 seconds, adjust and finish.
- You can place a Fuji coat or varnish to help with wear resistance and polish retention. Apply coat and light cure for 20 seconds.

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

POLICY: Autoclave Use And Maintenance	REVIEWED: 10/1/19; 9/09/20; 8/2/21: 10/17/22; 9/19/23; <u>12/13/23</u>
SECTION: Infection Control	REVISED: 9/09/20: 10/17/22; 9/26/23; <u>12/13/23</u>
EFFECTIVE: <u>11/15/23</u> <u>1/24/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Autoclave Use and Maintenance

**Objective:** To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

**Response Rating:** Mandatory

**Required Equipment:** Autoclave, sterilization pouches (assorted sizes), biological indicator strips

**Procedure:**

1. All ~~instruments,~~instruments and equipment should be scrubbed with approved enzymatic cleaner only.
  - a. Hinged implements will be cleaned in the open position.
2. After cleaning the instruments, they are placed in approved disinfectant for 30 minutes and then are scrubbed, -
  - a. Hinged implements will be disinfected in the open position.
  - b. Dental instruments will be placed in the Midmark Ultrasonic per manufacturer instructions~~instructions~~.
3. Allow instruments to air dry.
  - a. Hinged implements will dry in the open position. Then sprayed with lubricant.
4. Instruments will be placed into sterilization pouches.
  - a. Hinged implements will be placed into sterilization pouches in the open position.
  - b. A biological Indicator strip will be placed in the center of each pouch with the implement.
5. Packets will be labeled with load #, initials, date of sterilization and expiration date which will be based on manufacturer's recommendations. A pre-labeled stamp may be used with lines for initials and

dates.

6. Place packets on shelf in autoclave. DO NOT STACK ITEMS.
7. Select and press ~~appropriate~~ the appropriate preprogrammed button.
8. Place spore tests in opposite corners (rotating) of the autoclave with each sterilization load. For Dental, the 2 spore tests are to be placed in opposite corners (rotating) of the autoclave with the first load of the day, but all following batches will still be documented.
8. Press the start button.
9. Record autoclave load on the autoclave log. ~~Medical~~ The Medical and Dental Departments will maintain separate load logs.

### **Autoclave Maintenance**

#### **Weekly:**

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.
2. Wipe internal surfaces with damp cloth.
3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.
4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.
5. Refill reservoir with clean distilled water.

Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate maintenance and cleaning logs.

6.

#### **Monthly:**

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.
2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.
3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one unwrapped cycle.

4. Drain reservoir and allow unit to cool.
5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean/ Sterilizer Cleaner and clean distilled water. A small stiff brush will aid ~~procedure~~the procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press ~~gasket~~ into the channel and reinstall dam gasket.
6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.
7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If necessary a pair of pliers may be used. Filter may be cleaned with mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.
8. DO NOT OPERATE UNIT WITHOUT FILTERS.
9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.
10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe ~~in back of~~behind the chamber.
11. Fill the reservoir with clean distilled water.
12. Sterilizer is now ready for use.
13. Record cleaning on Autoclave Log. The Medical and Dental Departments will maintain separate cleaning logs.

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

POLICY: <del>Annual</del> <u>Biennial</u> Clinic Evaluation	REVIEWED: 7/24/19; 3/25/20; 5/29/21; 7/26/22; 7/24/23; <del>10/19/23</del> <u>12/13/23</u>
SECTION: Operations	REVISED: 3/25/20; <u>10/19/23</u>
EFFECTIVE: <del>8/23/23</del> <u>11/22/23</u> <u>12/24/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** ~~Annual~~ Biennial Clinic Evaluation

**Objective:** Review of clinic operations will be completed monthly and compiled monthly by the Clinic Manager, in part to develop an Annual Clinic Evaluation Report to be submitted to the District Chief Executive Officer and Board of Directors. Additional reports and review will be completed to address the CMS required topics listed below.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. ~~Annual~~ Biennial (every 2 years) Evaluation is to determine if:
  - a. Utilization of services is appropriate
  - b. Established policies are followed
  - c. Budgetary goals are being met
  - d. Any amendments or additions to policies, operations, or services are required.
  - e. Quality Assurance/Performance Improvement elements are being performed, documented, and acted upon
  
2. The annual evaluation includes review of the following:
  - a. Utilization of clinic service, including number of patients served
  - b. A representative sample of clinical records (See QA Policies)
  - c. Clinic policies, processes, forms
  - d. Formulary
  - e. Laboratory processes and procedures, including Quality Control records
  - f. Financial analysis, by location, payment source, and/or service line
  - g. Staffing effectiveness
  - h. Staff development
  - i. Performance Improvement/Quality Assurance
  - j. Guidelines for medical management of health problems.

The evaluation shall be shared and discussed with the staff and Board of Directors, and if necessary, correction action initiated, documented and reviewed.

~~Annual~~ Biennial Clinic Evaluation  
Policy Number 12

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

POLICY: Blood-borne Pathogen Exposure	REVIEWED: 3/1/19; 12/30/2020; 9/29/21; 11/07/22; <u>12/13/23</u>
SECTION: Infection Control	REVISED: <u>12/13/23</u>
EFFECTIVE: <u>11/30/22</u> <del>1/24/24</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**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. There are employee and Source patient packets with clear instructions that are to be followed and used as a resource in the event of an exposure incident.
- 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: Communicable Disease Reporting	REVIEWED: 7/1/19; 7/14/20; 8/2/21;11/07/22; <u>12/13/23</u>
SECTION: Mandatory Reporting	REVISED: 7/14/20; <u>12/13/23</u>
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Communicable Disease Reporting

**Objective:** To comply with State and CDC Communicable Disease Reporting.

**Response Rating:** Mandatory

**Required Equipment:** Morbidity Report Form

**1. REPORTING GUIDELINES**

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the “Confidential Morbidity Report” (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies (<https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/infectious-diseases/>)

For reportable disease list and report forms:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Reportable-Disease-and-Conditions.aspx>

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf>

Revised 08/2022

**2. CONDITIONS TO BE REPORTED IMMEDIATELY**

The following conditions should be reported immediately by telephone to (209) 754-6460. In light of existing outbreaks and the potential for epidemics, the Calaveras County Health Department has included those diseases marked with an asterisk (\*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

- a. Anthrax (human or animal)
- b. Botulism (infant, foodborne, wound)
- c. Brucellosis, human
- d. Cholera
- e. Ciguatera fish poisoning
- f. Dengue virus infection
- g. Diphtheria
- h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- i. Escherichia Coli O157:H7 Infection
- j. Flavivirus infection of undetermined species
- k. Hemolytic Uremic Syndrome

- l. Influenza, novel strains (human)
- m. \*Measles (Rubeola)
- n. \*Meningococcal Infections
- o. Novel virus infection with pandemic potential
- p. Paralytic Shellfish Poisoning
- q. Plague (Human or Animal)
- r. Rabies (Human or Animal)
- s. Scomboroid Fish Poisoning
- t. Shiga toxin (detected in feces)
- u. Smallpox (Variola)
- v. Tularremia, human
- w. Viral Hemorrhagic Fevers
- x. Yellow Fever
- y. Zika virus
- z. Occurrence of any unusual disease
- aa. Outbreaks of any disease

For outbreaks of any disease the report should specify if institutional and/or open community.

### 3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY

- a. Amebiasis
- b. Babesiosis
- c. Campylocacteriosis
- d. Chickenpox
- e. Chikungunya virus
- f. Cryptosporidiosis
- g. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- h. \*Foodborne Disease
- i. Haemmophilus Influenza Invasive Disease, all serotypes
- j. Hantavirus infection
- k. \*Hepatitis A (acute infection)
- k. Human Immunodeficiency Virus (HIV), acute infection
- l. Listeriosis
- m. Malaria
- n. Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- \*Pertussis (Whooping Cough)
- o. Poliovirus Infection
- p. Psittacosis
- q. Q Fever
- r. Relapsing Fever
- s. Salmonellosis (other than typhoid fever)
- t. Shigellosis
- u. Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
- v. Syphilis



- w Trichinosis
- x. \*Tuberculosis/Tuberculosis suspect
- y. Typhoid Fever, cases and carriers
- z Vibrio Infections
- aa. West Nile Virus (WNV) Infection
- bb Yersiniosis
- bb. COVID-19 (Coronavirus)

**4. CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS:**

- a. Anaplasmosis
- b. Brucellosis, animal
- c. Chancroid
- d. Chlamydial Infections
- e. Coccidiomycosis
- f. Colorado Tick Fever
- g. Creutzfeldt-Jacob disease and other transmissible Spongiform Encephalopathies
- h. Cyclosporiasis
- i. Cysticercosis ot taeniasis
- j. Ehrlichiosis
- k. Giardiasis
- l. Gonococcal Infections
- m. Hepatitis B (specify acute case or chronic)
- n. Hepatitis C (specify acute case or chronic)
- o. Hepatitis Delta (D) (specify acute or chronic case)
- p. Hepatitis Em acute infection
- q. Legionellosis
- r. Leprosy (Hansens Disease)
- s. Leptospirosos
- t. Lyme Disease
- u. Mumps
- v. Respiratory Syncytial Virus (report a death of a patient less than five years of age)
- w. Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
- x. Rocky Mountain Spotted Fever
- y. Rubella (German Measles)
- z. Rubella Syndrome, Congenital
- aa. Tetanus
- bb. Tulaemeia, animal

**5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.**

The following conditions should be reported within seven (7) calendar days from the time of identification:

- a. Alzheimer's Disease and related conditions
- b. Disorders characterized by lapses of consciousness
- c. Cancer

**6. COVID-19 RESPONSE:** Clinic will test and report based current on State and County requirements.

**7. FOLLOW-UP PROCEDURES**

The provider will notify the Clinic Manager and the staff who have been in contact with these patients and recommend follow-up procedures.

**8. INTERNAL DOCUMENTATION**

A copy of all reporting documents is kept on file in the Clinic Manager's Office.

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

POLICY: Electronic Protected Health Information (ePHI)	REVIEWED: 3/1/19; 12/30/20; 9/29/21; 11/07/22; <u>12/13/23</u>
SECTION: Medical Record	REVISED: <u>12/13/23</u>
EFFECTIVE: <u>11/30/221/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**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")~~ Clinic Manager or his/her representative. If medical circumstances exist that make this impractical or detrimental to a patient, verbal confirmation by either the ~~Director~~ Clinic Manager, Medical Director or his/her representative will suffice.
4. As a general rule of thumb, **ePHI** should ~~not~~ be transferred electronically through the HER system, 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 email or fax transmissions will contain a District approved disclaimer or a fax cover sheet, 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.

ePHI  
Policy Number 67

5. The use of external storage devices by Clinic employees is totally discouraged and not permitted unless approved by the Medical 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.~~

~~6.~~  
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.

