



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

**Meeting of the Board of Directors  
Wed. January 27, 2021  
9:00 am  
Mark Twain Medical Center Classroom 5  
768 Mountain Ranch Rd,  
San Andreas, CA**

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

## **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:**

- There were no November Finance or Board Meetings.
- Un-Approved Finance Committee Meeting Minutes for Dec. 9, 2020.
- Un-Approved Board Meeting Minutes for Dec. 9, 2020.

**B. Correspondence:**

- Exemplary Provider Award RHC – The Compliance Team:
- Sierra Hope Thank You Nov. 2020:
- Calaveras Mentoring Foundation – Thank You – (Jan. 9, 2021)

**6. MTHCD Reports:**

**A. President’s Report:.....Ms. Reed**

- Oath of Office – Ms. Al-Rafiq: Public Comment: Action
- Association of California Health Care Districts (ACHD):
  - ACHD Dec. 2020 Advocate:
- Meetings with MTHCD CEO:
- Election of Officers: Public Comment: Action

**B. MTMC Community Board Report:.....Ms. Al-Rafiq**

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

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

- **Resolution 2021-01:** Accept the Canvass of the General Election on Nov. 3, 2020 - Action
- District Projects Matrix – Monthly Report:
- Robo-Doc Update:

E. **Stay Vertical Calaveras:**.....Mr. Shetzline

F. **Valley Springs Health & Wellness Center:**.....Dr. Smart

- COVID Transmission Restrictions and Guidelines:
- Construction Finance:
- VSHWC “Quality” Report: (MedStatix)
- Pharmacy – Room 400:
- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
  - Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

**BI-ANNUAL REVIEW:**

1. Bloodborne Pathogen Exposure 27
2. Correction of Information in the Medical Record 45
3. Crash Cart 46
4. Electronic Protected Health Information (ePHI) 67
5. Eye Irrigation 74
6. Fit Testing 77
7. Hazardous Waste 85
8. Information Technology Rules of Use 94
9. Look Alike Sound Alike Medications 101
10. LVN Scope of Practice 102
11. Medical Assistant Scope of practice 107
12. Medical Records Release 111
13. Medical Records Transfer 112
14. Medication Reconciliation 117
15. Medication Waste Stream 118
16. Monitoring Inspection of Medication Inventory 121
17. Preventive Services: Adults 141
18. Quality Assurance & Continued Quality Improvement Plan 148
19. Radiology Department Safety Guidelines 150
20. Retention of Records 155
21. Service Animal 160
22. Splints/Ace Wraps 175
23. Sterile Shelf Life 179
24. Sterile Supplies and Instruments 180
25. Supply Outdates 184

**REVISED:**

1. Contagious Patient 44
2. Handwashing 84

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

**7. Committee Reports:**

**A. Finance Committee:**.....Ms. Toepel / Ms. Hack

- Audit:.....Mr. Wood
- Financial Statements – Nov & Dec. 2020: Public Comment – **Action**.....Mr. Wood

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

**C. Ad Hoc Personnel Committee:** .....Ms. Reed / Ms. Toepel

**D. Ad Hoc Grants Committee:**.....Ms. Al-Rafiq / Ms. Sellick

- Behavioral Health Education Scholarship:.....Dr. Smart

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

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

**B.** Community Connection:

**9. Next Meeting:**

**A.** The next meeting will be Wednesday February 24, 2021

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: 2021-01-27 MTHCD Board Meeting  
Time: Jan 27, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84489395956?pwd=Y0IBVEVXRytER0IHNTU3VG9vM0Z4UT09>

Meeting ID: 844 8939 5956

Passcode: 373386

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+1 301 715 8592 US (Washington D.C)

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

- Effective - Mar 17, 2020.

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

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

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



P. O. Box 95  
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**Special Finance Committee Meeting**  
**Mark Twain Medical Center Education Center – Classroom 5**  
**768 Mountain Ranch Road**  
**San Andreas, CA 95249**  
**7:30 am**  
**Wednesday December 9, 2020**

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

**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:**

The meeting was called to order by Treasurer, Lori Hack at 7:36am.

**2. Roll Call:**

Board Member	Present In Person	Present by Zoom	Absent / Not Excused	Time of Arrival
Ms. Hack		X		
Ms. Toepel		X		
Mr. Randolph		X		

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Minutes – December 9, 2020 MTHCD Special Finance Committee Meeting

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

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Mr. Randolph

Vote: 3-0

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

Hearing None:

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

**A. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for October 20, 2020
- There was no November Meeting.

Public Comment: Hearing None

Motion: Mr. Randolph

Second: Ms. Toepel

Vote: 3-0

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

- **VSHWC – Construction Finance:**

Dr. Smart: Room 400 and the Pharmacy is completed and notice of occupancy received. The Pharmacy plans to be open to the public starting next week. Out of the \$7.5 million loan there is sufficient savings to install the shade structure in the back parking lot to protect the car appointments/patients from heat and cold.

- **VSHWC Operations:**

Dr. Smart: With the latest COVID restrictions has devised an internal restriction level guide to follow as needed i.e.: The Dental unit will be closed to avoid unnecessary contact: Zip-walls will be installed to isolate different sections of the Clinic: Hats off to the Clinic staff for completing a third successful survey. All three surveys found no deficiencies

**7. Accountant's Report:** Public Comment – **Action:**

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Minutes – December 9, 2020 MTHCD Special Finance Committee Meeting

- Oct. 2020 Financials Will Be Presented to The Committee: Public Comment **Action**

Mr. Wood: Referenced his narrative (pkt pg. 9) and is working with Mr. Hohenbrink to

Public Comment: Hearing None

Motion: Mr. Randolph moved to approve the Oct. Financials.

Second: Ms. Toepel

Vote: 3-0

- **Closing 2019-2020 Update:**

Mr. Wood: No fault of the District, staff or Mr. Hohenbrink but it is likely the District will not have received the required Explanation of Benefits (EOB) in time to make the Jan 31<sup>st</sup> Audit deadline. The State Controller's Office has many such cases due to COVID etc. so he will discuss it with the State Controller's Office.

### **8. Treasurer's Report:**

Dr. Smart: Along with Dane Wadle, CSDA and a school district superintendent addressed the Dec. 8<sup>th</sup> Board of Supervisors Meeting regarding the Assessors request to raise the minimum tax from \$2k to \$10k evaluation to be more cost effective. No notification was given to any of the affected districts, so the BOS directed the Assessor to notify all 40 (+/-) special districts and hear it at the Dec. 8<sup>th</sup> meeting. The concern is the special districts would experience a revenue loss in the worst of economic times and was not invited to participate in the process. The motion died.

Ms. Toepel: Asked Mr. Randolph if he'd start monitoring the BOS agendas for issues that might affect the District.

### **9. Comments and Future Agenda Items:**

Ms. Toepel requested the next agenda include another change to the meeting date/time.

### **10. Next Meeting:**

- January 19, 2021 at 9am.

### **11. Adjournment: **Action****

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Mr. Randolph

Vote: 3-0

Time: 8:44am

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Minutes – December 9, 2020 MTHCD Special Finance Committee Meeting



Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Dec 9, 2020 07:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85465646970?pwd=cVg3MnZ4RVd6YlluNWs0SVZoZjNTUT09>

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+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 854 6564 6970

Passcode: 134149

Find your local number: <https://us02web.zoom.us/u/kdiSdgLR8h>

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Minutes – December 9, 2020 MTHCD Special Finance Committee Meeting

Effective - Mar 17, 2020.

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

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Minutes – December 9, 2020 MTHCD Special Finance Committee Meeting



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**Special Meeting of the Board of Directors**  
**Wed. December 9, 2020**  
**9:00 am**  
**Mark Twain Medical Center Classroom 5**  
**768 Mountain Ranch Rd,**  
**San Andreas, CA**

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

**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:**

The meeting was called to order at 9:09 am by President, Lin Reed.

**2. Roll Call:**

Board Member	Present In Person	Present by Zoom / Phone	Absent / Not Excused	Time of Arrival
Ms. Reed		Zoom		
Ms. Sellick		Phone		
Ms. Al-Rafiq			X	
Ms. Toepel		X		
Ms. Hack		X		

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 Minutes – December 9, 2020 MTHCD Special Board Meeting

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

Public Comment: Hearing None.

Motion: Ms. Sellick

Second: Ms. Hack

Vote: 4-0

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

Hearing None:

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

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting Minutes for Oct. 20, 2020.
- Un-Approved Board Meeting Minutes for October 28, 2020.
- There was no November Meeting.

Public Comment: Hearing None.

Motion: Ms. Toepel

Second: Ms. Hack

Vote: 4-0

**6. MTHCD Reports:**

**A. President’s Report:** .....Ms. Reed

- Oath of Office - Ms. Al-Rafiq, Ms. Toepel & Ms. Hack: Public Comment - **Action**

Ms. Reed administered the Oath of Office to Ms. Toepel and Ms. Hack. Ms. Al-Rafiq was absent:

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

Ms. Reed: Referenced (pkt pgs. 20-24) for Legislative Update on new laws. Ms. Hack plans to attend the Webinar regarding same.

- Meetings with MTHCD CEO are reflected in this agenda.

**B. MTMC Community Board Report:** Ms. Al-Rafiq was absent - no report given.

**C. MTMC Board of Directors:**

Ms. Reed: The Board of Directors have not met yet this month - no report given.

#### **D. Chief Executive Officer's Report:**

- **CPPA (Run-Off) Ballot – Member Agency Representative:** Public Comment – Action
  - Select one: Mokelumne Hill Fire Protection Dist. (Suzanne Coe) or 39<sup>th</sup> District Agricultural Assoc. (Laurie Giannini).

Public Comment: Hearing None.

Motion: Ms. Toepel moved to vote for Ms. Giannini.

Second: Ms. Hack

Vote: 4-0

- **LAFCo Ballot:** Public Comment - Action
  - Vote for Two: Tony Tyrell: John Lavaroni: Jon Dashner: Debbra Sellick: Travis J. Owens: Kirk W. Smith.