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

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20;6/7/21; 8/04/22; <u>12/13/23</u>
SECTION: Patient Care	REVISED: <u>12/13/23</u>
EFFECTIVE: <u>10/26/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Management of Dental Patient Urgent Issues

**Objective:** To outline the management of urgent issues experienced by dental patients

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. If a dental patient contacts the Clinic with the following issues, they should be scheduled for a same day dental visit, if the dental office is open:
  - a. Uncontrolled bleeding after a dental procedure
  - b. Uncontrolled pain after a dental procedure
  - c. Adverse reaction to an antibiotic prescribed after a dental procedure
2. If the dental office is not open, schedule the patient as a same day medical patient with the next available medical practitioner.
  - a. The practitioner may contact the dentist for patient information and/or care recommendations.
  - b. Dentrax may be accessed to further understand the patient's prior dental care
3. After the medical care rendered to the dental patient, forward a copy of the clinic note to the dentist via Athenanet chart export.
4. The medical record will be scanned into the Dentrax software as a part of the patient's dental record.
- 4.5. If there is a time when we are unable to see the patient, the patient will be directed to go to the emergency room.

**025MARK TWAIN HEALTH CARE DISTRICT  
RURAL HEALTH CLINICS  
POLICY AND PROCEDURES**

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21; 6/15/22; <del>10/19/23</del> 12/13/23
SECTION: Medication Management	REVISED: 9/7/19; 6/15/22; <del>10/19/23</del> 12/13/23
EFFECTIVE: <del>8/31/22</del> 11/22/231/24/24	MEDICAL DIRECTOR: <a href="#">Randall Smart, MD</a>

**Subject:** Medication management and storage of multi-use containers

**Objective:** To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

1. Medications will be stored in their original containers according to manufacturer guidelines.
2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
  - a. IPOL polio vaccine shall be considered expired per the expiration date from manufacturer, printed on the vial. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.
7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.
9. [Refrigerated or frozen medications or vaccines are monitored for storage temperature at least twice daily on a temperature log as appropriate. There is also a Data Logger monitoring all refrigerator and freezer units used for medication storage.](#)

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

POLICY: Standardized Procedure for Depo Provera Injection	REVIEWED: 6/21/23; <del>9/19/23</del> 12/13/23
SECTION: Standardized Procedures	REVISOR: <del>9/19/23</del> 12/13/23
EFFECTIVE: <del>7/26/23</del> 10/25/231/24/24	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Standardized Procedure for Depo Provera Injection

**Objective:** To establish guidelines for Medical Assistants to provide subsequent injections for patients receiving Depo Provera Injections for Birth Control

**Response Rating:** Administration of Medication – Nursing Staff (RN, LVN, MA)

**Required Equipment:** UA Pregnancy Testing, Medication, IM Injection supplies.

**Procedure:**

Temperature Requirements: DO NOT REFRIGERATE Should be kept at room temperature (67-77 degrees F)

**1st Time Injection for Patients:**

1. After being provided with appropriate training, an MA may administer an IM injection of Depo Provera that has been ordered by a provider.
2. Prior to a patient’s 1<sup>st</sup> injection of Depo Provera, the MA must perform a pregnancy test. The patient will receive an initial consultation with the provider, if it is determined that it is an appropriate form of birth control, the provider will order the Depo Provera with ~~3-1 year’s worth of~~ refills (for q ~~12 weeks~~ +/- 1 week ~~3-month~~ injections) through the patient’s preferred pharmacy.
3. The patient will schedule a Nurse visit, returning with the medication.
4. The patient should be advised to call the pharmacy prior to coming in. and to pick up the Depo Provera medication immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication.
5. Using the usual protocol of checking and verifying medication, the MA can then administer the Depo Provera medication as an IM injection.
6. Please have the patient wait a minimum of 10 minutes prior to leaving the facility to ensure there is no (adverse) reaction. (Provider decision or patient condition may override the length of stay, post injection.)
7. The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.



### Patients Returning for Q 12 weeks (+/- 1 week) 3-Month Injections

1. Patients returning for subsequent Depo Provera injections may make Nurse visit appointments q 3 months to receive the next injections. After 1 year (a total of 4 injections) the patient must schedule an appointment with their provider to check BP and to follow-up with other healthcare needs.
2. When the patient arrives with their medication, picked up immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication, the MA will perform a urine pregnancy test to verify the patient is not pregnant, even if the patient is within the "window".
3. Upon verification of a negative pregnancy test, the MA may proceed with the Depo Provera injection, IM, utilizing the proper medication verification procedure.

The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

### General Information:

- Depo-Provera CI is given as a shot into the muscle (intramuscular injection). The shot is given in the buttock or upper arm 1 time every ~~3 months~~ **12 weeks (+/- 1 week)**. ~~At the end of the 3 months~~ **Once due**, the patient will need to return to their healthcare provider for the next injection to continue protection against pregnancy.
- **To make sure that the patient is not pregnant before administration of Depo-Provera CI, the first injection should be given only:**
  - during the first 5 days of a normal menstrual period, or
  - within the first 5 days after giving birth, **if the patient is not breastfeeding**, or
  - at the 6th week after giving birth, **if the patient is feeding their baby only breastmilk.**
- Depo-Provera CI may be given at other times than those listed above, but the patient will need to have a pregnancy test first to show that they are not pregnant.
- During treatment with Depo-Provera CI, the patient should see their healthcare provider every year for a blood pressure check and other healthcare needs.

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<https://www.pfizermedicalinformation.com/en-us/depo-provera-ci-next-injection-date-calculator>

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

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 7/1/19; 2/18/20; 5/21/21; 5/6/22; 7/06/23; <u>12/13/23</u>
SECTION: Medication Management	REVISED: 2/18/20; <u>12/13/23</u>
EFFECTIVE: <u>7/26/23</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Storage, handling, and delivery of medications

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

**Storage and Control**

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

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

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

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

#### **Medical Sales Representatives**

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

### **Distribution of Medications**

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

### **Ordering to Meet Par Level Minimums**

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

### **Emergency Medications**

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

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

POLICY: Sterile Supplies and Instruments	REVIEWED: 2/1/19;12/26/19; 12/31/20; 9/29/21; 5/02/23; <u>12/13/23</u>
SECTION: Operations	REVISED: 12/26/19; 5/02/23; <u>12/13/23</u>
EFFECTIVE: <u>5/24/23</u> <u>1/24/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

**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~~determined by manufacturer guidelines on packaging.
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 based on manufacturer's guidelines (i.e.: exp 7/11/18)
- c. Initials of staff member performing sterilization
- d. Load number

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: Age Restriction	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/4/22; <u>10/27/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randy Smart, MD</u>

**Subject:** Age Restriction

**Objective:** The Clinic does not discriminate on the basis of age in admission or access to its programs and activities.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. It is the policy of the Clinic to extend services to persons under and over the age of 18.

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

POLICY: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; 9/23/20; 8/2/21; 11/07/22; <u>12/13/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>11/30/221/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Auxiliary Aids and Services for Persons with Disabilities

**Objective:** The Clinic will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights; consent to treatment forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Identification and assessment of need:

The Clinic provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our outreach documents and print advertisements and through notices posted in waiting rooms and treatment rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

The Clinic shall provide the following services or aids to achieve effective communication with persons with disabilities:



- a. For Persons Who Are Deaf or Hard of Hearing
  - i. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Clinic Manager (209) 772-7070 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the Clinic Manager is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available. Language Line Solutions has agreed to provide interpreter services. The agency's telephone number(s) is (staff has access code), 24 hours per day, seven days per week, holidays included.

- ii. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

The Clinic utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is:

**California Relay Service:**  
*(For Deaf and Hard of Hearing Callers)*  
 TTY/TDD                      Dial 711 or  
 English TTY/TDD            (800) 735-2929  
 Spanish TTY/TDD            (800) 855-3000  
 Voice                            (800) 735-2922

iii. For the following auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

iv. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and

conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

**NOTE: Children and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.**

2. For Persons who are Blind or Who Have Low Vision

- i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- ii. The following types of large print, taped, Braille, and electronically formatted materials are available: patient forms, patient education materials. These materials may be obtained by calling the Clinic Manager at (209) 772-7070.
- iii. For the following auxiliary aids and services, staff will contact the Clinic Manager who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3. For Persons with Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact the Clinic Manager (209) 772-7070, who is responsible to provide the aids and services in a timely manner:

Writing materials; TDDs; computers; communication boards; and other communication aids.

4. For Persons with Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner.

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

POLICY: Biohazard Material Management	REVIEWED: 3/1/19; 11/20/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Infection Control	REVISED: 11/07/22
EFFECTIVE: <u>1/30/22</u> <del>1/24/24</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Biohazard Material Management

**Objective:** To instruct Clinic personnel on the proper way to handle and dispose of hazardous material.

**Policy Notes:**

- Biohazardous waste management is a program used for controlling the generation, collection, and storage of hazardous waste in the laboratory. The responsibility for storage and movement of these materials is that of the Clinic personnel.
- All hazardous materials will be contained in sealable waterproof covered containers with tight fitting lids.
- When collecting biohazardous waste, employees must wear personal protective equipment (PPE).
- Healthcare workers involved in handling regulated medical waste must receive safety training in accordance with the Department of Transportation’s (DOT) guidelines.

**Response Rating:** Mandatory

**Required Equipment:** Personal protective equipment (PPE): gowns, disposable gloves, face shield; trash bin with lid (marked biohazardous waste); biohazard bags (red); 10% bleach solution, or other EPA approved cleaning solution, for spill cleanup.

**Definitions:**

Regulated Medical Waste – any reusable material that contains an infectious substance and is generated in the diagnosis, treatment, or immunization of people or animals. Materials generated in research or in the production and testing of biological products are also considered regulated medical waste. The DOT definition of regulated waste includes blood and blood products, sharps, pathological wastes, certain wastes from surgery, dialysis and the lab, as well as other infectious materials.

Universal Precautions – “health workers should follow universal precautions by using masks, eye protection and face shields whenever splashes spray atomized particles, splatter or droplets of blood or other potential infectious material may be generated and eye, nose, or mouth contamination can be reasonably anticipated.”

## Procedure:

### **Accidents and Spills**

#### **Immediate action**

- Assess the type of spill and degree of hazard involved.
- Determine the most effective and least hazardous approach to clean up and decontaminate the spill. Refer to the SDS when necessary.

#### **“Dry” spill with no significant aerosol formation**

- Evacuation of the room is probably not indicated.
- Gloves, lab coat, and face shield must be worn for a clean-up.
- Flood area with disinfectant solution.
- Soak up the disinfectant and contaminated materials with an absorbent material.
- All absorbent and contaminated material must be placed in a red biohazard bag.

#### **Liquid spills on a bench or floor**

- If significant aerosols are formed, the area should be evacuated and not reentered until the aerosols settle.
- Gloves, lab coat, and face shield must be worn during clean up.
- Cover the spill with an absorbent material.
- Dispose of the absorbent and contaminated material in red plastic biohazard bags.
- The spill area should be thoroughly washed with a disinfectant solution after clean up.

#### **Centrifuge spills**

- Shut off the instrument and evacuate the area at once.
- Do not re-enter the area until the aerosols have settled.
- The individual entering the area to clean up must wear protective clothing, gloves and a mask.
- If liquids are present, soak up in an absorbent material and handle as above. If not, clean the instrument and room thoroughly before allowing employees to return to work.

#### **Spills in incubators, autoclaves or other closed areas**

- Soak up liquids with an absorbent and dispose of as outlined above.
- The unit should be washed thoroughly after decontamination.

#### **Reports**

- Major accidents and spills must be documented and reported in detail to lab director
- Accident reports should include the cause of the accident, the type of contamination or hazard, the list of personnel possibly exposed, decontamination procedures used, and actions taken to prevent reoccurrences.

## SHARPS containers

- The RED SHARPS containers are for disposing of hazardous wastes such as needles, scalpels, tips, glass, etc.
- Do not overfill SHARPS containers – between 2/3 and ¾ full is considered capacity.
- Make sure that the top is in locked position before using.
- Never reach into containers: drop sharps straight into the opening 3”-4” above the mouth of the container.
- Never dispose of several sharps at once; take time to dispose of each sharp one at a time.
- Always virtually inspect the opening to ensure that there is room for the sharps – always look before putting sharps into a container. Never reach into the mouth of a sharps container.
- Never force anything into a sharps container that is larger than the opening. An alternative means of disposal must be found.
- Securely fasten the top by shaking down the sharps container.
- When a sharps container is 2/3 – ¾ of the way full secure the top and immediately replace the container with a new one.
- Full sharps containers are then transported to the hazardous waste storage area.

## Handling and disposing of hazardous waste

- Never put a sharps container into a hazardous waste bag or box unless the container is damaged.
- Do not use a hazardous waste container that is damaged. If a container is damaged, but has already been used, place it inside another hazardous waste container and seal. Handle the damaged container with extreme caution.
- All hazardous waste containers (i.e., bags, cardboard, plastic, plastic containers, etc.) are to be treated as if they were hazardous to your health. All hazardous waste containers will be picked up and held:

With gloved hands

At arm's length away from the body

Securely by the least amount of area held by the hands

Wear a lab coat, gloves, and face shield. Additional shielding such as gowns, masks, face shields, etc. will be at the discretion of the health worker.

- Check the bottom of all bags for leaks, when bags become heavy with glass they tend to leak.
- In the event of a leak or spill, follow the procedure for biohazardous waste cleanup waste cleanup procedure.
- Wear a lab coat, gloves and face shield.
- Remove waste bags from bins, gently shake bag while holding the top of the bag to distribute waste evenly, twist top of bag to close (do not apply pressure to any part of the bag).

- Place double bags in all emptied bins. Look for leaks around or in the bin. If a leak has occurred, clean the area with a 10% bleach solution, or other EPA approved cleaning solution, following the biohazardous waste clean-up procedure.
- After transferring the double-bagged laboratory waste, remove your lab coat and gloves, wash hands.

### Reducing the volume of hazardous waste

- Waste discarded into ~~the biohazardous~~ biohazardous waste containers should be limited to those materials that come into contact with infectious materials (body fluids).

Body fluid containers

Stoppers, wipes, disposable shields, etc. which have come into contact with body fluids

Used gloves and lab coats

Slides, pipettes tips, etc. (in sharps containers)

Body fluids

Used media

Any physical item contaminated with body fluids or hazardous materials

Paper goods contaminated with body fluids

Waste not discarded in biohazardous containers (no contact with biohazardous materials)

Paper items

Cardboard boxes

Exterior kit containers

Office supplies

All items not contaminated with body fluids

### Safety reminders

- Place double bag in all empty bins.
- Only dispose of biohazardous waste in the biohazardous bins.
- Use common sense to determine if trash is 2/3 full

Waste bags are considered full when a bin is halfway full, when used for glass disposal, specimen tubes and microbiology plates

Waste bin is considered full if it is 2/3 full. Periodically lift bag to determine if it is full.

- Always wash your hands after handling biohazardous material.

### **Safety precautions on medical waste handling**

- The inner bags of regulated medical waste are closed securely, keeping them low to the ground and away from the body.
- The bags are handled only by the neck to avoid injury from stray or improperly contained sharp objects.
- General laboratory hygiene includes washing hands after every contact with medical waste containers, scrubbing thoroughly and vigorously.
- If an extensive exposure occurs, wash or flush the area with an approved hand washing agent or irrigating solution. If that exposure was to the eyes, ears or mouth, wash that area generously with water and report the incident immediately to see if any further precautions are needed.
- Exposure protection

Gloves are the first line of defense and must be worn at all times.

Gloves should be puncture resistant.

Gown and face shield are required to be worn while handling waste materials

- Methods of avoiding accidents

Avoid eating, drinking, gum chewing, smoking, applying makeup or handling contact lenses when working around medical waste.

### **Transportation of medical waste**

- Transportation of medical waste is performed by MedPro ([Barnett](#)).
- MedPro ([Barnett](#)) is responsible for the packaging, shipping, and transportation of all regulated medical waste.

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

POLICY: Blue Shield Eligibility Verification	REVIEWED: 11/12/18; 11/20/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Admitting	REVISED: 8/25/21
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Blue Shield Eligibility Verification

**Objective:** To ensure insurance eligibility for patients covered by Blue Shield.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. All patients who are identified as Blue Shield members must be verified at [www.bluesheildca.com/provider/](http://www.bluesheildca.com/provider/)
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. If the claims mailing address does not appear on the card, reception must go to the Blue Shield “Claims Routing Tool” and enter the three letter prefix of the member number to obtain the correct claims mailing address.
4. Any Blue Shield member number that begins with an “R” is a Federal Blue Shield Account.
3. Use the approved Blue Shield verification process
  - a. Log in on the Blue Shield website: [www.bluesheildca.com/provider/](http://www.bluesheildca.com/provider/)
  - b. Enter subscriber ID
  - c. Enter date of birth
  - d. Select Submit
  - e. Print eligibility information
4. If a patient arrives at the Clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient’s insurance status. The receptionist will verify the patient’s benefits and notify the health plan of the patient’s status after the patient’s condition is deemed stable or upon receiving patient information from a person accompanying the patient.



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

POLICY: Cash On Hand Management	REVIEWED: 11/12/18; 9/23/20; 8/2/21; 11/07/22; <u>12/13/23</u>
SECTION: Admitting	REVISED: 9/23/20
EFFECTIVE: <u>11/30/221/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Cash on hand management

**Objective:** The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be available to provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

**Response Rating:**

**Required Equipment:**

**Procedure**

**Cash Drawer**

1. The Clinic will have a cash drawer/box that will be located adjacent to the first receptionist during the course of the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and placed in the agreed upon secure location.
3. As part of the Clinic Opening Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the course of the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total. The cash box will be locked up. Any funds in excess of the cash drawer fund total will be put aside, into the "DAY END MONEY" payment envelope, as they are payments received from patients.

7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the Clinic Manager immediately.
8. The Clinic Manager or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the Clinic Manager will investigate the shortage and document their findings, completing an Incident Report.
  - a. If necessary, staff will be counseled regarding proper cash management and documentation.
  - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the Clinic Manager will request replacement funds from the District Accounting Department.
10. The cash box logs will be maintained as a part of the Clinic's operational records.

### **Patient Payments**

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. During the course of the business day, change may be made for patients who make cash payments.
3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and submit. The cash drawer will be counted per the process outlined above. The cash total for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.
4. On a daily basis, the Front Office Coordinator or their designee and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be placed in the "DAY END MONEY" payment envelope and placed in the designated locked area.
8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the Clinic Manager and District Accounting office immediately.
9. The Clinic Manager, designee, or District Accounting office personnel will recount the deposit. Should it be confirmed that funds are missing, the Clinic Manager, designee and/or District Accounting office personnel will investigate the shortage and document their findings, completing an Incident Report.
  - a. If necessary, staff will be counseled regarding proper cash management and documentation.
  - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.

**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; 9/29/21; 11/07/22; <u>12/13/23</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**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; 9/29/21; 11/07/22; <u>12/13/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>11/30/221/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**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: Culture Transmittal	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>1/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Culture Transmittal

**Objective:** To ensure correct handling of collected cultures.

**Acuity Rating: Mandatory**

**Procedure:**

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

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

POLICY: Dental Emergencies	REVIEWED: 4/9/20; 8/11/21; 11/07/22: <u>12/13/23</u>
SECTION: Patient Care	REVISED: 8/11/21; 11/17/22
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Defining Dental Emergencies

**Objective:** During days when dental services are provided in the Clinic, appointment slots will be available for patients presenting with emergency conditions. This policy will identify dental emergencies to ensure proper escalated scheduling of patients where required

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

- a. Within the scope of the dental services provided by the Clinic, dental emergencies will be defined as: Broken appliance that cannot be removed by the patient or the patient’s kin and/or is sharp, causing adjacent tissue damage and/or can be swallowed and/or aspirated. Patients with broken braces or wires should be seen by their treating orthodontist.
- b. Broken tooth caused either by trauma or decay and/or pain is present.
- c. Swollen face/alveolar tissues denoting a dental abscess. Swelling in the throat and neck area or swelling at the base of the tongue should be sent for evaluation in the ER. The patient may complain of feeling their “tongue is elevated”.
- d. Cut or bitten tongue, lip, or cheek
  - i. Patient will be directed to come to the office to be seen by the dentist
  - ii. If the dentist is not present but the RDA is in the office, the patient will be directed to come to the office to be seen by the RDA
  - iii. If the dentist is not present in the office and/or the RDA is unable to resolve the issue, staff will take a message and contact the after-hours dentist for guidance and/or with information so that the after-hours dentist may contact the patient directly.
- e. Trauma to the jaw or alveolar tissues
 

Most cases should be directed to the emergency room as the concern is for brain injury.
- f. Knocked out tooth
  - i. Patient will be direct to hold the tooth by the crown and rinse off the root of the tooth in water if dirty. Do not scrub or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn’t possible, put the tooth in a cup of milk and get to a dentist as quickly as possible, bringing the tooth.

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

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; 9/24/20; 8/2/21; 11/07/22 <u>12/13/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Dissemination of Non-Discrimination Policy

**Objective:** To inform staff, patients, and the general public that the Clinic does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, or status as a parent.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

The Clinic disseminates the nondiscrimination statement in the following ways:

**To the General Public:**

- A copy of the nondiscrimination statement is posted in our facility for visitors, clients/patients to view.
- The nondiscrimination statement is printed in the brochure which is available for distributed to patients, referral sources, and the community.

**For the Patients:**

- The nondiscrimination statement is included in the patient admissions packet and contained within the Statement of Patient’s Rights.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

**To Employees:**

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.