Public Comment: Hearing None.

Motion: Ms. Hack moved to vote for Ms. Sellick and Mr. Lavaroni.

Second: Ms. Toepel

Vote: 4-0

- **District Projects Matrix – Monthly Report:**

Dr. Smart: Room 400 occupancy has been received. The Pharmacy is due to open 12-15-2020 (+/-).

- **Robo-Doc Update:**

Dr. Smart: Robo-Doc is a pilot program to bring Telehealth to the school district nurses starting with Bret Harte High School then adding three others. The program was featured in the Nov. 25th Calaveras Enterprise.

#### **E. Stay Vertical Calaveras:**

Mr. Shetzline: Because of COVID there can be no "in person" classes so the classes are being held through the Facebook platform.

#### **F. Valley Springs Health & Wellness Center:**

- **COVID Transmission Restrictions and Guidelines:**

Dr. Smart: With the latest spike in COVID numbers/deaths and stay-at-home orders the District has developed guidelines to protect staff and care for the community. The Clinic is Currently working at level three with all appointments by phone then the provider decides how to proceed i.e., to a car appointment or to enter the Clinic etc. Zip walls have been installed to cordon off areas for pediatrics and COVID care. To reduce contact the dental pod will be temporarily closed.

- **Construction Finance:**

Dr. Smart: The District received occupancy of Room 400 / Pharmacy, so the contractor has requested payment which came in under budget. There is approx. \$71k to proceed with the shade structure for the back of the Clinic.

- **VSHWC “Quality” Report: (MedStatix)**

Dr. Smart: The Clinic staff continues to receive excellent remarks and scores (98%) from patients. Staff is working to improve the “no show” patient(s) count: To date the Clinic has had three audits (CA State in April, Anthem’s Facility Site & Medical Record Review (FSR/MRR) and CMS-Federal Dec. 8, 2020) and all produced zero deficiencies with no corrections needed. The Clinic is fully accredited by all.

- **Pharmacy – Room 400:**

Dr. Smart. Kim Pham Owner / Pharmacist plans to open The Sunrise Pharmacy in the leased space within the Clinic. It will be open to the public starting Dec. 15<sup>th</sup> .

- **VS H&W Center – Draft Policies and Forms:** Public Comment – **Action**

- Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

### **New Policy**

1. Dolphin Pod Disinfectant

### **Revised Policy**

2. Emergency Medications and Supplies
3. Emergency Release of Patient Records
4. Emergency Situation/Unresponsive Patient
5. Infection Control
6. Infection Control – Overview
7. Intramuscular Injections
8. Medication Administration
9. Pulse Oximeter
10. Section 504 Grievance
11. Statement of Ownership and Governance

### **Bi-Annual Review**

12. Audiogram-Threshold
13. Biohazard Material Management
14. Blue Shield Eligibility Verification
15. Compliance
16. Consents for Treatment – Guidance
17. Culture Transmittal

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Minutes – December 9, 2020 MTHCD Special Board Meeting

18. Eye Medications-Dispensing
19. Follow Up Calls
20. Follow-Up of Patients
21. HIV Testing
22. Manual Defibrillator
23. Medical Staff Composition
24. Medication Management Emergency Response to Power Failure
25. Nebulizer Treatments
26. Policy Development and Review
27. PPD Test Results
28. Prescription Refills
29. Primary Authority Over Clinic Operations
30. Procedure Time Out
31. Product and Device Recall
32. Quality Assurance Guidelines
33. Unscheduled Downtime of Electronic Medical Record

Public Comment: Hearing None.

Motion: Ms. Sellick

Second: Ms. Hack

Vote: 4-0

**G. Ad Hoc Real Estate:** No report given.

## **7. Committee Reports:**

### **A. Finance Committee:**

- **Audit:**

Mr. Wood: Audit items have been collected and forwarded to Rick Jackson of JWT. Fixed assets will follow. No fault of the District, staff or Mr. Hohenbrink but it is likely the District will not have received the required Explanation of Benefits (EOB) in time to make the Jan 31<sup>st</sup> Audit deadline. The State Controller's Office has many such cases due to COVID etc. He will discuss it with the State Controller's Office.

- **Financial Statements - Oct. 2020:** Public Comment – **Action**

Mr. Wood: Calaveras County Property Taxes have been accrued. A check (+/-) \$500,000 is expected in early Dec. then two additional installments to follow in (April and May 2021).

Mr. Hohenbrink: The District has experienced difficulty with the Electronic Data Interchange, Athena Net, which is a provider-favorite but lacks expertise in finance. It was determined Athena mishandled the District's application (twice).

Public Comment: Hearing None.

Motion: Ms. Toepel

Second: Ms. Hack

Vote: 4-0

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Minutes – December 9, 2020 MTHCD Special Board Meeting

**B. Ad Hoc Policy Committee:**

Ms. Sellick: Welcomed Ms. Hack to the Policy Committee team.

**C. Ad Hoc Personnel Committee:** No report given

**D. Ad Hoc Grants Committee:**

Ms. Sellick: Reference to 2020 Grants (pkt. pg. 103). She and Ms. Al-Rafiq will be working on the Grants together in 2021.

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

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

**B. Community Connection:**

Ms. Hack: Participated in the Homeless call until it dropped (to be resumed Dec. 17<sup>th</sup>). There is a lack of volunteers.

**9. Next Meeting:**

**A.** The next meeting will be Wednesday January 27, 2021.

Dr. Smart: The January 27<sup>th</sup> meeting agenda will include election of officers.

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

Public Comment: Hearing None.

Motion: Ms. Hack

Second: Ms. Toepel

Vote: 4-0

Time: 10:28am



Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: Dec 9<sup>th</sup> MTHCD Dist. Board Meeting

Time: Dec 9, 2020 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89543957436?pwd=OFJucVloK2NFVTVXcExEK1E4cIl5dz09>

Meeting ID: 895 4395 7436

Passcode: 279687

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December 17, 2020

**IMPORTANT NOTICE – PLEASE READ CAREFULLY**

Rural Health Clinic Accreditation Program  
Initial with CCN  
Accreditation Decision: Full accreditation

Tina Terradista, RN  
Mark Twain Health Care District  
Valley Springs Health & Wellness Center  
51 Wellness Way  
Valley Springs, CA 95252  
CCN: 558901

Dear Tina,

On December 08, 2020 an initial Medicare certification survey was conducted at your facility by The Compliance Team, Inc. (TCT) to determine if your facility is in compliance with Medicare Conditions for Certification and the TCT Exemplary Provider Standards for rural health clinics (RHC's) participating in the Medicare/Medicaid programs.

As a result of your clinic's full compliance with the Medicare conditions for Certification and Exemplary Provider RHC quality standards, TCT is awarding Mark Twain Health Care District dba Valley Springs Health & Wellness Center a three year term of accreditation. The effective date of your accreditation is December 08, 2020. The accreditation expiration date is December 08, 2023.

TCT is recommending Medicare deemed status with an effective date of December 08, 2020. A complete copy of the complete survey report containing all of the survey findings will be sent to the Centers for Medicare & Medicaid Services (CMS) Central Office (CO) and Regional Office (RO).

If you have any questions or concerns, you may contact the Director of Clinical Services at (215) 654-9110.

To ensure continuous compliance with the Exemplary Provider RHC Quality Standards and the Medicare Conditions for Certification, TCT will provide Mark Twain Health Care District dba Valley Springs Health & Wellness Center a mid-term self-assessment tool. In the meantime, our entire team congratulates you on achieving your EP™ status and wishes your organization continued success.

Sincerely,



Steve Zimmerman  
COO

The Compliance Team, Inc.

Cc: CMS Central Office  
CMS RO Region #9  
Attachments: Survey report

# Certificate of Accreditation

# Exemplary Award

Granted To

*Mark Twain Health Care District*  
*Valley Springs Health & Wellness Center*  
51 Wellness Way Valley Springs, CA 95252

for demonstrating  
Outstanding Healthcare Delivery Practices  
and  
Compliance to

*Safety ♦ Honesty ♦ Caring*<sup>®</sup>  
Accreditation Quality Standards

**RURAL HEALTH CLINIC**

EXPIRATION DATE: DECEMBER 8, 2023

20

*Landra Conroy*  
Founder & CEO, The Compliance Team, Inc.

028404

December 8, 2020  
Date

DMEPOS  
PHARMACY  
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PATIENT-CENTERED  
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[www.SierraHOPE.org](http://www.SierraHOPE.org)

November 2020

Dear Friends of Sierra HOPE,

First, on behalf of the Board of Directors, staff and volunteers, I send our best wishes to you and your loved ones for a safe, healthy and peaceful holiday! We may be sacrificing this year by staying apart so we can be together next year, and this is one important way we help each other during a year unlike any other we've experienced:

Kobe Bryant and Daughter's Tragic Death \* **Pandemic** \* Murder Hornets arrive in US \* West Coast Wild Fires \* Eddie Van Halen Passes Away \* **Research Innovation/mRNA breakthrough for Vaccines**

There are just too many historic events this year to name them all and all are profound in their own way. Two items above stand apart because they have the widest social impact locally and globally – the pandemic, and the vaccines that are emerging to eliminate it. Collectively we are all looking forward to getting back to "normal"; maybe not the old normal – maybe a new normal, a better normal. It has truly been awesome to witness us all coming together throughout this pandemic to help each other, to cooperate, and to support each other in this time of increased need. We at Sierra HOPE have seen this increased need first hand:

- We assisted 58 families with short-term housing assistance this year, compared to 38 in the previous year, a 53% increase. Unfortunately, we get many more calls for help than we are able to respond to.
- A new Rapid Re-housing grant provided longer term assistance and case management for 19 families who were homeless, helping them to get into permanent housing.
- Our new Transitional House for homeless families with children opened in November 2020. This project can provide housing, case management, and education for up to 5 families at a time.
- We continue to provide needed services for 40 local individuals and families affected by HIV/AIDS despite funding cuts to these programs.
- We have changed how food is distributed at our Community Food Pantry in response to COVID-19. We continue to serve 20-25 families each week. Food costs increased by 12% over last year.