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

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; 9/24/20; 10/28/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Medical Records	REVISED: 10/28/20; 10/28/20
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Emergency release of patient medical records

**Objective:** For the purpose of continuity of Clinic patient care, the Clinic will act immediately on a request for patient records from a requesting emergency room in lieu of standard medical record release procedures.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.
2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.
3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.
4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent. If sent via EHR, this will be automatically documented by the system, if sending manually, this information must be documented on the fax cover sheet and scanned into the medical chart
5. Behavioral Health records will have limited access

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

POLICY: Emergency Situation/Unresponsive Patient	REVIEWED: 11/19/18; 9/11/19; 11/20/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Safety and Emergency Planning	REVISED: 9/11/19; 11/20/20; 8/25/21
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Emergency Situation - Patient Unresponsive

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

**Acuity Rating:** Severe

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

**Policy:**

1. If a patient collapses and becomes unresponsive:
  - a. First person at patient establishes unresponsiveness (ARE YOU OK?).
  - b. Shake patient, check for carotid pulse for adults, brachial for infants.
    - a. Call overhead “Code Blue” for help, stating location. Unresponsive, if no pulse, begin CPR, staff to bring AED and Code Cart to location, get highest level Provider to scene.
  - c. Code is to be led by the code team leader who is the Provider/staff member with the highest level of licensure at the time. Code is initiated at the location of collapse, unless patient can be easily transported to the emergency holding room, in which case code is initiated there.
  - d. Receptionist calls 911 and states, “This is the Clinic at 51 Wellness Way, Valley Springs. We have a full cardiac arrest in progress. Please send an ambulance.”
  - e. Receptionist attends to family and moves them away from scene, calms other patients and apprises them of an emergency in the office.
  - f. The team leader directs 2-person CPR to be initiated. The team leader assigns the following responsibilities to team members: Airway management, chest compressions, documentation, and medication administration.
  - g. Medication administration is performed only by a practitioner or nurse.
  - h. Intubation, if needed, is performed only by a practitioner.
  - i. Documentation is done on a designated code sheet.
  - j. If the patient is a child, a staff member should be assigned by the RN/Team Leader to stay with/assist the parent(s)/caregiver(s) inform them of the patient’s status and to stand with them, as to allow the care team to perform the needed care to the patient.

2. After the patient is stabilized:

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

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

POLICY: Eye Irrigation	REVIEWED: 11/12/18; 9/11/19; 12/30/20; 9/29/21; 11/07/22; <u>12/13/23</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>11/30/22</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**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: Eye Medications-Dispensing	REVIEWED: 11/12/18; 9/11/19; 11/20/20; 8/25/21; 11/07/22; <u>12/13/23</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <del>11/30/22</del> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Eye Medications-Dispensing

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

**Response Rating:** Minimal to Moderate

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

**Procedure:**

1. Review practitioner’s written order. Medical Assistants MAY NOT administer eye medications.
2. Gather equipment and/or medication.
3. Verify the practitioner’s written order.
4. Wash your hands with soap and water.
5. Apply gloves.
6. Have the patient lie in supine position and utilize a Chux around the patient’s neck to prevent medications or other fluids from getting on their clothing. If the patient is a child, obtain help to restrain them or use a child restraint board.
  - a. Parent(s) or caregiver(s) may assist if the patient is a child.
7. Remove all drainage and discharge from the eye by dabbing with a clean tissue or sterile gauze with normal saline starting from the medial canthus area and moving laterally toward the lateral canthus. Do not wipe the eye, as this could cause a corneal abrasion if the eye is already inflamed.
8. Verify the medication: right medication, patient, dose, route and time.
9. Gently pull lower eyelid down.

10. Position the dropper or tube so the medication will fall into the lower eyelid; never apply direct to the eyeball. When using ointment, dispense a small thin strip of ointment onto the inside of lower eyelid. Begin at the side nearest the nose and outward to the edge of the eye.
  - a. If the patient is an infant or toddler, ointment may be applied to the upper eyelash and allowed to melt
  - b. Alternatively, gently massage to push ointment into orbit.
11. Instruct the patient to close the eye and blink.
12. Wipe any excess medication from the eye with a tissue. Wipe from the side of the nose outward.
13. If the orders include both eyes, repeat the above steps.
14. Assist patient to the sitting position.
15. Remove gloves and wash hands.
16. Remove tray from the room.
17. The person administering the medications will document in the EMR the date, time, dosage, the correct eye (right or left or both) and how the patient tolerated the procedure.
18. Should fluorescein strips not be available through approved vendors, the clinic will obtain and utilize Fluorescein Proparacaine Ophthalmic solution multi-dose vials and utilize those vials using sterile technique.

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

POLICY: Medication Administration	REVIEWED: 5/28/19; 10/22/2020; 8/25/21; 1/05/23; <u>12/13/23</u>
SECTION: Medication Management	REVISED: 10/22/2020; 1/05/23
EFFECTIVE: <u>1/25/23</u> <u>1/24/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Medication administration

**Objective:** To ensure patient safety in the Clinic during administration of medications, medication will be administered to clinic patients only after the dose has been properly selected, measured, and checked for accuracy against the written and signed physician order.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

1. All medications are to be checked three times before administration *to verify name, correct medication, and expiration date*
  - a. Before removing container from shelf
  - b. Before pouring or preparing the medication
  - c. Before placing the container back on the shelf
2. Check container to ensure medication is “in date”. Outdated medications will be marked as Out-of-Date and segregated for removal from the Clinic.
3. Check container to confirm it is a single dose vial (SDV). If not, do not remove the multi-use vial from the medication room.
4. All doses given will be double-checked with another licensed person or with the prescribing provider prior to administration.
5. All syringes with medication from a multi-use vial will be labeled prior to leaving the Medication Room and delivering the medication to the patient. Label will include date, time, initials of person who drew up the medication and the name of the medication.



5. Before administering any medications, check for allergies with the patient and/or give skin tests, as required.
6. Check with the prescribing provider regarding any dose that appears too large or any label that is not clear.
7. Do not carry on conversations with providers, co-workers, patients or other individuals while pouring or preparing medications.
8. Do not administer any drug that has undergone physical changes such as cloudy rather than clear, colored instead of clear, etc.
9. Measure all doses carefully.
10. Do not touch any tablets with fingers.
11. Never use medications from an unlabeled container.
12. Pour all medications from the side of the bottle away from the label.
13. Never put medications back into the bottle after they have been removed.
14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, and any reactions noted at the time the dose was given.*

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

POLICY: Text Messaging and Social Media Communications	REVIEWED: 4/22/20;1/4/24
SECTION: Workforce	REVISED:
EFFECTIVE: 1/28/24	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Text Messaging and Social Media Communications

**Objective:** Define guidelines for appropriate utilization of text messaging and social media related to the Valley Spring Health & Wellness Center (VSHWC) Clinic

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

**Text Message Communication:**

1. Group and/or personal text messages related to the Clinic are allowed for enhanced communication between the Manager and/or staff using the following guidelines:

- a. Users are expected to utilize professional text etiquette.
- b. Users shall not transmit or receive material that is threatening, obscene, disruptive or sexually explicit, or that could be construed as harassment or disparagement of others based on their race, national origin, sex, sexual orientation, age, disability, religion or political beliefs.
- c. Messages will be brief, to the point, and use appropriate language

Text messaging is not a secure or HIPAA-compliant means of transmission, if information needs to be transmitted through standard text messaging, patient information will be redacted, patient ID is permitted without other identifying information. Phones used for this purpose should be password protected. Patient information should be deleted upon the issue being resolved.

**Utilization of social media:**

The following are guidelines for VSHWC employees who participate in social media. Social media includes personal blogs and other websites, including Facebook, LinkedIn, Twitter, YouTube, or others. These guidelines apply whether employees are posting to their own sites or commenting on other sites: VSHWC’s server, computers and laptops contain secure information and improper use of alternate internet sites may cause an inadvertent breach in the security, exposing confidential patient information. Patient privacy is paramount.

1. Follow all applicable VSHWC policies. For example, you must not share confidential or proprietary information about VSHWC, and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality, HIPAA, Information Technology Rules of Use, photography and video and release of patient information to media.

2. Write in the first person. Where your connection to VSHWC is apparent, make it clear that you are speaking for yourself and not on behalf of VSHWC. In those circumstances, you should include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer."  
**Consider adding this language in an "About me" section of your blog or social media profile.**
3. If you identify your affiliation to VSHWC, your social media activities should be consistent with VSHWC's high standards of professional conduct.
4. If you communicate in the public internet about VSHWC or VSHWC-related matters, you must disclose your connection with VSHWC and your role at the Clinic.
5. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions or unprofessional language or behavior reflect poorly on VSHWC, and may result in liability for you or VSHWC. Be respectful and professional to fellow employees, business partners, competitors, and patients.
6. Ensure that your social media activity does not interfere with your work commitments.
7. VSHWC strongly discourages "friending" of patients on social media websites. Staff in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
8. VSHWC prohibits staff in management/supervisory roles from initiating "friend" requests with employees they manage.
9. VSHWC does not endorse people, products, services and organizations. Official VSHWC accounts should not be used to provide such endorsements. For personal social media accounts where your connection to VSHWC is apparent, you should be careful to avoid implying that an endorsement of a person or product is on behalf of VSHWC, rather than a personal endorsement. As an example, LinkedIn users may endorse individuals or companies, but may not use VSHWC's name in connection with the endorsement, state or imply that the endorsement is on behalf of VSHWC, or state specifically that the endorsement is based on work done at VSHWC.
10. Unless approved by the CEO, your social media name, handle and/or URL should not include VSHWC's name or logo.
11. Social Media access will be permitted on lunch or break periods, on personal phones, tablets or laptops. Any personal devices are to use the "VSHWC Guest" Wi-Fi."
12. If you have any questions about what is appropriate to include in your social media profile(s), please contact your Manager.

I have read and understand this policy and agree to abide by it.

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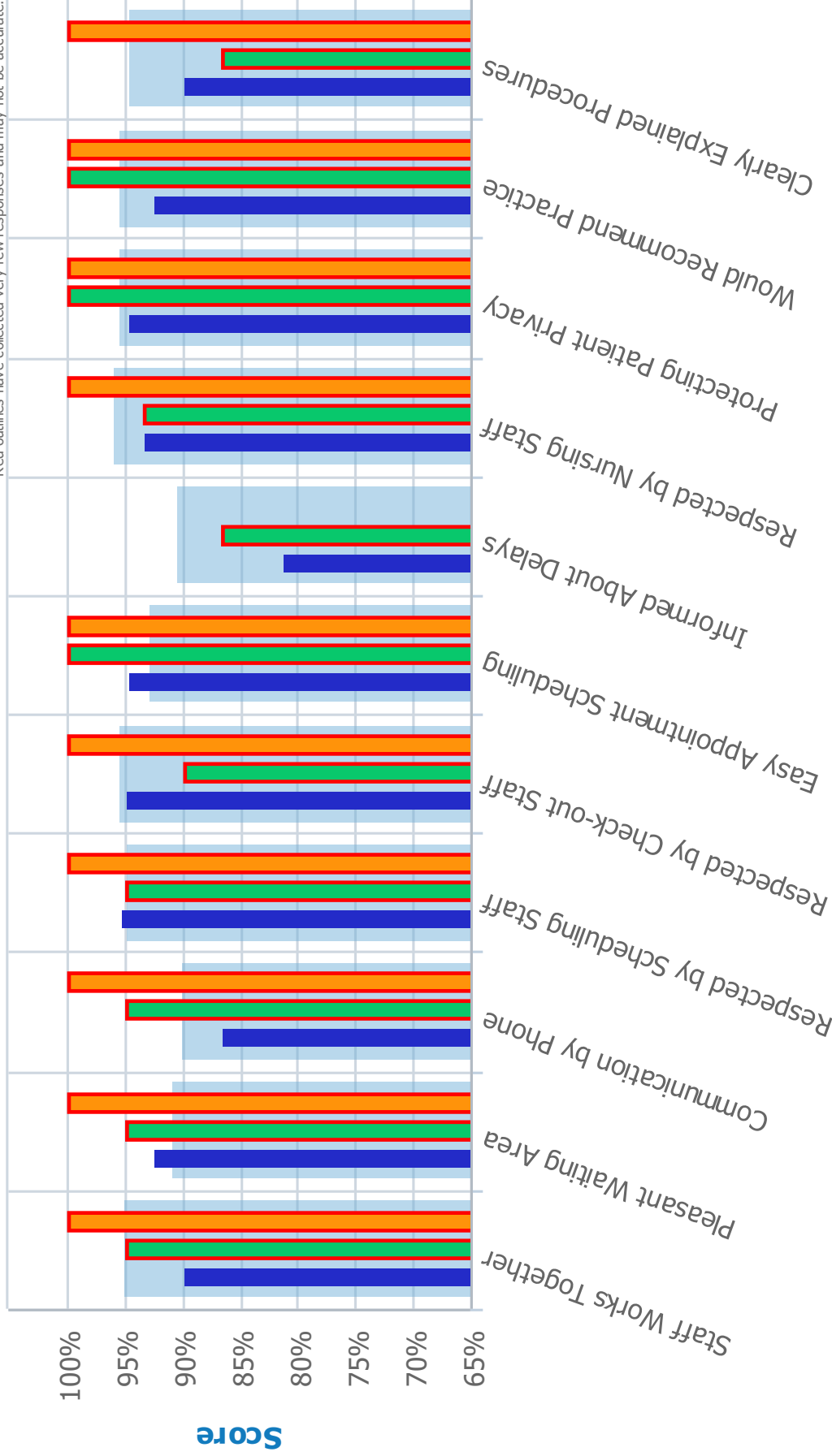
Employee Signature

Date

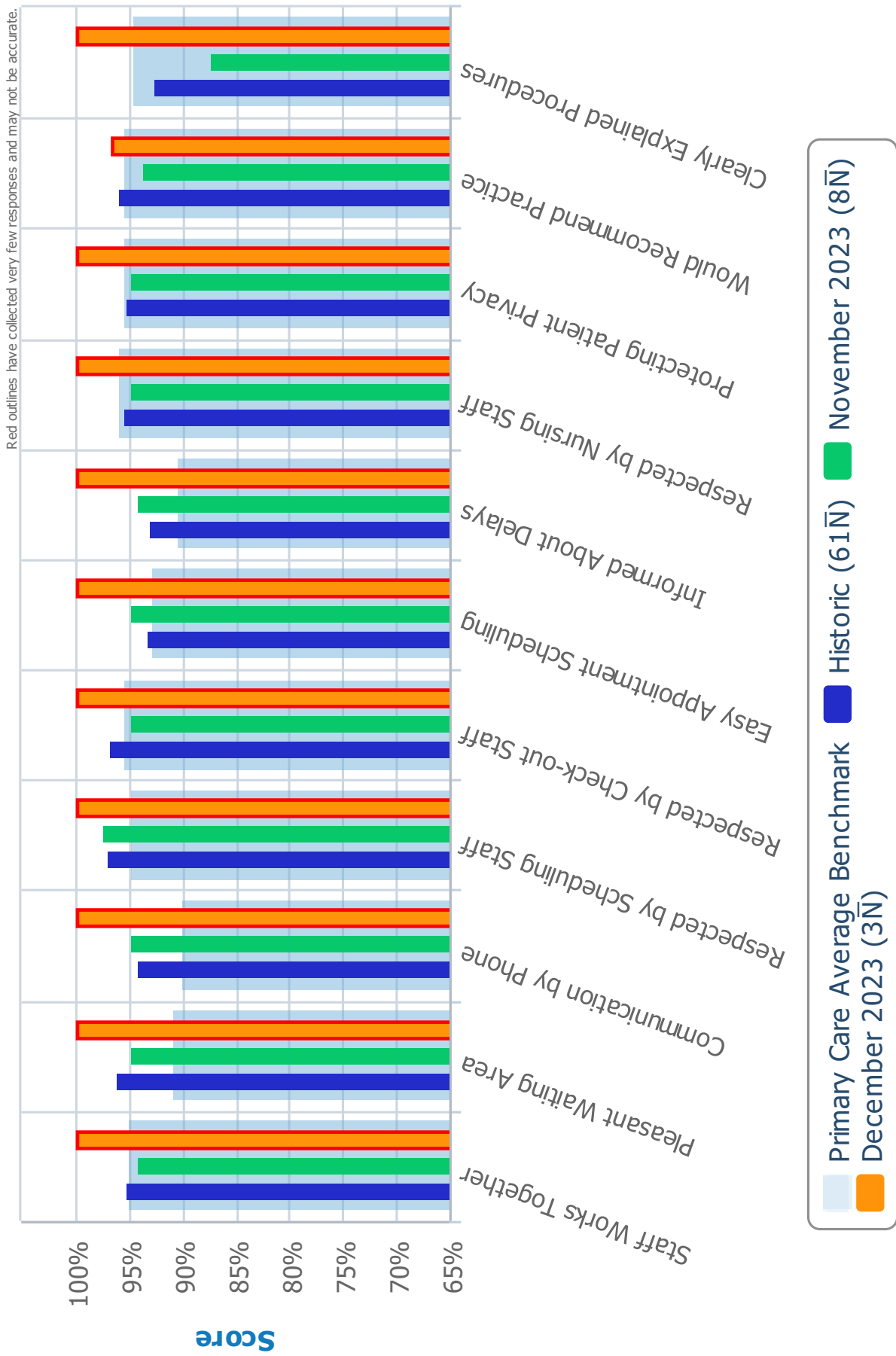


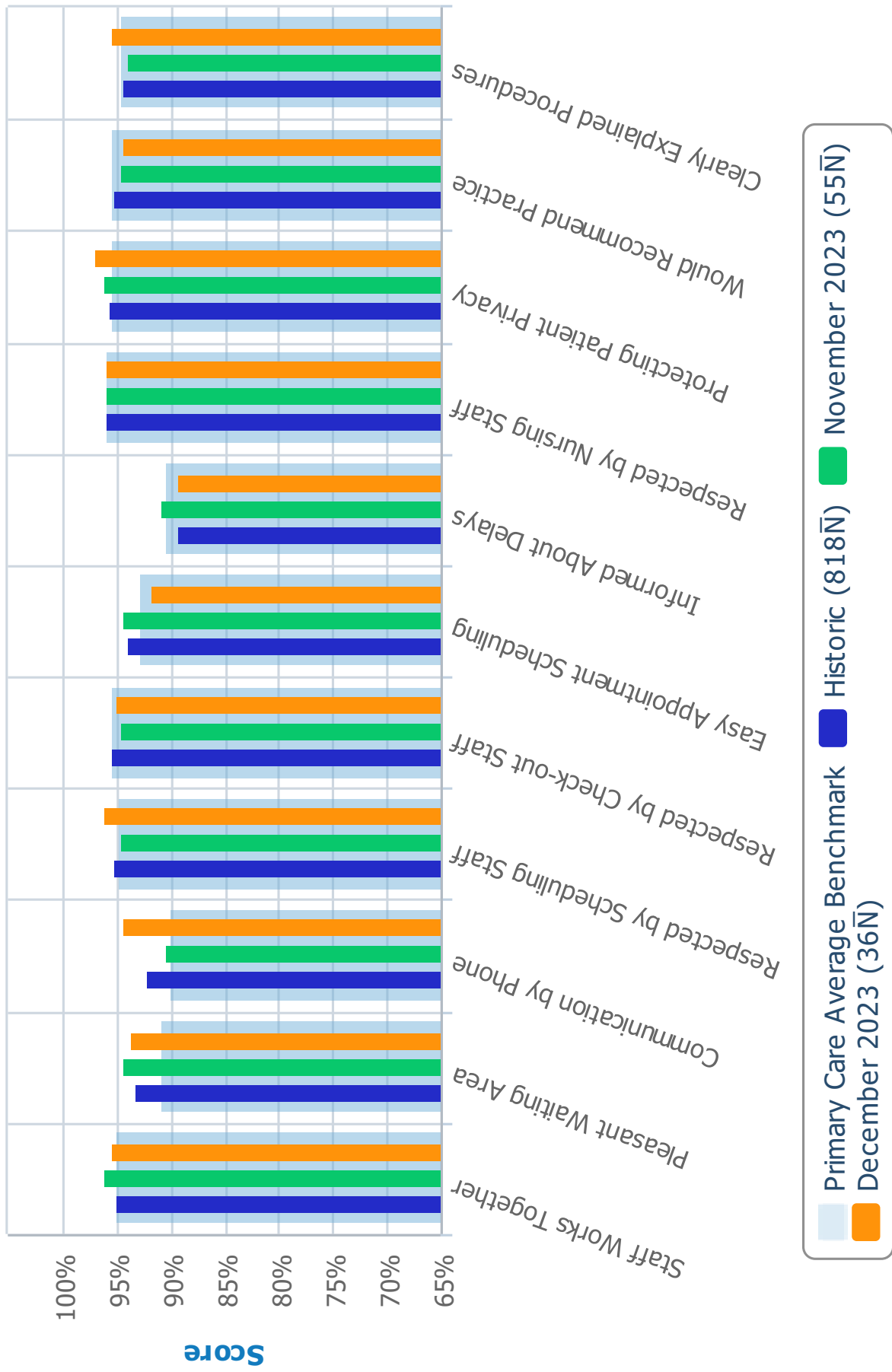


Red outlines have collected very few responses and may not be accurate.



■ Primary Care Average Benchmark  
■ December 2023 (1N)  
■ November 2023 (4N)  
■ Historic (19N)







**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 for December 2023  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

**BACKGROUND:**

The December 2023 financial reports are attached for your review and approval.