It is through our grants and generous donations from community members like you that allow us to help keep people in their homes when they can't make rent, help make up shortfalls through our food pantry when people need it, step in with emergency permanent supportive housing, and more recently, important transitional housing programs that leads to empowerment, confidence and ultimately self-sufficiency.

Your support allows us to continue to touch and enrich lives in Calaveras County, Tuolumne County and Amador County with basic needs and innovative solutions to today's real community issues around homelessness. The need today couldn't be greater. Make your donation online at [www.sierrahope.org](http://www.sierrahope.org) or by sending your tax deductible check today paid to Sierra HOPE, PO Box 159, Angels Camp, CA 95222.

**Thank you for your continued support and generous contributions!**

Jerry Cadotte,  
Executive Director

Please consider becoming a monthly donor. You may be able to increase your annual contribution without feeling such a pinch in your pocketbook. See enclosed for details.

*Our Mission is to promote individual dignity and support the health and well-being for at risk members of our community through compassionate services and resources.*



Calaveras Mentoring Foundation  
 PO Box 853  
 Murphys, CA 95247  
 US



Mark Twain Health Care District  
 PO Box 95  
 San Andreas, CA 95249

**Contribution Statement**

As of: 01/09/2021

Period: 01/01/2020 - 12/31/2020

**Total Contributions by Purpose/Fund**

Purpose/Fund	Amount	NTD Amount	Total
Individual Donation:4003	\$1,500.00	\$0.00	\$1,500.00
<b>Total</b>	<b>\$1,500.00</b>	<b>\$0.00</b>	<b>\$1,500.00</b>

Thank you for all your support during the unprecedented year that was 2020. What a surprise COVID was to us all. Our decision to expand our programs just before the entire world shut down was challenging to say the least. Your gifts and support are appreciated more than ever and because of them the future of our students and young people continues to look promising. "Thank you" does not come close to expressing our immense gratitude.

**List of Individual Contributions**

Date	Note	Ref ID	Purpose/Fund	Amount	NTD Amount	Total
02/06/2020		AFD19	Individual Donation:4003	\$1,500.00	\$0.00	\$1,500.00

Unless otherwise noted, no goods or services were received in return for these contributions.

Calaveras Mentoring Foundation Tax ID: 80-0512251

Oath of Office

STATE OF CALIFORNIA, )  
 ) ss.  
COUNTY OF CALAVERAS )

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

\_\_\_\_\_

Add Name of Board Member

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(Place Name & Title of person administering oath here)

(Last Updated 12-4-2020)



# ACHD Advocate

## January 2021

### In This Edition:

- A Message from Cathy Martin, CEO
- Legislative Update
- Upcoming Events
- Submit an Education Proposal

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### A Message from Cathy Martin, CEO

Happy New Year! While 2020 is behind us, many challenges remain, especially in health care. ACHD has been preparing for 2021 and stands ready to support your healthcare district through our enhanced advocacy and educational offerings.



In case you missed it, ACHD is very happy to announce our first [ACHD Regional Education Events](#) will be taking place virtually on February 23 and March 9. This event will feature a harassment prevention training opportunity as well as a one-hour networking event with other healthcare districts in your area. The [February 23rd event](#) is targeted toward the Northern and Bay Area regions of the state, and the [March 9th event](#) is targeted toward the Central and Southern regions of the state. However, both events are open to all districts! We look forward to seeing you there. [To register click here.](#)

ACHD is pleased to announce Conrado E. B rzsaga, MD, CEO, Desert Healthcare District was appointed to the ACHD Board of Directors in December. Dr. B rzsaga is an active and engaged member of ACHD and we value the input and expertise he has brought. His extensive public health experience, dedication to public service and commitment to ensuring the district is representing their underserved and at-risk populations are just a few of the reasons Dr. B rzsaga will be a valuable addition to the Board.

Lastly, ACHD would like remind members that we have a vacancy on the Board of Directors. More information and the submission form can be found [on our website](#). If you are interested in serving, please submit your resume or [statement of qualifications](#) and a letter of support from your district's board **by January 22, 2021.**



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## Legislative Update

Today Governor Gavin Newsom presented his [2021-22 Budget](#) proposal. In a three-hour press conference, the Governor outlined a \$227 billion balanced budget, with an urgent focus on vaccination, safely reopening schools, support for small businesses, stimulus checks to Californians and wildfire preparedness. You can [watch](#) the Governor's presentation or read the full budget summary [here](#).

### **COVID-19 Relief:**

The Governor has proposed \$4.4 billion in COVID-19 relief, which includes \$2 billion for testing, \$437 million for contact tracing and \$372 million for vaccinations. California also anticipates receiving \$1.7 billion in federal assistance for testing and tracing and another \$350 million for vaccines. Those funds will be at the discretion of the legislature to determine whether federal funds support, or substitute, the proposed general fund allocations.

### **CalAIM:**

As you will recall the California Advancing and Innovating Medi-Cal program known as CalAIM was put on hold at the onset of the COVID-19 pandemic. The proposed budget now includes a \$1.1 billion investment in this program to reduce variation and complexity in the state's Medi-Cal program, manage member risk and improve outcomes through payment reform and care coordination.

### **Health and Human Services:**

The Governor highlighted California's continued move toward health care for all, including making investments in the Office of Healthcare Affordability and Office of Medicare Innovation & Integration. We anticipate the details of these offices will be worked out through the legislative process.

### **Additional investments in health care to note:**

- \$94.8 million to maintain and expand the telehealth flexibilities granted during COVID-19.
- \$40 million for school based mental health
- \$202 million for residential mental health facilities
- \$25 million toward the Master Plan on Aging/Alzheimer's

### **Gann Limit:**

On an interesting note, the Governor noted that California is projected to surpass the Gann Limit by \$102 million, for the second time in California history. The Gann Limit restricts the amount of tax money state and local governments can spend before they must return funds back to Californians.


Hurst, Brooks Espinosa, ACHD's contract lobbying firm, [released this update](#) in anticipation of the Governor's budget, which includes additional details.

ACHD's Advocacy Team will review the full budget in greater detail and report on items that impact healthcare districts. The legislature is set to return from recess on Monday, January 11, at which time they will begin work on the budget, particularly items relating to COVID-19 that require urgent action.

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## Upcoming Events

### [ACHD Webinar Education Series: Addressing Workforce Needs Through Growing Your Own](#)



The banner features a dark blue background with white and yellow text. On the left, there is a small logo with a stethoscope and a person icon, followed by the text 'ACHD Webinar Education Series'. The main title 'Addressing Workforce Needs Through Growing Your Own' is in large, bold, yellow font. Below the title, the date and time 'January 26th | 11:00 am - 12:00 pm PST' are listed. To the right, it says 'Presented by: Kiki C. Nocella, PhD, Director Wipfli' next to a circular portrait of Kiki C. Nocella. The WIPFLI logo is in a white box on the right side.

Join us for this webinar to learn thought provoking and unique ways that smaller districts can participate in Graduate Medical Education and other grow-your-own workforce strategies in the future to improve access to care in California.

#### Learning Objectives:

- How California's Graduate Medical Education is currently funded, and how healthcare districts, even community based districts, might be included in the future
- Why a grow-your-own strategy is so important for all of your workforce, not just physicians, but all staff

[Register Here](#)

## Regional Education Events: Harassment Prevention Training

Presented by: Burke, Williams & Sorensen, LLP



**ACHD REGIONAL EDUCATION EVENTS**

### Not Your Average Harassment Prevention Training

**AB 1825/2053/1661 and SB 1343 Compliant**

Virtual Training Followed by a Networking Opportunity

<b>February 23, 2021</b>	<b>March 9, 2021</b>	<b>Sponsored by:</b> <b>WIPFLI</b>
<b>9:00 am - 12:00 pm</b>	<b>1:00 pm - 4:00 pm</b>	

Presented by dynamic attorneys, this fun, informational, and interactive workplace harassment prevention training will educate healthcare district officials and staff on how to identify, prevent, and properly respond to workplace harassment, discrimination, retaliation, and abusive conduct in order to avoid personal and district liability. This training is compliant with AB 1825/2053/1661 and SB 1343. Please note, attendees will be required to attend the full live training for 2 hours to receive their certificate. This event is free to ACHD members.

### **February 23, 2021**

**Training:** 9:00 am - 11:00 am PT  
**Networking:** 11:00 am - 12:00 pm PT

[Register Here](#)

### **March 9, 2021**

**Training:** 1:00 pm - 3:00 pm PT  
**Networking:** 3:00 pm - 4:00 pm PT

[Register Here](#)

## Submit an Education Proposal



**Got content to present in 2021?**  
**Submit a proposal today!**

[Present to Healthcare Districts in 2021](#)

Want to present at an ACHD event in 2021? Be sure to click here to view more information on submitting a proposal to present at one of our educational offerings in 2021. Both healthcare districts and organizations are welcome to submit! If you have any questions, please reach out to [Marina Servantez](#).

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

Learn more at [www.achd.org](http://www.achd.org).

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





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

**Resolution 2021 – 01**

RESOLUTION ACCEPTING THE CANVASS OF THE GENERAL ELECTION  
HELD ON NOVEMBER 3, 2020 PURSUANT TO DIVISION 15 CHAPTER 4 OF THE ELECTIONS CODE

WHEREAS the election results for the General Election, held on November 3, 2020, have been presented to the Board of the Mark Twain Health Care District by the County Clerk, following the canvass of said election;

NOW, THEREFORE, BE IT RESOLVED, that the Board of the Mark Twain Health Care District of the County of Calaveras hereby accepts the canvass of the returns of the General Election, held on November 3, 2020, as delineated and attached hereto and made a part hereof, is hereby accepted; ON A MOTION by Director \_\_\_\_\_, seconded by Director \_\_\_\_\_, the foregoing Resolution was duly passed and adopted by the Board of the Mark Twain Health Care District of the County of Calaveras, State of California this \_\_\_ day of January 2021, by the following vote:

- AYES:
- NOES:
- ABSENT:
- ABSTAINED:

\_\_\_\_\_  
Linda Reed, President

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

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

POLICY: Blood-borne Pathogen Exposure	REVIEWED: 3/1/19; <u>12/30/2020</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Blood-borne pathogen exposure policy

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

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

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

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

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

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

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

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

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

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

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

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

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

## Exposure Categories

### Category I

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

### Category II

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

### Category III

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

## Exposure Determination

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

## Methods of Compliance

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



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

### Engineering Controls

- Needles/sharps will not be recapped, bent or clipped. Any attempts to recap or remove needles must be done with a mechanical device or by using a one-handed technique.
- Needle/sharps disposal containers are located throughout the ~~laboratory~~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 ~~Director~~Manager so hypoallergic gloves can be ordered.

- Disposable gloves will:

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

Not be washed, decontaminated or reused.

### **Skin Conditions**

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

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

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

### **Hand washing**

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

Upon arrival to and leaving the work area

After the removal of protective barriers and gloves

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

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

### **Hepatitis B Vaccination**

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

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

Antibody testing reveals that the employee is immune.

The vaccine is contraindicated for medical reasons.

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

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

## Exposure

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

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

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

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

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

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

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

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

## **Labels and Signs**

### **Labels**

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

### **Signs**

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

## **Employee Education and Training**

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

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

#### References

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

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

POLICY: Correction Of Information In The Medical Record	REVIEWED: 4/1/19; <u>12/30/20</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Correction of information in the medical record

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

POLICY: Crash Cart	REVIEWED: 2/1/19; <u>12/30/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Crash Cart

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

**Acuity Rating:** Severe

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

**Procedure:**

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



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

POLICY: Electronic Protected Health Information (ePHI)	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: Medical Record	REVISED:
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Electronic Protected Health Information (ePHI)

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

**Response Rating: Mandatory**

**Required Equipment:**

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

**Procedure:**

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

5. The use of external storage devices by Clinic employees is totally discouraged and not permitted unless approved by the Director or his/her representative. All such devices pose a serious threat to **ePHI** and as such will be disposed of in a manner consistent to ensure that all data has been removed and that the device is rendered totally unreadable.
6. All **ePHI** data stored on the Clinic's server will be backed-up on a weekly basis using either magnetic tape or other approved means. Once the back-up is complete, it will be transferred to the District Office where it will be stored in a fire proof safe until such time that it is replaced by the most current version. After this occurs, the replaced back-up will be returned to the clinic where it will be stored in a secure area with the server until it is ready to be erased and reused.
7. All workstations will be configured so that user inactivity of 10 minutes or more will require that the user re-enter their password to log back into the workstation.
8. Users may access patient information only as it relates specifically to the user's workplace roles and responsibilities.
  - a. Users may not access personal information within the Clinic EMR or healthcare partner, vendor, and/or payor website
  - b. Users may not access information regarding family members or friends within the Clinic EMR or healthcare partner, vendor, and/or payor website access
  - c. Users seeking PHI regarding themselves will utilize the patient portal or the current medical records request form and follow Clinic policy regarding completion and submission of the request.
  - d. Users seeking PHI regarding family members or friends will utilize the patient portal or the current medical record request form and follow Clinic policy regarding completion and submission of the request, assuming the user is legally allowed access to the requested information.
9. Employees who fail to comply with these obligations and responsibilities, shall be subject to disciplinary action up to and/or including termination.

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

POLICY: Eye Irrigation	REVIEWED: 11/12/18; 9/11/19; <u>12/30/20</u>
SECTION: Patient Care	REVISED: 9/11/19
EFFECTIVE: <u>9/20/19</u> January Board Meeting	MEDICAL DIRECTOR:

**Subject:** Eye Irrigation

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

**Response Rating:** Minimal to Severe

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

**Procedure:**

1. Review written provider order.
2. Tap water may be used initially in an emergency, but is not preferred. There is an eyewash station in the laboratory and the patient care hallway, attached to the sink faucet.
3. The amount of solution used depends on the contaminant.
  - a. Secretions require only small amounts.
  - b. Chemical burns require copious amounts.
  - c. Use of IV tubing connected to an IV solution of normal saline and Morgan lens may be used.
4. Adjust the flow of solution to ensure adequate, but not forceful, flow.
5. Place the patient in a supine position with their head turned to the affected side on the shampoo tray that will drain into kick bucket.
6. Have patient hold a towel against affected side to catch excess solution.
  - a. If the patient is a child, parent and/or caregiver should be engaged to assist in calming and restraining the patient.
7. Using the thumb and index finger of your non-dominant hand, separate the patient's eyelid.
8. Direct a constant gentle stream at the inner canthus so the solution flows over the cornea.

9. The physician shall check the affected eye or eyes for effectiveness of the procedure.
10. Install medication and place eye pads if ordered by the physician.
11. After completion of procedure, arrange for transportation home if needed, care and instructions and follow-up care.
12. Document the care rendered in the EMR.

BI ANNUAL REVIEW

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

POLICY: Fit Testing	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: Infection Control	REVISED: <u>12/30/20</u>
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Fit Testing

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

**Response Rating:** Severe

**Required Equipment:** N95 mask

**Procedure**

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

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Reference: <https://www.dir.ca.gov/title8/5199a.html> January 2018

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

POLICY: Hazardous Waste	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Purpose:** Hazardous Waste

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

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

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

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

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

POLICY: Information Technology Rules of Use	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: District	REVISED:
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Electronic On-Line Services, Acceptable Use Policy, Employee/Contractor Obligations and Responsibilities

**Objective:** Define guidelines for the appropriate utilization of the internet, Clinic EMR, partner EMR interfaces/portals and related online resources

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

Electronic on-line services: internet access; District email, calendar, file storage, productivity applications; electronic medical record, patient eligibility applications; network printing, scanning and faxing, vendor or payor website access, government-run websites.

**Procedure:**

1. Employees and Contractors must sign a District Electronic On-Line Services User Agreement in order to use electronic on-line services. These services may not be used for any purpose that conflicts with the goals or the policies of the District or for illegal or unethical purposes.
2. Employees and Contractors are authorized to use the District's electronic on-line services in accordance with the user obligations and responsibilities specified below.
3. The user in whose name an on-line services account is issued is responsible for its proper use at all times. Users shall keep personal account numbers, home addresses and telephone numbers private. They shall use the system only under their own account number.
4. The system shall be used only for purposes related to business. Any use for political and/or personal use of the District's system is strictly prohibited. The District reserves the right to monitor any on-line communications for improper use.
5. Users shall not use the system to encourage the use of drugs, alcohol or tobacco, nor shall they promote unethical practices or any activity prohibited by law or District policy.
6. Users shall not transmit or receive material that is threatening, obscene, disruptive or sexually explicit,

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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.

7. Copyrighted material may not be placed on the system without the author's permission. Users may download copyrighted material for their own use only. Downloading of copyrighted music or video is prohibited by District policy.
8. Vandalism will result in the cancellation of user privileges. Vandalism includes uploading, downloading or creating computer viruses and/or any malicious attempt to harm or destroy the District's equipment or materials or the data of any other user.
9. Users shall not read other users' mail or files; they shall not attempt to interfere with the ability of other users to send or receive electronic mail, nor shall they attempt to forge mail of other users.
10. Users are expected to utilize professional email etiquette.
  - a. Keep messages brief and use appropriate language.
  - b. Be polite; never send or encourage others to send abusive, impolite messages
  - c. Do not include personal information (personal phone number, personal email, home address) in business email messages
  - d. Email sent and received on a District account is property of the District and, as such, is subject to review by the District and/or its representatives.
11. Electronic on-line services are offered by the District in support of District interests. Users of electronic on-line services shall have no expectation of privacy and understand that the District has the right to monitor and examine all system activities to ensure proper use of the system, equipment, and District resources.
12. 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 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 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.
13. Users shall report any security problem or misuse of the network to the District Administrative office.
14. Users who fail to abide by 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: Look-Alike Sound-Alike Medications	REVIEWED: 4/1/19; <u>12/30/20</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Look-Alike Sound-Alike Medications

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

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

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

POLICY: LVN Scope of Practice	REVIEWED: 7/1/19; <u>12/30/20</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>7/31/19</u> January Board Meeting	MEDICAL DIRECTOR:

**Subject:** LVN Scope of Practice

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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

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

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

CROSS REFERENCE:

- Vocational Nursing Practice Act, July 31, 2015

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

POLICY: Medical Assistant Scope of Practice	REVIEWED: 3/1/19; <u>12/31/20</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>3/27/19</u> January Board Meeting	MEDICAL DIRECTOR:

**Subject:** Medical Assistant Scope of Practice

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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

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

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

CROSS REFERENCE:

- California Business and Professions Code 2069-2071
  
- California Business and Professions Code 2544

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

POLICY: Medical Records Release	REVIEWED: 4/1/19; <u>12/30/20</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Release of medical records

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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



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

POLICY: Medical Record Transfer	REVIEWED: 4/1/19; <u>12/31/20</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Transfer of medical records

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

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

POLICY: Medication Reconciliation	REVIEWED: 4/1/19; <u>12/31/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medication reconciliation

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

**Response Rating:**

**Required Equipment:**

**Definitions:**

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

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

**Procedure:**

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

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

POLICY: Medication Waste Stream	REVIEWED: 4/1/19; <u>12/31/20</u>
SECTION: Medication Management	REVISED: <u>12/31/20</u>
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Management of medication waste stream

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Non-scheduled drugs are placed in the medication disposal bucket that can be found in the Medication Room.
  - a. Outdated medications or less than one dose quantities.
  - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.
  - c. The non-scheduled drug waste stream vendor is MedPro.
  - d. When the bucket is full, follow directions provided by the vendor for the return of the bucket.
  - e. Upon receipt of the full bucket, the vendor will return a new, replacement bucket to the Clinic.
  - f. Under no circumstances are outdated or less than one dose medications diverted from the approved waste stream.
  