The District, in total, has remained in the “Black” for six months in a row ☹️

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		12/31/23		
		<b>Actual</b>	<b>Y-T-D</b>	<b>2023/2024</b>
		<b>Month</b>	<b>Actual</b>	<b>Budget</b>
	<b>Total Other Revenue</b>	<b>391,755</b>	<b>2,772,755</b>	<b>5,882,085</b>
	Non labor expenses	(238,827)	(1,603,060)	(3,742,372)
	Total Expenses	(437,123)	(2,879,551)	(6,655,498)
	<b>Net Expenses over Revenues</b>	<b>(45,368)</b>	<b>(106,796)</b>	<b>(773,413)</b>



Mark Twain Health Care District						
Annual Budget Recap						
	11/30/23	2023 - 2024 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,230,364	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	4,230,364	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(3,683,973)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(3,683,973)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	546,391	221,933	(773,413)	29,065	(177,900)	1,144,180
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	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)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	<b>84,671</b>	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	Jul-23	Aug-23	23-Sep	23-Oct	23-Nov	
	<b>197,850</b>	<b>392,710</b>	<b>412,064</b>	<b>551,925</b>	<b>546,391</b>	

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			11/30/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	456,763	(164,568)	73.51%	3,106,651	2,739,005	(367,647)	88.17%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(72,074)	59,083	54.95%	(655,783)	(358,004)	297,778	54.59%	(1,573,878)
	Net Patient revenue	490,174	384,689	(105,485)	78.48%	2,450,869	2,381,000	(69,868)	97.15%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	<b>Total Other Revenue</b>	<b>490,174</b>	<b>384,689</b>	<b>(105,485)</b>	<b>78.48%</b>	<b>2,450,869</b>	<b>2,381,000</b>	<b>(69,868)</b>	<b>97.15%</b>	<b>5,882,085</b>
7083.09	Other salaries and wages	(192,606)	(250,784)	(58,178)	130.21%	(963,028)	(901,563)	61,465	93.62%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(18,055)	(5,737)	146.57%	(61,590)	(66,762)	(5,172)	108.40%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(48,646)	0	48,646	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(19,615)	385	98.08%	(100,000)	(99,953)	47	99.95%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(32,431)	0	32,431	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(8,108)	(9,917)	(1,810)	122.32%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(38,857)	11,298	77.47%	(250,775)	(176,633)	74,142	70.43%	(601,859)
	<b>Labor related costs</b>	<b>(242,761)</b>	<b>(289,641)</b>	<b>(46,880)</b>	<b>119.31%</b>	<b>(1,213,803)</b>	<b>(1,078,195)</b>	<b>135,607</b>	<b>88.83%</b>	<b>(2,913,126)</b>
7083.05	Marketing	(1,000)	(43)	957	4.34%	(5,000)	(875)	4,125		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(53,354)	52,207	50.54%	(527,808)	(300,952)	226,856	57.02%	(1,266,738)
7083.20.02	Dental - Providers	0	(7,700)			0	(38,362)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(7,788)	(5,288)	311.54%	(12,500)	(17,330)	(4,830)	138.64%	(30,000)
7083.23	Legal - Clinic	(417)	(6,084)	(5,667)	1460.16%	(2,083)	(9,711)	(7,628)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(18,593)	(9)	100.05%	(92,917)	(202,026)	(109,109)	217.43%	(223,000)
7083.29	Other Professional fees	(1,000)	(4,050)	(3,050)	405.00%	(5,000)	(8,715)	(3,715)	174.30%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(135)	(76)	230.71%	(292)	(459)	(168)	157.46%	(700)
7083.38	Pharmaceuticals	0	0	0		0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(32,934)	23,858	57.99%	(283,958)	(175,514)	108,444	61.81%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(10,161)	(10,161)		0	(67,438)	(67,438)		
7083.41.03	Behavior Health Materials	0	(155)	(155)		0	(660)	(660)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0	0	0		0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(10,467)	7,450	58.42%	(89,583)	(94,438)	(4,855)		(215,000)
7083.45	Cleaning supplies	0	0	0		0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	(578)	(161)	138.72%	(2,083)	(2,550)	(467)	122.40%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(50,561)	11,523	81.44%	(310,417)	(210,700)	99,717	67.88%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(9,449)	(3,032)	147.26%	(32,083)	(30,363)	1,720	94.64%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(107,451)	(108,541)	(1,089)	101.01%	(257,883)
7083.43	Food	(333)	0	333	0.00%	(1,667)	(3,220)	(1,553)	193.18%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(1,975)	117	94.42%	(10,458)	(13,520)	(3,062)	129.28%	(25,100)
7083.69	Other purchased services	(1,250)	(1,030)	220	82.40%	(6,250)	(5,348)	902	85.57%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(13,792)	(14,128)	(336)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(625)	0	625	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(3,659)	(1,159)	146.36%	(12,500)	(25,662)	(13,162)	205.29%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	(63)	2,437	2.52%	(12,500)	(1,563)	10,937	12.50%	(30,000)
7083.87	Outside Training	(375)	(932)	(557)	248.53%	(1,875)	(932)	943	49.71%	(4,500)
7083.88	Travel costs	(279)	(1,473)	(1,194)	527.53%	(1,396)	(10,351)	(8,955)	741.53%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(16,667)	0	16,667	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(10,417)	0	10,417	0.00%	(25,001)
	Non labor expenses	(311,864)	(245,717)	66,147	78.79%	(1,559,321)	(1,364,232)	195,089	87.49%	(3,742,372)
	Total Expenses	(554,625)	(535,358)	19,267	96.53%	(2,773,124)	(2,442,427)	330,697	88.07%	(6,655,498)
	<b>Net Expenses over Revenues</b>	<b>(64,451)</b>	<b>(150,669)</b>	<b>(86,218)</b>	<b>175%</b>	<b>(322,255)</b>	<b>(61,427)</b>	<b>260,828</b>	<b>185%</b>	<b>(773,413)</b>

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		11/30/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,442	108	100.12%	446,667	447,623	957	100.21%	1072000	
<b>Rent Revenues</b>		89,333	89,442	108	100.12%	446,667	447,623	957	100.21%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(111,403)	(33,903)	143.75%	(387,500)	(250,084)	137,416	64.54%	(930,000)	
9520.85	Telephone & Communications	(572)	(450)	122	78.63%	(2,858)	(2,051)	807	71.75%	(6,860)	
9520.72	Depreciation	(8,285)	(8,349)	(64)	100.77%	(41,425)	(42,158)	(733)	101.77%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(120,201)	(33,844)	139.19%	(431,783)	(294,293)	137,490	68.16%	(1,036,280)	
<b>Net</b>		2,977	(30,759)	(33,736)	-1033.35%	14,883	153,330	138,447	1030.21%	35,720	
9260.02	MOB Rents Revenue	19,044	18,605	(439)	97.70%	95,220	92,648	(2,571)	97.30%	228,527	
9521.75	MOB rent expenses	(22,284)	(22,240)	44	99.80%	(111,421)	(86,130)	25,291	77.30%	(267,410)	
<b>Net</b>		(3,240)	(3,635)	(395)	112.19%	(16,201)	6,518	22,720	-40.23%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	3,978	3,978	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	(229)	(229)	0.00%	0	(1,004)	(1,004)	0.00%		
<b>Net</b>		796	567	(229)	71.22%	3,978	2,974	(1,004)	74.77%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	9,450	9,360	9,360	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	110,715	(348)	99.69%	555,315	553,610	(1,705)	99.69%	1,332,755	
Total Expenses		(108,641)	(142,670)	(34,030)	131.32%	(543,204)	(381,427)	161,777	70.22%	(1,303,690)	
<b>Summary Net</b>		2,422	(31,956)	(34,378)	-1319.35%	12,110	172,183	160,073	1421.78%	29,065	

Mark Twain Health Care District										
Projects, Grants and Support										
		11/30/2023								
			2020/2021	2021/2022	2022/2023	2023/2024	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget
			Actual	Budget	Budget	Budget	Budget			
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(32,458)	(1,010)	(35,679)	41.98%
8890.00	Community Grants		(3,754)		(50,000)					
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
8890.00	Steps to Kick Cancer - October		0	0			0		0	
8890.00	Ken McInturf Laptops		(2,571)							
8890.00	Doris Barger Golf		0	0			0		(2,500)	
8890.00	Stay Vertical		(14,000)	(14,000)	(35,000)	(37,900)	(15,792)	(1,810)	(15,771)	41.61%
8890.00	AED for Life					(40,000)	(16,667)	4,000	(9,208)	23.02%
8890.00	Calaveras Mentoring Program							0	(2,500)	
8890.00	Calaveras Senior Center Meals							(3,200)	(5,700)	
8890.00	High school ROP (CTE) program			(25,000)						
	<b>Project grants and support</b>		<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(177,900)</b>	<b>(32,458)</b>	<b>(1,010)</b>	<b>(35,679)</b>	<b>41.98%</b>

Mark Twain Health Care District										
General Administration Financial Projections										
11/30/23										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	38,747	9,580	132.85%	145,833	199,467	53,633	136.78%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	541,667	541,667	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS						68,116			
9205.03	Miscellaneous Income (1% Minority Interest)		4,810			0	(22,224)			
	<b>Summary Revenues</b>	137,500	151,890	14,390	110.47%	687,500	787,025	99,525	114.48%	1,750,000
8610.09	Other salaries and wages	(27,217)	(37,562)	(10,345)	138.01%	(136,086)	(146,213)	(10,127)	107.44%	(326,606)
8610.10	Payroll taxes	(2,082)	(2,053)	29	98.61%	(10,410)	(8,178)	2,233	78.55%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(7,073)	0	7,073	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(7,336)	0	7,336	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(4,715)	(206)	4,509	4.37%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(1,179)	0	1,179	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(2,053)	4,090	33.42%	(30,714)	(8,384)	22,330	27.30%	(73,714)
	<b>Labor Costs</b>	(33,360)	(39,615)	(6,255)	118.75%	(166,800)	(154,597)	12,203	92.68%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(585)	3,582	14.03%	(20,833)	(1,762)	19,071	8.46%	(50,000)
8610.23	Legal	(333)	0	333	0.00%	(1,667)	(10,276)	(8,609)	616.56%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(12,270)	(9,270)	408.99%	(15,000)	(37,608)	(22,608)	250.72%	(36,000)
8610.05	Marketing	(1,000)	(1,226)	(226)	122.56%	(5,000)	(1,226)	3,774	24.51%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(833)	0	833	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(1,172)	(797)	312.40%	(1,875)	(5,231)	(3,356)	279.01%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(208)	0	208	0.00%	(500)
8610.69	Other- IT Services	(583)	(634)	(51)	108.75%	(2,917)	(6,948)	(4,031)	238.21%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	(9,046)	(5,379)	246.71%	(18,333)	(63,109)	(44,776)	344.23%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(525)	1,142	31.50%	(8,333)	(8,575)	(241)	102.90%	(20,000)
8610.87	Outside Trainings	(833)	(60)	773	7.20%	(4,167)	(2,640)	1,526	63.37%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(208)	0	208		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(6,250)	(2,000)	4,250	32.00%	(15,000)
8610.95	Other Misc. Expenses	-	(21,380)			0	(21,380)	0		
	Non-Labor costs	(17,125)	(47,397)	(8,892)	276.77%	(85,625)	(160,755)	(53,750)	187.74%	(205,500)
	Total Costs	(50,485)	(87,012)	(15,147)	172.35%	(252,425)	(315,351)	(41,546)	124.93%	(605,820)
	<b>Net</b>	87,015	64,878	(757)	74.56%	435,075	471,674	57,979	108.41%	1,144,180

**Mark Twain Health Care District**  
**Balance Sheet**  
As of November 30, 2023

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	418,450
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	6,973
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	470,317
1001.50 Five Star Bank - Money Market	103,772
1001.60 Five Star Bank - VSHWC Checking	33,658
1001.65 Five Star Bank - VSHWC Payroll	50,467
1001.90 US Bank - VSHWC	108,699
1001.98 Calaveras Wellness Foundation	109,901
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,309,083</b>
<b>Accounts Receivable</b>	
1201.00 Accounts Receivable	24,728
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
<b>Total Accounts Receivable</b>	<b>537,188</b>
<b>Other Current Assets</b>	
1003.10 CalTRUST Operational Reserve Fund	31,375
1003.20 CLASS Operational Reserve Fund	1,013,805
1004.10 CLASS Lease & Contract Reserve Fund	1,746,651
1004.20 CLASS Loan Reserve Fund	2,132,619
1004.30 CLASS Capital Improvement Reserve Fund	2,580,414
1004.40 CLASS Technology Reserve Fund	263,086
1004.50 Community Programs Reserve Fund	101,380
1004.60 Lease Termination Reserve Fund	497,777
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	212,250
1205.51 Cash To Be Reconciled	41,094
1300.00 Prepaid Expense (USDA)	21,708
<b>Total Other Current Assets</b>	<b>10,114,632</b>
<b>Total Current Assets</b>	<b>11,960,904</b>
<b>Fixed Assets</b>	
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	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	936,577
1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	4,162
1521.20 CIP Buildings	56,188
1600.00 Accumulated Depreciation	-8,689,659
<b>Total Fixed Assets</b>	<b>6,546,745</b>