2. Scheduled drugs are placed in the secure ~~mail-back medication disposal container~~ lock box, which can be found in the Medication Room. Scheduled medication waste must be witnessed as demonstrated by a co-signature in the manual system under the patient's name.
  - a. Outdated medication or less than one dose quantities
  - b. The controlled substance waste stream vendor is MedPro.
  - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.

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

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

POLICY: Monitoring Inspection of Medication Inventory	REVIEWED: 4/1/19; <u>12/31/20</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>4/24/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Monitoring inspection of Clinic medication inventory

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

The designated person shall:

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

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

POLICY: Preventive Services: Adults	REVIEWED: 2/1/19, 12/31/20
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>2/27/19</del> January Board Meeting	MEDICAL DIRECTOR:

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

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

**Response Rating: Mandatory**

**Required Equipment:**

**Procedure:**

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

Preventative Services – Adults  
Policy Number 141

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

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



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

POLICY: Quality Assurance & Continued Quality Improvement Plan	REVIEWED: 2/1/19; <u>12/31/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Quality Assurance & Continued Quality Improvement Plan

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

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

**Response Rating:** Mandatory

**Procedure Quality Assurance Plan:**

1. Questions answered by the Quality Assurance Performance Plan
  - a. Are quality-related activities present?
  - b. Are quality-related activities being performed correctly?
  - c. Are quality-related activities contributing to quality care for the patients?
  - d. Are activities contributing to improved patient outcomes?
  
2. Importance of the Quality Assurance Performance Improvement Plan
  - a. Accurate assessment of patient services.
  - b. Risk Management.
  
3. Components of the Quality Assurance Performance Improvement Plan
  - a. A written Plan.
  - b. Staff familiarization of the plan.
  - c. Successful implementation of the plan.
  
4. Clinical Information as Components of the Quality Assurance Performance Improvement Plan
  - a. Accurate patient demographics.

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

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

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

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

**Procedure:**

1. Perform time and analysis studies
  - a. Staffing verses patient arrival analysis.
  - b. Patient length-of-visit studies.
2. Medical evaluations
  - a. Diagnosis and determination methods.
  - b. Physician cost analysis.
3. Patient Call Backs
  - a. Perceptions of care.
  - b. Treatment results.

4. Review of operations data including but not limited to logs, reports, raw data concerning clinic operations.

BI ANNUAL REVIEW

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

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

**Subject:** Radiology Department Safety Guidelines

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

**Response Rating:** Mandatory

**Definitions:**

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

**Procedure:**

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

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

POLICY: Retention Of Records	REVIEWED: 4/1/19; 12/31/20
SECTION: Medical Records	REVISED:
EFFECTIVE: <del>4/24/19</del> January Board Meeting	MEDICAL DIRECTOR:

**Subject:** Retention of medical records

**Objective:** Inactive paper medical records will be retained in a secure location and inactive electronic medical records will be archived and retrievable in accordance with HIPAA and other relevant standards.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.
2. Paper files will be checked for inactive status each year in January.
3. A log of medical records that have been archived will be developed, maintained and updated as follows:
  - a. Annually, when new records are moved from active to archived status.
  - b. On a case-by-case basis, when archived records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.
4. Inactive medical records will be retained as follows:
  - a. Pediatric to the age of majority plus one year or seven years after the last discharge date, whichever is longer
  - b. Adults for seven years after the last discharge date.

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

POLICY: Service Animal	REVIEWED: 2/1/19; <u>12/31/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Service animals in the Clinic

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

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

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

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

**Procedure:**

1. The Clinic will allow service animals as defined by the Department of Justice and the State of California.
2. The Clinic will not allow emotional support animals as defined by the Department of Justice and the State of California.
3. Clinic staff may ask only two questions of the patient who is accompanied by a service animal

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

Resources:

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

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

POLICY: Splints/Ace Wraps	REVIEWED: 6/1/19; <u>12/31/20</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>6/19/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Ace Wraps & Splints

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

**Acuity Rating:** Mild to moderate

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

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
  - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
  - b. Should the patient refuse to allow use of the ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.
2. Elevate the extremity and apply a cold pack.
3. Apply a dressing to an extremity:
  - a. Apply an ace wrap, taking care not to wrap the ace tightly. Too tight a wrap may impair circulation. Ace wrap may not be applied by a Medical Assistant.
4. The following are guidelines for wrapping specific areas:
  - a. Toes: "buddy -tape" the toe and the next toe with 1/2" adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
  - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with a 2" ace wrap. Immobilize the finger in a position of function, with the MCPs at 90 degrees and the



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

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

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

POLICY: Sterile Shelf Life	REVIEWED: 2/1/19; <u>12/31/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Sterile Shelf Life

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure**

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

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

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

POLICY: Sterile Supplies and Instruments	REVIEWED: 2/1/19;12/26/19; 12/31/20
SECTION: Operations	REVISED: 12/26/19
EFFECTIVE: <u>1/21/20</u> January Board Meeting	MEDICAL DIRECTOR:

**Subject:** Sterile supplies and implements

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Sterile supplies and instruments will be kept in a space separate from soiled supplies and instruments and will be stored in appropriate cabinets and shelving. Items will never be stored on the floor.
2. Sterile supplies and instruments will be checked monthly and before each use to ensure the package integrity and expiration date.
3. Supplies that are in the manufacturer’s packaging will be considered sterile in accordance with the packaged expiration date and/or printed information if package integrity has been maintained.
4. Supplies or equipment whose package integrity has been breached will be replaced, re-sterilized, or disposed of in accordance with manufacturer’s recommendation and OSHA regulations.
5. Staff will perform sterilization of re-usable implements on site, using the autoclave.
6. Sterile instruments and supplies autoclaved on site will observe the following expiration guidelines:
  - a. Paper wrap – 3 months
  - b. Cloth wrap – 3 months
  - c. Cellophane pouches which are tape-sealed – 90 days
7. Any damage or break in packaging is cause for re-sterilization of the item.
8. Packages will be labeled prior to sterilization with the label including:

~~a. Description of package contents~~

~~b.~~a. \_\_\_ Date of sterilization

~~c.~~b. \_\_\_ Month, day, and year of expiration (i.e.: exp 7/11/18)

~~d.~~c. \_\_\_ Initials of staff member performing sterilization

9. Every use of the autoclave will be logged on the autoclave log and will include:

- a. Date and time of sterilization
- b. What was sterilized
- c. Cycle used
- d. Name of staff member performing sterilization

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

POLICY: Supply Outdates	REVIEWED: 2/1/19; <u>12/31/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>2/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Supply outdates

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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

8. Medications and waived testing reagents that have reached their expiration date will be delivered to the Clinical Manager who, after documentation of outdated product waste, will place the items in the “destroy medications” container.
9. Waived testing kits that have reached their expiration date will be delivered to the Clinic Manager or designee——who, after documentation of outdated product waste, will place the items in the biohazardous waste bag for destruction.

REVISED

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

POLICY: Contagious Patient	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: Infection Control	REVISED: <u>12/30/20</u>
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Contagious Patient

**Objective:** To contain and limit the spread of contagious illnesses and/or conditions to patients in the waiting room, x-ray areas and to clinic personnel.

**Response Rating:** Mandatory

**Required Equipment:** None

**Procedure:**

1. Signage will be posted on all entry doors advising patients who are presenting with a rash, and during the current pandemic: fever, cough, sore throat, congestion to not enter the waiting room. Patients are to send in friends/family members call to advise staff of a potential infectious condition and be screened before entering or may call the Clinic from their vehicle parked on the premises.
2. Patients who are coughing and sneezing will be asked to use a disposable mask to contain their airborne germs with patients and staff. In the case of the current pandemic, all patients, family and visitors will be asked to wear a mask. Any symptomatic patients will be asked to call and not enter the clinic until screened and appropriate
3. The receptionist, nurse, or medical assistant will not make a definitive diagnosis but should depend on visible signs of contagious disease.
4. Patients who are potentially contagious will be instructed to call from their car for a phone appointment or car visit and may be instructed to enter through the back door with staff.
5. There are designated-treatment rooms that will be used for potentially contagious patients, with access from the outside back entry doors.
6. All registration, discharge, and any billing functions will be performed in the patient room if patient is inside, outside at the car during a car visit or over the phone for phone visits.
7. Personnel assisting the potentially contagious patients will wear personal protective equipment (PPE) as designated by the practitioner and clinic guidelines set by the Clinic Manager and Medical Director.



- a. Contact precautions (measles-like rash, poison oak/ivy): gloves, gown, mask
  - b. Airborne precautions (suspected tuberculosis, H1N1, COVID-19): gloves, gown, N95 mask, face shield
8. If the patient is confirmed contagious, they will be discharged through the back exit.
  9. The practitioner will advise staff of any preventive measures or treatments required after a potential exposure from a contagious patient.
  10. Exposure that may cause any illness, injury or side effects to staff, or other patients will be reported on an incident report and sent to the Clinic Manager immediately. The Clinic Manager will meet with the Medical Director and/or Human Resources to take appropriate steps to protect the staff and patients and provide treatment and/or access for any required preventative or required post exposure treatment.
  11. Diagnosis of any communicable disease monitored by the County Health Department will be reported following the protocol and guidelines for Communicable Disease Reporting. Appropriate report forms will be completed.
  12. Exam room will be cleaned with an approved disinfectant cleaner. All counter, exam tables, pillows and equipment in the room will be wiped with cleaner. Floors will be damp mopped. Where possible, windows will be opened to allow for the exchange of fresh air.
  13. Room will be taken out of service for a minimum of 60 minutes.

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

POLICY: Handwashing	REVIEWED: 3/1/19; <u>12/30/20</u>
SECTION: Infection Control	REVISED: <u>12/30/20</u>
EFFECTIVE: <u>3/27/19 January Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Handwashing

**Objective:** To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

**Response Rating:** Mandatory

**Required Equipment:** Soap and water

**Handwashing Indications (soap and water):**

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- After handling a patient (or their belongings) who is infected or potentially infected with C-diff (ClostridiumDifficile)
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom

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Handwashing  
Policy Number 84

- After blowing one's nose
- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

**Procedure:**

**Handwashing with soap and water**

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer's recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands, wrists and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

**Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)**

1. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. Decontaminate hands after contact with a patient's intact skin (as in taking a pulse or blood pressure).
3. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.

Handwashing  
Policy Number 84

5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.
7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with waterless antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer's recommendations on the volume of the product to use.)
2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based handrub is used, it should take 14-25 seconds for hands to dry.)

Reference:

- "Guideline for Hand Hygiene in Health-Care Settings", retrieved on 1/12/16 from [cdc.gov.gov/mmwr/PDF/rr/rr5116.pdf](http://cdc.gov.gov/mmwr/PDF/rr/rr5116.pdf).



**MARK TWAIN  
HEALTH CARE DISTRICT**

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**Agenda Item:** Financial Reports (as of November & December, 2020)

**Item Type:** Action

**Submitted By:** Rick Wood, Accountant

**Presented By:** Rick Wood, Accountant

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**BACKGROUND:**

The November & December, 2020 financial statements are attached for your review and approval.

- Please note that the June 30, 2020 financial reports will remain in DRAFT form until the 2019 – 2020 Audit has been completed. Mr. Hohenbrink has provided clinic revenue numbers, and this has been passed along to our Auditor.
- Mr. Hohenbrink has also provided monthly clinic revenue numbers, and we are booking these as they are provided.
- Property tax revenue is being recorded on an accrual basis based on the current budget. This number will be “trued-up” as we receive actual information from the County. And, we just received our first installment from the County of \$665,413.76 ☺
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations. This report is now complete, and will be updated and provided to the Board on a monthly basis.

Mark Twain Health Care District						
Annual Budget Recap						
	11/30/20	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	1,683,769	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	1,683,769	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(2,059,405)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(2,059,405)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(375,636)	310,726	(261,418)	171,260	31,000	431,884

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							VSHWC
							11/30/2020
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	437,285	4,674,075	1,947,531	179,081	680,423	14.56%
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(452,968)	(298)	(2,469)	
	Net Patient revenue	385,337	3,586,951	1,494,563	178,783	677,954	18.90%
4083.90	Flu shot, Lab income, physicals		1,000	417			0.00%
4083.91	Medical Records copy fees		750	313			0.00%
4083.92	Other - Plan Incentives		30,000	12,500			0.00%
			31,750	13,229	0	0	0.00%
	<b>Total Other Revenue</b>	<b>385,337</b>	<b>3,618,701</b>	<b>1,507,792</b>	<b>178,783</b>	<b>677,954</b>	<b>18.73%</b>
7083.09	Other salaries and wages	(823,638)	(1,008,540)	(420,225)	(118,496)	(442,178)	43.84%
7083.10	Payroll taxes	(52,045)	(78,666)	(32,778)	(8,155)	(27,896)	35.46%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(3,782)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(20,826)	(11,069)	(38,516)	77.06%
7083.14	Group Life Insurance		(1,614)	(673)			0.00%
7083.15	Pension and Retirement		(25,214)	(10,506)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(4,202)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(630)			0.00%
	Total taxes and benefits	(96,806)	(176,151)	(73,396)	(19,224)	(83,741)	47.54%
	<b>Labor related costs</b>	<b>(920,444)</b>	<b>(1,184,691)</b>	<b>(493,621)</b>	<b>(137,720)</b>	<b>(525,919)</b>	<b>44.39%</b>
7083.05	Marketing	(7,096)			(180)	(1,136)	
7083.20	Medical - Physicians	(422,491)	(905,244)	(377,185)	(54,969)	(285,579)	31.55%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(31,250)	(14,731)	(54,009)	72.01%
7083.23	Legal - Clinic	(27,900)	0		1,258	1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	(1,250)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(52,878)	(13,887)	(60,428)	47.62%
7083.29	Other Professional fees	(11,199)	(80,932)	(33,722)	(2,756)	(4,396)	5.43%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(1,543)		(105)	2.84%
7083.38	Pharmaceuticals		(139,504)	(58,127)			0.00%
7083.41	Other Medical Care Materials and Supplies	(135,157)	(25,714)	(10,714)	(4,742)	(87,257)	339.34%
7083.44	Linens		(1,200)	(500)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(10,103)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(62,698)			0.00%
7083.45	Cleaning supplies		(47,578)	(19,824)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(3,377)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(129,590)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(39,618)	(9,950)	(37,161)	39.08%
8870.00	Interest on Debt Service	(60,469)	(257,355)	(107,231)		(187,961)	73.04%
7083.43	Food	(935)	(2,000)	(833)	(12)	(893)	44.64%
7083.46	Office and Administrative supplies	(27,450)	(15,428)	(6,428)	(4,302)	(33,646)	218.09%
7083.69	Other purchased services	(52,143)	(232,076)	(96,698)	(12,421)	(27,118)	11.68%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(7,023)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(12,959)	(575)	(30,855)	0.00%
7083.83	Licenses & Taxes		(1,500)	(625)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(8,710)	(2,147)	(7,468)	35.72%
7083.86	Dues and Subscriptions	(19,274)	(1,500)	(625)	(305)	(2,455)	163.64%
7083.87	Outside Training	(199)	(15,000)	(6,250)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(1,667)			0.00%
7083.89	Recruiting	(25,209)	(40,000)	(16,667)	(20)	(1,545)	3.86%
8895.00	RoboDoc		(60,000)	(25,000)	(11,295)	(15,733)	
	Non labor expenses	(1,211,926)	(2,695,428)	(1,123,095)	(131,034)	(836,487)	31.03%
	Total Expenses	(2,132,370)	(3,880,119)	(1,616,716)	(268,754)	(1,362,406)	35.11%
	<b>Net Expenses over Revenues</b>	<b>(1,747,033)</b>	<b>(261,418)</b>	<b>(108,924)</b>	<b>(89,971)</b>	<b>(684,452)</b>	<b>261.82%</b>
	Non Labor		1,149,297	287,324			
	Non Labor		725,910	181,477			
	Non Labor		260,695	65,174			
	Sub total Non Labor		2,135,902	533,975			

Mark Twain Health Care District							
Rental Financial Projections			Rental				
							11/30/2020
			Budget				
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	455,280	90,841	454,567	41.60%
			0				
	<b>Rent Revenues</b>	<b>1,094,553</b>	<b>1,092,672</b>	<b>455,280</b>	<b>90,841</b>	<b>454,567</b>	<b>41.60%</b>
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(619,840)	(758,483)	(316,035)	(64,293)	(307,571)	40.55%
9520.72	Depreciation	(121,437)	(148,679)	(61,950)	(9,748)	(49,192)	33.09%
9520.82	Insurance						
	<b>Total Costs</b>	<b>(747,356)</b>	<b>(907,162)</b>	<b>(377,984)</b>	<b>(74,041)</b>	<b>(356,763)</b>	<b>39.33%</b>
	<b>Net</b>	<b>347,197</b>	<b>185,510</b>	<b>77,296</b>	<b>16,800</b>	<b>97,804</b>	<b>80.93%</b>
9260.02	MOB Rents Revenue	223,552	251,016	104,590	17,053	74,294	29.60%
9521.75	MOB rent expenses	(240,514)	(261,016)	(108,757)	(19,333)	(121,144)	46.41%
	<b>Net</b>	<b>(16,962)</b>	<b>(10,000)</b>	<b>(4,167)</b>	<b>(2,280)</b>	<b>(46,850)</b>	<b>468.50%</b>
9260.03	Child Advocacy Rent revenue	7,500	9,000	3,750	750	3,000	33.33%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(4,583)	(130)	(949)	8.63%
	<b>Net</b>	<b>7,203</b>	<b>(2,000)</b>	<b>(833)</b>	<b>620</b>	<b>2,051</b>	<b>-102.54%</b>
9260.04	Sunrise Pharmacy Revenue				1800	3600	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(938)		(3,785)	
		1,325,605	1,352,688	563,620	110,444	535,461	39.58%
		(990,341)	(1,181,428)	(492,262)	(93,504)	(482,641)	40.85%
	<b>Summary Net</b>	<b>335,264</b>	<b>171,260</b>	<b>71,358</b>	<b>16,940</b>	<b>52,820</b>	<b>30.84%</b>



Mark Twain Health Care District								
Projects, Grants and Support								
		11/30/2020						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(12,917)		(7,000)	22.58%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(2,083)		0		
8890.00	Mens Health		(5,000)	(2,083)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(2,083)		0		
8890.00	Doris Barger Golf		(2,000)	(833)		0		
8890.00	Stay Vertical		(14,000)	(5,833)	(7,000)	(7,000)	50.00%	
8890.00	Golden Health Grant Awards							
	<b>Project grants and support</b>	<b>(465,163)</b>	<b>(31,000)</b>	<b>(12,917)</b>	<b>(7,000)</b>	<b>(7,000)</b>	<b>22.58%</b>	