<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	385,754
1810.60 Capitalized Lease Negotiations	303,933
1810.65 Capitalized Costs Amortization	16,885
<b>Total Intangible Assets</b>	<b>320,818</b>
2219.00 Capital Lease	5,785,650
2260.00 Lease Receivable - Long Term	841,774
<b>Total Other Assets</b>	<b>7,333,996</b>
<b>TOTAL ASSETS</b>	<b>25,841,645</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000.00 Accounts Payable (MISC)	112,630
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>112,630</b>
2001.00 Other Accounts Payable (Credit Card)	26,486
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>26,486</b>
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	13,101
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	109,901
2270.00 Deferred Revenue	84,580
<b>Total Other Current Liabilities</b>	<b>596,588</b>
<b>Total Current Liabilities</b>	<b>735,704</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	210,805
2128.02 Deferred Utilities Reimbursement	386,975
2129.00 Other Third Party Reimbursement - Calaveras County	758,333
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,562,277
2240.00 Lease Payable - Long Term	596,895
<b>Total Long-Term Liabilities</b>	<b>8,784,660</b>
<b>Total Liabilities</b>	<b>9,520,365</b>
<b>Equity</b>	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,593,898
<b>Net Income</b>	<b>546,391</b>
<b>Total Equity</b>	<b>16,321,280</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,841,645</b>

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

**Investment & Reserves Report**  
30-Nov-23

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2023 Balance</b>	<b>2023/2024 Allocated</b>	<b>2023/2024 Interest</b>	<b>11/30/2023 Balance</b>
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	14,305	1,044,962
Capital Improvement	3,000,000	2,522,220	0	58,194	2,580,414
Technology Reserve	250,000	1,039,589	-789,589	13,086	263,086
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	46,651	1,746,651
Community Programs Reserve	250,000		100,000	1,380	101,380
Lease Termination Reserve	3,250,000		490,999	6,778	497,777
Loan Reserve	2,000,000	2,084,524	0	48,095	2,132,619
<b>Reserves &amp; Contingencies</b>	<b>12,650,000</b>	<b>8,178,401</b>	<b>0</b>	<b>188,489</b>	<b>8,366,890</b>

<b>Reserves</b>	<b>2023-2024</b>	
	<b>11/30/2023</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve	31,375	717
<b>Total Cal-Trust Reserve Funds</b>	<b>31,375</b>	<b>717</b>

Valley Springs HWC - Operational Reserve	1,013,587	13,765
Lease & Contract Reserve	1,746,651	46,651
Loan Reserve	2,132,619	48,095
Capital Improvement	2,580,414	58,194
Technology Reserve Fund	263,086	13,086
Community Programs Reserve	101,380	1,380
Lease Termination reserve	497,777	6,778
<b>Total CA-CLASS Reserve Funds</b>	<b>8,335,514</b>	<b>187,949</b>

<b>Five Star</b>		
General Operating - Closed	0	0
General Operating - NEW	546,540	113
Money Market Account	103,772	4,589
Valley Springs - Checking	33,658	28
Valley Springs - Payroll	54,972	32
<b>Total Five Star</b>	<b>738,941</b>	<b>4,762</b>

<b>Umpqua Bank</b>		
Checking	418,450	0
Money Market Account	6,446	0.27
Investments	0	0
<b>Total Savings &amp; CD's</b>	<b>424,896</b>	<b>0.27</b>

<b>Bank of Stockton</b>	<b>6,973</b>	<b>22</b>
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<b>Total in interest earning accounts</b>	<b>9,537,700</b>	<b>193,451</b>
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<b>Beta Dividends 1</b>	<b>2,333</b>
<b>CSDA Training Scholarship</b>	<b>0</b>
<b>Anthem Rebate</b>	<b>3,643</b>

<b>Total Without Unrealized Loss</b>	<b>199,426</b>
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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 CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS 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.



Mark Twain Health Care District						
Annual Budget Recap						
	12/31/23	2023 - 2024 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,934,517	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	4,934,517	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(4,304,388)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(4,304,388)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	630,489	221,933	(773,413)	29,065	(177,900)	1,144,180
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	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)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	<b>84,671</b>	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	Jul-23	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
	<b>197,850</b>	<b>392,710</b>	<b>412,064</b>	<b>551,925</b>	<b>546,391</b>	<b>630,489</b>

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			12/31/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	435,370	(185,960)	70.07%	3,727,982	3,174,375	(553,607)	85.15%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(43,616)	87,541	33.25%	(786,939)	(401,620)	385,319	51.04%	(1,573,878)
	Net Patient revenue	490,174	391,755	(98,419)	79.92%	2,941,043	2,772,755	(168,288)	94.28%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	<b>Total Other Revenue</b>	<b>490,174</b>	<b>391,755</b>	<b>(98,419)</b>	<b>79.92%</b>	<b>2,941,043</b>	<b>2,772,755</b>	<b>(168,288)</b>	<b>94.28%</b>	<b>5,882,085</b>
7083.09	Other salaries and wages	(192,606)	(164,552)	28,054	85.43%	(1,155,634)	(1,066,114)	89,519	92.25%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(10,795)	1,523	87.63%	(73,908)	(77,557)	(3,649)	104.94%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(58,376)	0	58,376	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(21,762)	(1,762)	108.81%	(120,000)	(121,715)	(1,715)	101.43%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(38,917)	0	38,917	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(9,729)	(11,105)	(1,376)	114.14%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(33,744)	16,411	67.28%	(300,930)	(210,377)	90,553	69.91%	(601,859)
	<b>Labor related costs</b>	<b>(242,761)</b>	<b>(198,296)</b>	<b>44,465</b>	<b>81.68%</b>	<b>(1,456,563)</b>	<b>(1,276,491)</b>	<b>180,072</b>	<b>87.64%</b>	<b>(2,913,126)</b>
7083.05	Marketing	(1,000)	0	1,000	0.00%	(6,000)	(875)	5,125		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(50,617)	54,944	47.95%	(633,369)	(351,569)	281,800	55.51%	(1,266,738)
7083.20.02	Dental - Providers	0	(8,800)			0	(47,163)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(5,475)	(2,975)	218.98%	(15,000)	(22,805)	(7,805)	152.03%	(30,000)
7083.23	Legal - Clinic	(417)	0	417	0.00%	(2,500)	(9,711)	(7,211)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(43,542)	(24,959)	234.31%	(111,500)	(245,567)	(134,067)	220.24%	(223,000)
7083.29	Other Professional fees	(1,000)	0	1,000	0.00%	(6,000)	(8,715)	(2,715)	145.25%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(49)	10	83.21%	(350)	(508)	(158)	145.08%	(700)
7083.38	Pharmaceuticals	0				0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(21,956)	34,835	38.66%	(340,750)	(197,471)	143,279	57.95%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(6,158)	(6,158)		0	(73,595)	(73,595)		
7083.41.03	Behavior Health Materials	0	(450)	(450)		0	(1,110)	(1,110)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0				0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(10,467)	7,450	58.42%	(107,500)	(104,906)	2,595		(215,000)
7083.45	Cleaning supplies	0				0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	(204)	213	48.96%	(2,500)	(2,754)	(254)	110.16%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(50,561)	11,523	81.44%	(372,500)	(261,260)	111,240	70.14%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(4,468)	1,949	69.63%	(38,500)	(34,831)	3,669	90.47%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(128,942)	(130,249)	(1,307)	101.01%	(257,883)
7083.43	Food	(333)	(185)	148	55.46%	(2,000)	(3,405)	(1,405)	170.23%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(1,169)	923	55.87%	(12,550)	(14,689)	(2,139)	117.04%	(25,100)
7083.69	Other purchased services	(1,250)	(2,117)	(867)	169.37%	(7,500)	(7,466)	35	99.54%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(16,550)	(16,953)	(403)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(750)	0	750	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(4,610)	(2,110)	184.40%	(15,000)	(30,272)	(15,272)	201.81%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	(1,110)	1,390	44.40%	(15,000)	(2,673)	12,327	17.82%	(30,000)
7083.87	Outside Training	(375)	0	375	0.00%	(2,250)	(932)	1,318	41.42%	(4,500)
7083.88	Travel costs	(279)	(2,357)	(2,078)	844.24%	(1,675)	(12,707)	(11,032)	758.65%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(20,000)	0	20,000	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(12,500)	0	12,500	0.00%	(25,001)
	Non labor expenses	(311,864)	(238,827)	73,037	76.58%	(1,871,186)	(1,603,060)	268,126	85.67%	(3,742,372)
	Total Expenses	(554,625)	(437,123)	117,502	78.81%	(3,327,749)	(2,879,551)	448,198	86.53%	(6,655,498)
	<b>Net Expenses over Revenues</b>	<b>(64,451)</b>	<b>(45,368)</b>	<b>19,083</b>	<b>159%</b>	<b>(386,706)</b>	<b>(106,796)</b>	<b>279,911</b>	<b>181%</b>	<b>(773,413)</b>

Mark Twain Health Care District										
Rental Financial Projections		Rental								
		12/31/23								
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9260.01	Rent Hospital Asset amortized	89,333	89,400	67	100.07%	536,000	537,023	1,023	100.19%	1072000
	<b>Rent Revenues</b>	89,333	89,400	67	100.07%	536,000	537,023	1,023	100.19%	1,072,000
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(73,865)	3,635	95.31%	(465,000)	(323,949)	141,051	69.67%	(930,000)
9520.85	Telephone & Communications	(572)	(450)	122	78.73%	(3,430)	(2,501)	929	72.91%	(6,860)
9520.72	Depreciation	(8,285)	(8,307)	(22)	100.26%	(49,710)	(50,465)	(755)	101.52%	(99,420)
9520.82	Insurance									
	Total Costs	(86,357)	(82,622)	3,735	95.68%	(518,140)	(376,915)	141,225	72.74%	(1,036,280)
	<b>Net</b>	2,977	6,778	3,801	227.70%	17,860	160,108	142,248	896.46%	35,720
9260.02	MOB Rents Revenue	19,044	14,762	(4,282)	77.51%	114,264	107,410	(6,854)	94.00%	228,527
9521.75	MOB rent expenses	(22,284)	(23,156)	(872)	103.91%	(133,705)	(109,286)	24,419	81.74%	(267,410)
	<b>Net</b>	(3,240)	(8,395)	(5,154)	259.07%	(19,442)	(1,876)	17,565	9.65%	(38,883)
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	4,774	4,774	0	100.00%	9,548
9522.75	Child Advocacy Expenses	0	0	0	0.00%	0	(1,004)	(1,004)	0.00%	
	<b>Net</b>	796	796	0	100.00%	4,774	3,770	(1,004)	78.97%	9,548
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	11,340	11,232	11,232	0.00%	22,680
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0		
	Total Revenues	111,063	106,829	(4,234)	96.19%	666,378	660,439	(5,938)	99.11%	1,332,755
	Total Expenses	(108,641)	(105,778)	2,863	97.37%	(651,845)	(487,205)	164,640	74.74%	(1,303,690)
	<b>Summary Net</b>	2,422	1,051	(1,371)	43.39%	14,533	173,234	158,702	1192.05%	29,065