Mark Twain Health Care District									
General Administration Financial Projections									
Admin									
11/30/2020									
Budget									
	2016/2017	2017/2018	DRAFT 2019/2020	2020/2021 Budget	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget	
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	41,667	7,038	29,254	29.25%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	458,333	91,667	458,333	41.67%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	(12,902)	(19,701)	
<b>Summary Revenues</b>		<b>939,844</b>	<b>1,004,488</b>	<b>1,473,626</b>	<b>1,200,000</b>	<b>500,000</b>	<b>85,803</b>	<b>467,886</b>	<b>38.99%</b>
8610.09	Other salaries and wages	(33,587)	(235,531)	(210,028)	(352,591)	(146,913)	(26,456)	(89,276)	25.32%
8610.10	Payroll taxes			(14,875)	(23,244)	(9,685)	(1,204)	(4,157)	17.88%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(1,322)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(7,281)			0.00%
8610.14	Group Life Insurance				(564)	(235)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(3,673)	(189)	(378)	4.28%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(1,469)			0.00%
8610.18	Other payroll related benefits				(529)	(220)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(23,885)	(1,393)	(4,834)	8.43%
<b>Labor Costs</b>		<b>(33,587)</b>	<b>(236,194)</b>	<b>(240,418)</b>	<b>(409,916)</b>	<b>(170,798)</b>	<b>(27,849)</b>	<b>(94,110)</b>	<b>22.96%</b>
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(25,625)	(424)	(1,072)	1.74%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(12,500)			0.00%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(52,083)	(9,171)	(34,611)	27.69%
8610.43	Food			(868)	(2,000)	(833)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,992)	(18,000)	(7,500)	(2,734)	(8,628)	47.93%
8610.62	Repairs and Maintenance Grounds				0	0	(1,500)	(2,796)	
8610.69	Other			(12,877)		0	(774)	(5,878)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(1,042)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(3,833)			0.00%
8610.80	Utilities			(420)	(1,000)	(417)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(10,417)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues and Subscriptions	(12,554)	(14,731)	(12,529)	(20,000)	(8,333)	(24)	(8,654)	43.27%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(6,250)	950	40	-0.27%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(6,250)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(833)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(67,249)	(32,000)	(13,333)	(705)	(30,813)	96.29%
	Non-Labor costs	(521,817)	(532,071)	(226,527)	(358,200)	(149,250)	(14,381)	(110,779)	30.93%
	Total Costs	(555,404)	(768,265)	(466,945)	(768,116)	(320,048)	(42,231)	(204,889)	26.67%
<b>Net</b>		<b>384,440</b>	<b>236,223</b>	<b>1,006,681</b>	<b>431,884</b>	<b>179,952</b>	<b>43,572</b>	<b>262,997</b>	<b>60.90%</b>

## Mark Twain Health Care District Balance Sheet

As of November 30, 2020

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	50,655
1001.20 Umpqua Bank - Money Market	6,442
1001.30 Bank of Stockton	102,836
1001.40 Five Star Bank - MTHCD Checking	408,203
1001.50 Five Star Bank - Money Market	597,930
1001.60 Five Star Bank - VSHWC Checking	71,888
1001.65 Five Star Bank - VSHWC Payroll	100,403
1001.90 US Bank - VSHWC	14,446
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,353,203</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	-2,902
<b>Total Accounts Receivable</b>	<b>-2,902</b>
<b>Other Current Assets</b>	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,548,194
1069 Due from Calaveras County	1,100,000
115.20 Accrued Lease Revenue	
1205 Due from insurance proceeds	795,570
1301.40 Prepaid VSHWC	
<b>Total Other Current Assets</b>	<b>12,445,278</b>
<b>Total Current Assets</b>	<b>13,795,579</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1205.00 VSHWC Land	903,112
1210.00 District Land Improvements	150,308
1220.00 District - Building	2,123,678
1220.20 District - Building Improvements	2,276,956
1220.30 District - Building Service Equipment	168,095
1221.00 Clinic - Buildngs	7,181,787
1221.50 Pharmacy Construction	3,536
1225.00 Clinic - Equipment	830,073
1226.00 District - Equipment	698,156
160.00 Accumulated Depreciation	-5,342,090
<b>Total Fixed Assets</b>	<b>9,279,755</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	224,312

180.60 Capitalized Lease Negotiations	356,574
<b>Total Intangible Assets</b>	<b>356,574</b>
2219 Capital Lease	6,466,212
<b>Total Other Assets</b>	<b>7,047,099</b>
<b>TOTAL ASSETS</b>	<b>30,122,432</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 Accounts Payable	84,988
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>84,988</b>
200.10 Other Accounts Payable	25,127
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>25,127</b>
2021 Accrued Payroll - Clinic	33,961
2022.00 Accrued Leave Liability	16,909
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	4,368
226 Deferred Revenue	141,647
<b>Total Other Current Liabilities</b>	<b>225,287</b>
<b>Total Current Liabilities</b>	<b>310,275</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	1,491,277
2128.02 Deferred Utilities Reimbursement	2,708,723
2129 Other Third Party Reimbursement - Calaveras County	641,667
2210 USDA Loan - VS Clinic	6,764,507
<b>Total Long-Term Liabilities</b>	<b>11,606,174</b>
<b>Total Liabilities</b>	<b>11,916,449</b>
<b>Equity</b>	
290.00 Fund Balance	648,149
291.00 PY - Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,787,168
Net Income	-375,636
<b>Total Equity</b>	<b>18,205,983</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>30,122,432</b>

Mark Twain Health Care District						
Annual Budget Recap						
	12/31/20	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	2,069,345	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	2,069,345	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(2,339,299)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(2,339,299)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(269,953)	310,726	(261,418)	171,260	31,000	431,884

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							12/31/2020
VSHWC							
	DRAFT	2020/2021	Month	Actual	Actual	Actual	
	2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
4083.49	Urgent care Gross Revenues	437,285	4,674,075	2,337,038	171,894	852,316	18.23%
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(543,562)	(298)	(2,469)	
	Net Patient revenue	385,337	3,586,951	1,793,476	171,596	849,848	23.69%
4083.90	Flu shot, Lab income, physicals		1,000	500			0.00%
4083.91	Medical Records copy fees		750	375			0.00%
4083.92	Other - Plan Incentives		30,000	15,000			0.00%
			31,750	15,875	0	0	0.00%
	<b>Total Other Revenue</b>	<b>385,337</b>	<b>3,618,701</b>	<b>1,809,351</b>	<b>171,596</b>	<b>849,848</b>	<b>23.48%</b>
7083.09	Other salaries and wages	(823,638)	(1,008,540)	(504,270)	(80,196)	(522,375)	51.80%
7083.10	Payroll taxes	(52,045)	(78,666)	(39,333)	(5,331)	(33,227)	42.24%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(4,539)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(24,991)	(11,915)	(50,431)	100.90%
7083.14	Group Life Insurance		(1,614)	(807)			0.00%
7083.15	Pension and Retirement		(25,214)	(12,607)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(5,043)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(757)			0.00%
	Total taxes and benefits	(96,806)	(176,151)	(88,076)	(17,246)	(100,987)	57.33%
	<b>Labor related costs</b>	<b>(920,444)</b>	<b>(1,184,691)</b>	<b>(592,346)</b>	<b>(97,443)</b>	<b>(623,362)</b>	<b>52.62%</b>
7083.05	Marketing	(7,096)			(50)	(1,186)	
7083.20	Medical - Physicians	(422,491)	(905,244)	(452,622)	(35,741)	(321,321)	35.50%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(37,500)	(1,091)	(55,100)	73.47%
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	(1,500)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(63,454)	(9,186)	(69,613)	54.85%
7083.29	Other Professional fees	(11,199)	(80,932)	(40,466)	(1,365)	(5,761)	7.12%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(1,852)		(105)	2.84%
7083.38	Pharmaceuticals		(139,504)	(69,752)			0.00%
7083.41	Other Medical Care Materials and Supplies	(135,157)	(25,714)	(12,857)	(1,238)	(88,495)	344.15%
7083.44	Linens		(1,200)	(600)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(12,124)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(75,238)			0.00%
7083.45	Cleaning supplies		(47,578)	(23,789)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(4,052)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(155,509)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(47,542)	(5,394)	(42,555)	44.76%
8870.00	Interest on Debt Service	(60,469)	(257,355)	(128,678)		(187,961)	73.04%
7083.43	Food	(935)	(2,000)	(1,000)		(893)	44.64%
7083.46	Office and Administrative supplies	(27,450)	(15,428)	(7,714)	(2,756)	(36,403)	235.95%
7083.69	Other purchased services	(52,143)	(232,076)	(116,038)	(14,587)	(41,705)	17.97%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(8,427)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(15,551)	(2,439)	(33,295)	0.00%
7083.83	Licenses & Taxes		(1,500)	(750)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(10,452)	(1,505)	(8,973)	42.92%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(750)	(14)	(2,468)	164.57%
7083.87	Outside Training	(199)	(15,000)	(7,500)	(15,500)	(15,500)	103.33%
7083.88	Travel costs	(3,704)	(4,000)	(2,000)			0.00%
7083.89	Recruiting	(25,209)	(40,000)	(20,000)		(1,545)	3.86%
8895.00	RoboDoc		(60,000)	(30,000)	(1,471)	(17,204)	
	Non labor expenses	(1,211,926)	(2,695,428)	(1,347,714)	(92,337)	(928,823)	34.46%
	Total Expenses	(2,132,370)	(3,880,119)	(1,940,060)	(189,779)	(1,552,185)	40.00%
	<b>Net Expenses over Revenues</b>	<b>(1,747,033)</b>	<b>(261,418)</b>	<b>(130,709)</b>	<b>(18,183)</b>	<b>(702,338)</b>	<b>268.66%</b>
	Non Labor		1,149,297	287,324			
	Non Labor		725,910	181,477			
	Non Labor		260,695	65,174			
	Sub total Non Labor		2,135,902	533,975			

Mark Twain Health Care District							
Rental Financial Projections			Rental				
							12/31/2020
			Budget				
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	546,336	90,805	545,372	49.91%
			0				
	<b>Rent Revenues</b>	<b>1,094,553</b>	<b>1,092,672</b>	<b>546,336</b>	<b>90,805</b>	<b>545,372</b>	<b>49.91%</b>
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(619,840)	(758,483)	(379,242)	(38,557)	(346,128)	45.63%
9520.72	Depreciation	(121,437)	(148,679)	(74,340)	(9,712)	(58,904)	39.62%
9520.82	Insurance						
	<b>Total Costs</b>	<b>(747,356)</b>	<b>(907,162)</b>	<b>(453,581)</b>	<b>(48,269)</b>	<b>(405,032)</b>	<b>44.65%</b>
	<b>Net</b>	<b>347,197</b>	<b>185,510</b>	<b>92,755</b>	<b>42,536</b>	<b>140,340</b>	<b>94.56%</b>
9260.02	MOB Rents Revenue	223,552	251,016	125,508	17,053	91,347	36.39%
9521.75	MOB rent expenses	(240,514)	(261,016)	(130,508)	(19,333)	(140,477)	53.82%
	<b>Net</b>	<b>(16,962)</b>	<b>(10,000)</b>	<b>(5,000)</b>	<b>(2,280)</b>	<b>(49,130)</b>	<b>491.30%</b>
9260.03	Child Advocacy Rent revenue	7,500	9,000	4,500	750	3,750	41.67%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(5,500)		(949)	8.63%
	<b>Net</b>	<b>7,203</b>	<b>(2,000)</b>	<b>(1,000)</b>	<b>750</b>	<b>2,801</b>	<b>-140.04%</b>
9260.04	Sunrise Pharmacy Revenue				1800	5400	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(1,125)		(3,785)	
		1,325,605	1,352,688	676,344	110,408	645,869	47.75%
		(990,341)	(1,181,428)	(590,714)	(67,602)	(550,243)	46.57%
	<b>Summary Net</b>	<b>335,264</b>	<b>171,260</b>	<b>85,630</b>	<b>42,806</b>	<b>95,625</b>	<b>55.84%</b>

Mark Twain Health Care District								
Projects, Grants and Support								
		12/31/2020						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(15,500)		(7,000)	22.58%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(2,500)		0		
8890.00	Mens Health		(5,000)	(2,500)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(2,500)		0		
8890.00	Doris Barger Golf		(2,000)	(1,000)		0		
8890.00	Stay Vertical		(14,000)	(7,000)		(7,000)	50.00%	
8890.00	Golden Health Grant Awards							
	<b>Project grants and support</b>	<b>(465,163)</b>	<b>(31,000)</b>	<b>(15,500)</b>	<b>0</b>	<b>(7,000)</b>	<b>22.58%</b>	



Mark Twain Health Care District									
General Administration Financial Projections									
Admin									
12/31/2020									
Budget									
			DRAFT	2020/2021	Month	Actual	Actual	Actual	
	2016/2017	2017/2018	2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	50,000	4,976	34,230	34.23%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	550,000	91,667	550,000	50.00%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	6,632	(13,069)	
<b>Summary Revenues</b>		<b>939,844</b>	<b>1,004,488</b>	<b>1,473,626</b>	<b>1,200,000</b>	<b>600,000</b>	<b>103,275</b>	<b>571,161</b>	<b>47.60%</b>
8610.09	Other salaries and wages	(33,587)	(235,531)	(210,028)	(352,591)	(176,296)	(17,798)	(107,074)	30.37%
8610.10	Payroll taxes			(14,875)	(23,244)	(11,622)	(815)	(4,971)	21.39%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(1,587)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(8,737)			0.00%
8610.14	Group Life Insurance				(564)	(282)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(4,408)	(1,830)	(2,208)	25.04%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(1,763)			0.00%
8610.18	Other payroll related benefits				(529)	(265)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(28,663)	(2,645)	(7,479)	13.05%
<b>Labor Costs</b>		<b>(33,587)</b>	<b>(236,194)</b>	<b>(240,418)</b>	<b>(409,916)</b>	<b>(204,958)</b>	<b>(20,443)</b>	<b>(114,553)</b>	<b>27.95%</b>
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(30,750)	(45)	(1,118)	1.82%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(15,000)			0.00%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(62,500)	(54)	(34,665)	27.73%
8610.43	Food			(868)	(2,000)	(1,000)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,992)	(18,000)	(9,000)	(525)	(9,152)	50.85%
8610.62	Repairs and Maintenance Grounds				0	0		(2,796)	
8610.69	Other			(12,877)		0	(646)	(6,524)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(1,250)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(4,600)			0.00%
8610.80	Utilities			(420)	(1,000)	(500)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(12,500)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(10,000)	(39)	(8,692)	43.46%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(7,500)		40	-0.27%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(7,500)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(1,000)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(67,249)	(32,000)	(16,000)	(761)	(31,574)	98.67%
	Non-Labor costs	(521,817)	(532,071)	(226,527)	(358,200)	(179,100)	(2,069)	(112,848)	31.50%
	Total Costs	(555,404)	(768,265)	(466,945)	(768,116)	(384,058)	(22,513)	(227,402)	29.61%
<b>Net</b>		<b>384,440</b>	<b>236,223</b>	<b>1,006,681</b>	<b>431,884</b>	<b>215,942</b>	<b>80,762</b>	<b>343,759</b>	<b>79.60%</b>

## Mark Twain Health Care District Balance Sheet

As of December 31, 2020

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	128,284
1001.20 Umpqua Bank - Money Market	6,442
1001.30 Bank of Stockton	102,825
1001.40 Five Star Bank - MTHCD Checking	315,194
1001.50 Five Star Bank - Money Market	498,329
1001.60 Five Star Bank - VSHWC Checking	68,209
1001.65 Five Star Bank - VSHWC Payroll	99,238
1001.90 US Bank - VSHWC	27,681
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,246,602</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	-1,975
<b>Total Accounts Receivable</b>	<b>-1,975</b>
<b>Other Current Assets</b>	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,552,731
1069 Due from Calaveras County	1,100,000
115.20 Accrued Lease Revenue	
1205 Due from insurance proceeds	786,801
1301.40 Prepaid VSHWC	
<b>Total Other Current Assets</b>	<b>12,441,046</b>
<b>Total Current Assets</b>	<b>13,685,673</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1205.00 VSHWC Land	903,112
1210.00 District Land Improvements	150,308
1220.00 District - Building	2,123,678
1220.20 District - Building Improvements	2,276,956
1220.30 District - Building Service Equipment	168,095
1221.00 Clinic - Buildngs	7,181,787
1221.50 Pharmacy Construction	3,536
1225.00 Clinic - Equipment	830,073
1226.00 District - Equipment	698,156
160.00 Accumulated Depreciation	-5,342,090
<b>Total Fixed Assets</b>	<b>9,279,755</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	230,945

180.60 Capitalized Lease Negotiations	356,574
<b>Total Intangible Assets</b>	<b>356,574</b>
2219 Capital Lease	6,447,305
<b>Total Other Assets</b>	<b>7,034,824</b>
<b>TOTAL ASSETS</b>	<b>30,000,251</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 Accounts Payable	44,596
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>44,596</b>
200.10 Other Accounts Payable	25,127
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>25,127</b>
2021 Accrued Payroll - Clinic	33,961
2022.00 Accrued Leave Liability	16,909
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	8,564
226 Deferred Revenue	141,647
<b>Total Other Current Liabilities</b>	<b>229,483</b>
<b>Total Current Liabilities</b>	<b>274,079</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	1,455,771
2128.02 Deferred Utilities Reimbursement	2,644,229
2129 Other Third Party Reimbursement - Calaveras County	550,000
2210 USDA Loan - VS Clinic	6,764,507
<b>Total Long-Term Liabilities</b>	<b>11,414,507</b>
<b>Total Liabilities</b>	<b>11,688,586</b>
<b>Equity</b>	
290.00 Fund Balance	648,149
291.00 PY - Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,787,168
Net Income	-269,953
<b>Total Equity</b>	<b>18,311,666</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>30,000,252</b>

Investment & Reserves Report						
31-Dec-20						
						Annual
Reserve Funds	Minimum Target	6/30/2020 Balance	2020 Allocated	2020 Interest	12/31/2020 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	5,389	2,205,389	
Capital Improvement Fund	12,000,000	2,926,923	0	7,190	2,934,113	
Technology Reserve Fund	1,000,000	1,000,000	0	2,450	1,002,450	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	5,879	2,405,879	
Loan Reserve Fund	2,000,000	2,000,000	0	4,899	2,004,899	
Reserves & Contingencies	19,600,000	10,526,923	0	25,808	10,552,731	0
		<b>2020 - 2021</b>		<b>Annualized</b>		
<b>CalTRUST</b>	<b>12/31/2020</b>	<b>Interest Earned</b>		<b>Rates</b>	<b>Duration</b>	
Valley Springs HWC - Operational Reserve Fund	2,205,389	5,389				
Capital Improvement Fund	2,934,113	7,190				
Technology Reserve Fund	1,002,450	2,450				
Lease & Contract Reserve Fund	2,405,879	5,879				
Loan Reserve Fund	2,004,899	4,899				
<b>Total CalTRUST</b>	<b>10,552,731</b>	<b>25,808</b>			1 Year or Less	
<b>Five Star</b>						
General Operating Fund	315,194	246.81				
Money Market Account	498,329	6,793.18				
Valley Springs - Checking	68,209	65.50				
Valley Springs - Payroll	99,238	65.31				
<b>Total Five Star</b>	<b>980,970</b>	<b>7,170.80</b>			1 Year or Less	
<b>Umpqua Bank</b>						
Checking	128,284	0.00				
Money Market Account	6,442	1.62				
Investments	1,514					
<b>Total Savings &amp; CD's</b>	<b>136,240</b>	<b>1.62</b>				
<b>Bank of Stockton</b>	<b>27,681</b>	<b>49.46</b>			1 Year or Less	
<b>Total in interest earning accounts</b>	<b>11,697,622</b>	<b>33,030</b>				
<b>Beta Dividend</b>		<b>1,200</b>				
<b>Total Without Unrealized Loss</b>		<b>34,230</b>				
<p>Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.</p>						