Mark Twain Health Care District										
Projects, Grants and Support										
		12/31/2023								
			2020/2021	2021/2022	2022/2023	2023/2024	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget
			Actual	Budget	Budget	Budget	Budget			
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(88,950)	(3,913)	(39,592)	46.58%
8890.00	Community Grants		(3,754)		(50,000)					
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
8890.00	Steps to Kick Cancer - October		0	0			0		0	
8890.00	Ken McInturf Laptops		(2,571)							
8890.00	Doris Barger Golf		0	0			0		(2,500)	
8890.00	Stay Vertical		(14,000)	(14,000)	(35,000)	(37,900)	(15,792)	(3,805)	(19,576)	51.65%
8890.00	AED for Life					(40,000)	(16,667)	(108)	(9,316)	23.29%
8890.00	Calaveras Mentoring Program							0	(2,500)	
8890.00	Calaveras Senior Center Meals							0	(5,700)	
8890.00	High school ROP (CTE) program			(25,000)						
	<b>Project grants and support</b>		<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(177,900)</b>	<b>(32,458)</b>	<b>(3,913)</b>	<b>(39,592)</b>	<b>46.58%</b>

Mark Twain Health Care District										
General Administration Financial Projections										
12/31/23										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	39,827	10,660	136.55%	175,000	239,293	64,293	136.74%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	650,000	650,000	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		7,290			0	7,290			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		6,504				74,620			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(22,224)			
	<b>Summary Revenues</b>	137,500	161,954	24,454	117.78%	825,000	948,979	123,979	115.03%	1,750,000
8610.09	Other salaries and wages	(27,217)	(24,344)	2,873	89.45%	(163,303)	(170,557)	(7,254)	104.44%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,293)	790	62.08%	(12,493)	(9,470)	3,022	75.81%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(8,488)	0	8,488	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(8,804)	0	8,804	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	(1,768)	(825)	187.44%	(5,659)	(1,974)	3,685	34.88%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(1,415)	0	1,415	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(3,060)	3,083	49.82%	(36,857)	(11,444)	25,413	31.05%	(73,714)
	<b>Labor Costs</b>	(33,360)	(27,405)	5,955	82.15%	(200,160)	(182,001)	18,159	90.93%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(74)	4,092	1.79%	(25,000)	(1,837)	23,163	7.35%	(50,000)
8610.23	Legal	(333)	0	333	0.00%	(2,000)	(10,276)	(8,276)	513.80%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(840)	2,160	28.01%	(18,000)	(38,448)	(20,448)	213.60%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(6,000)	(1,226)	4,774	20.43%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(1,000)	0	1,000	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(783)	(408)	208.79%	(2,250)	(6,014)	(3,764)	267.30%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(250)	0	250	0.00%	(500)
8610.69	Other- IT Services	(583)	(583)	0	99.94%	(3,500)	(7,531)	(4,031)	215.17%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(22,000)	(63,109)	(41,109)	286.86%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(240)	1,427	14.39%	(10,000)	(8,814)	1,186	88.14%	(20,000)
8610.87	Outside Trainings	(833)	(60)	773	7.20%	(5,000)	(2,700)	2,300	54.01%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(250)	0	250		(500)
8610.90	Other Direct Expenses	(1,250)	0	1,250	0.00%	(7,500)	(2,000)	5,500	26.67%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	(21,380)	0		
	Non-Labor costs	(17,125)	(2,581)	14,544	15.07%	(102,750)	(163,335)	(39,205)	158.96%	(205,500)
	Total Costs	(50,485)	(29,985)	20,500	59.39%	(302,910)	(345,336)	(21,046)	114.01%	(605,820)
	<b>Net</b>	87,015	131,969	44,954	151.66%	522,090	603,643	102,933	115.62%	1,144,180

**Mark Twain Health Care District**  
**Balance Sheet**  
As of December 31, 2023

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	359,486
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	6,951
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	573,913
1001.50 Five Star Bank - Money Market	104,106
1001.60 Five Star Bank - VSHWC Checking	5,947
1001.65 Five Star Bank - VSHWC Payroll	49,760
1001.90 US Bank - VSHWC	77,195
1001.98 Calaveras Wellness Foundation	110,541
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,294,744</b>
<b>Accounts Receivable</b>	
1201.00 Accounts Receivable	-7,478
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
<b>Total Accounts Receivable</b>	<b>504,982</b>
<b>Other Current Assets</b>	
1003.10 CalTRUST Operational Reserve Fund	31,592
1003.20 CLASS Operational Reserve Fund	1,018,576
1004.10 CLASS Lease & Contract Reserve Fund	1,754,871
1004.20 CLASS Loan Reserve Fund	2,142,657
1004.30 CLASS Capital Improvement Reserve Fund	2,592,559
1004.40 CLASS Technology Reserve Fund	264,324
1004.50 Community Programs Reserve Fund	101,858
1004.60 Lease Termination Reserve Fund	500,120
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	174,023
1205.51 Cash To Be Reconciled	33,786
1300.00 Prepaid Expense (USDA)	0
<b>Total Other Current Assets</b>	<b>10,086,839</b>
<b>Total Current Assets</b>	<b>11,886,565</b>
<b>Fixed Assets</b>	
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	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	937,082
1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	4,162
1521.20 CIP Buildings	60,699
1600.00 Accumulated Depreciation	-8,750,687
<b>Total Fixed Assets</b>	<b>6,490,734</b>

<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	385,754
1810.60 Capitalized Lease Negotiations	302,939
1810.65 Capitalized Costs Amortization	17,878
<b>Total Intangible Assets</b>	<b>320,818</b>
2219.00 Capital Lease	5,766,743
2260.00 Lease Receivable - Long Term	841,774
<b>Total Other Assets</b>	<b>7,315,089</b>
<b>TOTAL ASSETS</b>	<b>25,692,388</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000.00 Accounts Payable (MISC)	91,942
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>91,942</b>
2001.00 Other Accounts Payable (Credit Card)	27,099
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>27,099</b>
2000.10 Other Accounts Payable	-6,130
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	13,645
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	110,541
2270.00 Deferred Revenue	84,580
<b>Total Other Current Liabilities</b>	<b>591,642</b>
<b>Total Current Liabilities</b>	<b>710,683</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	175,298
2128.02 Deferred Utilities Reimbursement	322,481
2129.00 Other Third Party Reimbursement - Calaveras County	650,000
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,562,277
2240.00 Lease Payable - Long Term	596,895
<b>Total Long-Term Liabilities</b>	<b>8,576,327</b>
<b>Total Liabilities</b>	<b>9,287,010</b>
<b>Equity</b>	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,593,898
Net Income	630,489
<b>Total Equity</b>	<b>16,405,379</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,692,388</b>

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

**Investment & Reserves Report  
31-Dec-23**

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2023 Balance</b>	<b>2023/2024 Allocated</b>	<b>2023/2024 Interest</b>	<b>12/31/2023 Balance</b>
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	19,076	1,049,734
Capital Improvement	3,000,000	2,522,220	0	70,339	2,592,559
Technology Reserve	250,000	1,039,589	-789,589	14,324	264,324
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	54,871	1,754,871
Community Programs Reserve	250,000		100,000	1,858	101,858
Lease Termination Reserve	3,250,000		490,999	9,121	500,120
Loan Reserve	2,000,000	2,084,524	0	58,133	2,142,657
<b>Reserves &amp; Contingencies</b>	<b>12,650,000</b>	<b>8,178,401</b>	<b>0</b>	<b>227,722</b>	<b>8,406,123</b>

<b>Reserves</b>	<b>2023-2024</b>	
	<b>12/31/2023</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve	31,592	934
<b>Total Cal-Trust Reserve Funds</b>	<b>31,592</b>	<b>934</b>

Valley Springs HWC - Operational Reserve	1,018,142	18,536
Lease & Contract Reserve	1,754,871	54,871
Loan Reserve	2,142,657	58,133
Capital Improvement	2,592,559	70,339
Technology Reserve Fund	246,324	14,324
Community Programs Reserve	101,858	1,858
Lease Termination reserve	500,120	9,121
<b>Total CA-CLASS Reserve Funds</b>	<b>8,356,531</b>	<b>227,182</b>

<b>Five Star</b>		
General Operating - Closed	0	0
General Operating - NEW	659,122	148
Money Market Account	104,106	4,923
Valley Springs - Checking	5,947	30
Valley Springs - Payroll	55,912	38
<b>Total Five Star</b>	<b>825,086</b>	<b>5,139</b>

<b>Umpqua Bank</b>		
Checking	359,486	0
Money Market Account	6,446	0.32
Investments	0	0
<b>Total Savings &amp; CD's</b>	<b>365,931</b>	<b>0.32</b>

<b>Bank of Stockton</b>	<b>6,951</b>	<b>22</b>
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<b>Total in interest earning accounts</b>	<b>9,586,091</b>	<b>233,277</b>
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<b>Beta Dividends 1</b>	<b>2,333</b>
<b>CSDA Training Scholarship</b>	<b>0</b>
<b>Anthem Rebate</b>	<b>3,643</b>

<b>Total Without Unrealized Loss</b>	<b>239,253</b>
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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 CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS 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.





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(209) 754-2537 Fax

**Resolution 2024 - 01**

**A RESOLUTION OF THE BOARD OF DIRECTORS  
OF THE MARK TWAIN HEALTH CARE DISTRICT**

**Change in MTHCD Board Policies**

**WHEREAS:** The Mark Twain Health Care District's policy is to utilize the resolution process to change policy, and to present proposed policy changes to the public at least 30 days prior to Board action: and

**WHEREAS:** The District has an *ad hoc* policy committee that is reviewing District policies, and:

**WHEREAS:** The *ad hoc* policy committee has reviewed policies No. 13, and 14 and have recommended changes in those policies, and presented changes to the public at the November 15, 2023, Board of Directors Meeting;

**NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District does order and resolve as follows:**

**RESOLVED:** That policies Numbers 13 and 14 be amended as published in the November 15, 2023, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 24<sup>th</sup> Day of January 2024, by the following vote:

**Ayes:**

**Noes:**

**Absent:**

**Abstain:**

**Attest:** \_\_\_\_\_  
**Debra Sellick, Secretary**

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

**Appointments to the District Board:**

Any vacancy on the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified by law. (Reference Elections Code Sect. 10554).

## Conduct Related To Elections:

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year. Reference CA Election Code (Sect. 10554).

Note: For Further Information Refer to:  
The County Clerk-Recorder  
Calaveras County Elections Office  
891 Mountain Ranch Rd  
San Andreas, CA 95249  
(209) 754-6376  
Fax (209) 754-6733